#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00082443 17 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Selena N. NAME Date Received **ELECTRONICALLY FILED** 01/16/2024 NICKNAME LAST **SUFFIX** Solis CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Vianka NAME NICKNAME LAST **SUFFIX** Sanchez **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (915) 545-3422 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 243rd El Paso

Forms provided by Texas Ethics Commission

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## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

2 of 17

13 C / OH NAME	Solis, Selena N. (The	Honorable)	14 Filer ID 00082443	(Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	M candidate / officeholder. These expenditures may have been made without the candidate's or of consent. Candidates and officeholders are required to report this information only if they receive							
Additional Pages	COMMITTEE TYPE COMMITTEE NAME							
<b>—</b>	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00				
		ICAL CONTRIBUTIONS		\$ 0.00				
EXPENDITURE	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)							
TOTALS				\$ 0.00				
	4. TOTAL POLIT	ICAL EXPENDITURES		<b>\$</b> 10,552.89				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 13,852.50				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00				
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.						
		The Hon	orable Selena N. Sol	is				
		Signature of	f Candidate or Officeho	lder				
AFFIX NO	TARY STAMP / SEAL AB	OVE						
Sworn to and subs	cribed before me, by the s	aid	, this the	day				
of	, 20, to co	ertify which, witness my hand and seal of office.						
Cignoture of affi	por administaring cath	Drinted name of officer administration and	Title of office	r administaring anth				
Signature of office	cer administering oath	Printed name of officer administering oath	I ITIE OT OFFICE	r administering oath				

## SUBTOTALS - JC/OH

## FORM JC/OH COVER SHEET PG 3

			C	3 of 17
	LER NAN olis, Sele	<b>19</b> Filer ID 00082443	(Ethics Commission Filers)	
	HEDULI AME OF		SUBTOTAL AMOUNT	
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	<b>\$</b> 10,552.89
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11	· 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	<b>\$</b> 4,195.78

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl		xpens Wages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1: Sch: 1/13 Rpt: 4/17		Ena N. (The Honorable)					Filer ID 00082443	(Ethics Commission Filers)
4	Date	5 Payee name							
7	10/11/2023	All Rise							
6	Amount (\$)	7 Payee addre	ess; City; S	State; Zip Co	ode				
	\$850.00	625 N Was	hington Street						
		Suite 212							
		Alexandria,	VA 22314						
8	PURPOSE	(a) Category (S	ee Categories listed at the top of the	nis schedule)	(b)	Description			
	OF EXPENDITURE	Fees						de of Texas. Com officeholder living	plete Schedule T.
						$\Box$			training for specialty
						courts, OKC,			
9	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ıght			Office he	eld
<b>-</b>	Date	Payee name							
	10/20/2023	Budget Rer							
	Amount (\$)	Payee addre		State; Zip Co	ode				
	\$332.31	7714 Airpoi	rt Boulevard	, ,					
		Houston, T	X 77061						
	PURPOSE OF		ee Categories listed at the top of the	nis schedule)	(b)	Description			
	EXPENDITURE	Travel Out	of District			<u></u>		officeholder living	plete Schedule T. expense
						Rental car for	r 20	23 JCMH M	lental Health Summit,
						Galveston, T	X, 1	.0/18-10/20/	23
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ıght			Office he	eld
	Date	Payee name							
	11/28/2023	COTPA							
	Amount (\$)	Payee addre	ess; City; S	State; Zip Co	ode				
	\$3.00	501 N Huds	son Ave						
			0						
			City, OK 73102		T				
	PURPOSE OF		ee Categories listed at the top of the	nis schedule)	(b)	Description  Check if travel of	nutsir	de of Texas Com	plete Schedule T.
	EXPENDITURE	Travel Out	OI DISTRICT			<b></b>		officeholder living	
									All Rise judicial trg for
						specialty cou	rts,	OKC, OK, 1	11/28-12/1/23
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ught			Office he	eld

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Co

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ı - I Coı	mmittee	Gift/Awards/Memori Legal Services  The Instruction	·		Vages	s/Contract Labor		Travel Out of OTHER (ente		ct ttegory not listed above)
1	Total pages Schedule F1:	2	FII FR NAME		<u> </u>		_		3	Filer ID		(Ethics Commission Filers)
	Sch: 2/13 Rpt: 5/17			a N. (The Ho	norable)					0008244		
4	Date	5	Payee name									
	07/31/2023		CommUNIT	Y en Accion								
6	Amount (\$)	7	Payee addres	ss; City;	State	e; Zip Co	de					
	\$1,500.00		813 N Kans	as St								
			Suite 300									
			El Paso, TX	79902								
8	PURPOSE	(a)		ee Categories listed	at the top of this co	'hedule)	(b)	Description				
	OF	``	Event Spon		at the top of this SC	onedule)	` '	Check if travel	outsi	de of Texas. C	omple	ete Schedule T.
	EXPENDITURE			1-			l	Check if Austin,				
									le fo	or CEA's 2	2023	B Latino Legacy Dinner,
								9/15/23				
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name		Office sou	ght		_	Office	held	
	———————	_										
	Date		Payee name									
	09/05/2023		El Paso Inte	ernational Airp	ort		_		_		_	
	Amount (\$)		Payee addres	ss; City;	State	e; Zip Co	de					
	\$3.00		6701 Conva	air Rd.								
			El Paso, TX									
	PURPOSE OF	(a)		ee Categories listed		chedule)	(b)	Description		do -4 =	٠	oto Cobedida T
	EXPENDITURE		Food/Bever	age Expense			l	Check if travel of Check if Austin,				
								ш				I 2023 Annual
								Conference, I				
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholder name		Office sou	ght			Office	helo	1
	Date		Payee name				_					
	10/18/2023		,	ernational Airp	ort							
	Amount (\$)	$\vdash$	Payee addres			e; Zip Co	de					
	\$6.02		6701 Conva		State	.,p 00						
	Ψ0.02		J. JOHN									
			El Paso, TX	79925								
	PURPOSE	(a)	,	ee Categories listed	•	chedule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expense				Check if travel of Check if Austin,				
							l	ш			-	3 JCMH Mental Health
								Summit, Galv				
	Complete ONLY if direct	(	Candidate/Offi	ceholder name		Office sou	ght			Office	helr	<u> </u>
	expenditure to benefit C/OF						J			230		
							—					
	· · · · · · · · · · · · · · · · · · ·											

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cd

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/13 Rpt: 6/17	Solis, Selena N. (The Honorable) 00082443
4	Date	5 Payee name
	11/29/2023	Flint Kitchen & Bar
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$66.40	15 N Robinson Ave
		Oklahoma City, OK 73102
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Meal at 2023 All Rise judicial training for specialty courts, OKC, OK 11/28-12/1/23
		Courts, ORC, OR 11/20-12/1/25
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	10/20/2023	Gastrohub Bistro
	Amount (\$)	Payee address; City; State; Zip Code
	` ,	
	\$40.52	William P. Hobby Airport
		7800 Airport Blvd
		Houston, TX 77061
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meal at 2023 TCJ Judicial Conference, HOU, TX, 9/6-9/8/23
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/23/2023	Gigi's Playhouse El Paso
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	750 Sunland Park Dr
		El Paso, TX 79912
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORE	Candidate/Officeholder/Political Committee
		Judge's sponsorship for 2023 golf fundraiser
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	CAPETIGITUTE TO DETICITE C/OF	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
-	Total manage Calcadala 54		_
1	Total pages Schedule F1: Sch: 4/13 Rpt: 7/17	2 FILER NAME Solis, Selena N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082443	
4	Date	5 Payee name	_
	11/27/2023	La Gloria	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$21.18	San Antonio International Airport	
		9800 Airport Blvd Terminal A	
		San Antonio, TX 78216	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Lunch en route to All Rise judicial trg for specialty	
		courts, OKC, OK, 11/28-12/1/23	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	Ī
	08/26/2023	League of Women Voters of El Paso	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$600.00	10525 Texwood Ave.	
		El Paso, TX 79925	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee	
		/ unda donation	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	
L	11/30/2023	Mahogany Prime Steakhouse	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$57.30	145 W Sheridan Ave	
		Oklahoma City, OK 73102	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Meal at 2023 All Rise judicial training for specialty	
		courts, OKC, OK 11/28-12/1/23	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Marriott Marquis Houston  7 Payee address; City; State; Zip Code 1777 Walker St  Hoston, TX 77010  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meal at 2023 All Rise judicial training for specialty courts, OKC, OK 11/28-12/1/23		Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Cor	mmittee	Legal Se		•		/ages	/Contract Labor		Travel Out of I OTHER (enter		ct utegory not listed above)
Sch: 5/13 Rpt: 8/17  4 Date 09/05/2023  5 Payee name Marriott Marquis Houston  6 Amount (\$) 7 Payee address; City; State; Zip Code 1777 Walker St Hoston, TX 77010  8 PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this scheaue) Food/Beverage Expense  (b) Description Clock of Automatic Marguis Houston  (c) Description Clock of Automatic Marguis Houston  7 Candidate/Officeholder name  Office sought  Office held  Office held  Office held  Payee name Marriott Marquis Houston  Amount (\$) Payee address; City; State; Zip Code 1777 Walker St Hoston, TX 77010  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this scheaue) Fayee address; City; State; Zip Code 1777 Walker St Hoston, TX 77010  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this scheaue) Travel Out of District  (b) Description Corplete QNILY if direct expenditure to benefit C/OH  Candidate/Officeholder name  Office sought  Office held  Complete QNILY if direct expenditure to benefit C/OH  Candidate/Officeholder name  Office sought  Office held  Complete QNILY if direct Candidate/Officeholder name Office sought Office held  Complete QNILY if direct Candidate/Officeholder name Office sought Office held	<u> </u>	Tatal name C	١,	Ell ED MAN		o dollon Ou	as explains				٦	Ell 15		(Falsian Communication Filtrary)
Samount (S)   Septembrium			2			The Honer	ablo)				3			culics Commission Filers)
Marriott Marquis Houston   State: Zip Code   S			<u> </u>		id IV. (	THE HOHOR	aule)					00082443		
Total Payer and the state of the street during of the schedule	4		5	•										
\$70.18   1777 Walker St	L	09/05/2023		Marriott Ma	rquis F	Houston								
Hoston, TX 77010	6	Amount (\$)	7	Payee addre	ss;	City;	State	; Zip Co	de					
Complete QNLY if direct expenditure to benefit C/OH   Category (see Categories listed at the top of this schedule)   Chick if Austin, TX, officialistic living expense   Chi		\$70.18		1777 Walke	er St									
Complete QNLY if direct expenditure to benefit C/OH   Category (see Categories listed at the top of this schedule)   Chick if Austin, TX, officialistic living expense   Chi														
Check if travel outside of Texas. Complete Schedule T.   Check if travel outside of Texas. Complete Schedule T.   Check if travel outside of Texas. Complete Schedule T.   Check if Austin. TX, officeholder in governer Media 12 023 AH Rise judicial training for specialty courts, OKC, OK 11/28-12/1/23   Complete ONLY if direct expenditure to benefit C/OH				Hoston, TX	77010	)								
Check if travel outside of Texas. Complete Schedule T.   Check if travel outside of Texas. Complete Schedule T.   Check if travel outside of Texas. Complete Schedule T.   Check if Austin. TX, officeholder in governer Media 12 023 AH Rise judicial training for specialty courts, OKC, OK 11/28-12/1/23   Complete ONLY if direct expenditure to benefit C/OH	8	PURPOSE	⊢				a top of this sale	odulo)	(b)	Description				
Cancer Rausin To All Calculation Processing Services (a) Candidate/Officeholder name   Office sought   Office held		OF	``				e top of this sch	ledule)	()	_ `	outsi	de of Texas. Co	omple	ete Schedule T.
Counts, OKC, OK 11/28-12/1/23  Office held  Office held  Office held  Office held  Office held  Payee name Marriott Marquis Houston  Amount (\$)  Payee address; City; State; Zip Code  1777 Walker St  Hoston, TX 77010  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Travel Out of District  Complete ONLY if direct expenditure to benefit C/OH  Date 10/15/2023  Moody Gardens Hotel  Amount (\$)  Payee name Moody Gardens Hotel  Amount (\$)  Payee address; City; State; Zip Code  7 Hope Blvd Galveston, TX 77554  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Counts of the top of this schedule of the counts of		EXPENDITURE			g	,				Check if Austin	, TX,	officeholder livi	ing ex	xpense
Payee name														
Date										courts, OKC,	Ok	( 11/28-12	/1/2	23
Date 09/05/2023  Amount (\$) Payee address; City; State; Zip Code 1777 Walker St Hoston, TX 77010  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Travel Out of District  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lodging at 2023 TCJ Judicial Conference, Houston, TX, 9/6-9/8/23  Complete ONLY if direct expenditure to benefit C/OH  Date 10/15/2023  Amount (\$) Payee name Moody Gardens Hotel Amount (\$) Payee address; City; State; Zip Code 7 Hope Blvd Galveston, TX 77554  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Travel Out of District  (b) Description Check if vavel outside of Texas. Complete Schedule T. Check if vavel outside of Texas. Complete Schedule T. Check if vavel outside of Texas. Complete Schedule T. Check if vavel outside of Texas. Complete Schedule T. Check if vavel outside of Texas. Complete Schedule T. Check if vavel outside of Texas. Complete Schedule T. Check if vavel outside of Texas. Complete Schedule T. Check if vavel outside of Texas. Complete Schedule T. Check if vavel outside of Texas. Complete Schedule T. Check if vavel outside of Texas. Complete Schedule T. Check if vasin, TX, officeholder living expense Lodging at JCMH Mental Health Summit, Galveston, TX, Oct. 18-20, 2023  Complete ONLY if direct Candidate/Officeholder name Office sought Office held	9			Candidate/Offi	cehold	er name	(	Office sou	ght			Office	helo	j
Amount (\$)		expenditure to benefit C/O	Н											
Amount (\$)		Date		Payee name										
\$612.99 1777 Walker St  Hoston, TX 77010  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Travel Out of District  Complete ONLY if direct expenditure to benefit C/OH  Date 10/15/2023  Moody Gardens Hotel  Amount (\$)  Payee address; City; State; Zip Code 7 Hope Blvd  Galveston, TX 77554  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Travel Out of District  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Judicial Conference, Houston, TX, 9/6-9/8/23  Office held  Office held  (b) Description (check if Lavel outside of Texas. Complete Schedule T. Check if Invavio outside of Texas. Complete Schedule T. Check if Invavio outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lodging at JCMH Mental Health Summit, Galveston, TX, Oct. 18-20, 2023  Complete ONLY if direct  Candidate/Officeholder name Office sought Office held		09/05/2023		Marriott Ma	rquis F	Houston								
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Travel Out of District  (b) Description   Check if Tausel outside of Texas. Complete Schedule T.     Check if Austin, TX, officeholder living expense   Lodging at 2023 TCJ Judicial Conference, Houston,   TX, 9/6-9/8/23		Amount (\$)	T	Payee addre	ss;	City;	State	; Zip Co	de					
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Lodging at 2023 TCJ Judicial Conference, Houston, TX, 9/6-9/8/23  Complete ONLY if direct expenditure to benefit C/OH  Date  10/15/2023  Amount (\$) Payee name  Moody Gardens Hotel  Amount (\$) Payee address; City; State; Zip Code  7 Hope Blvd  Galveston, TX 77554  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if ravel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Lodging at JCMH Mental Health Summit, Galveston, TX, Oct. 18-20, 2023  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held		\$612.99		1777 Walke	er St									
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Lodging at 2023 TCJ Judicial Conference, Houston, TX, 9/6-9/8/23  Complete ONLY if direct expenditure to benefit C/OH  Date  10/15/2023  Amount (\$) Payee name  Moody Gardens Hotel  Amount (\$) Payee address; City; State; Zip Code  7 Hope Blvd  Galveston, TX 77554  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if ravel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Lodging at JCMH Mental Health Summit, Galveston, TX, Oct. 18-20, 2023  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held														
Complete ONLY if direct expenditure to benefit C/OH  Date 10/15/2023				Hoston, TX	77010	)								
EXPENDITURE  If a vel Out of District    Check if Austin, TX, officeholder living expense   Lodging at 2023 TCJ Judicial Conference, Houston, TX, 9/6-9/8/23    Complete ONLY if direct expenditure to benefit C/OH			(a)				e top of this sch	nedule)	(b)					
Complete ONLY if direct expenditure to benefit C/OH  Date				Travel Out	of Dist	rict				<b>=</b>				
Complete ONLY if direct expenditure to benefit C/OH  Date										<b>—</b>				
Date 10/15/2023 Payee name Moody Gardens Hotel  Amount (\$) Payee address; City; State; Zip Code 7 Hope Blvd  Galveston, TX 77554  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Travel Out of District  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lodging at JCMH Mental Health Summit, Galveston, TX, Oct. 18-20, 2023  Complete ONLY if direct Candidate/Officeholder name Office sought Office held												i Co Judic	Jidi	Comercine, Housidli,
Date 10/15/2023 Payee name Moody Gardens Hotel  Amount (\$) Payee address; City; State; Zip Code 7 Hope Blvd  Galveston, TX 77554  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Travel Out of District  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lodging at JCMH Mental Health Summit, Galveston, TX, Oct. 18-20, 2023  Complete ONLY if direct Candidate/Officeholder name Office sought Office held	$\vdash$	Complete ONLV if direct	<u> </u>	Candidate/Offi	cehold	er name		Office sou	aht			Office	helo	1
Moody Gardens Hotel  Amount (\$) Payee address; City; State; Zip Code  7 Hope Blvd  Galveston, TX 77554  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Lodging at JCMH Mental Health Summit, Galveston, TX, Oct. 18-20, 2023  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held				Janualu OIII	CONOIUI	o. Hame		5.1100 30U	Ailt			Onice	. 1010	<u>.</u>
Moody Gardens Hotel  Amount (\$) Payee address; City; State; Zip Code  7 Hope Blvd  Galveston, TX 77554  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Lodging at JCMH Mental Health Summit, Galveston, TX, Oct. 18-20, 2023  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	$\vdash$	Data		D										
Amount (\$)  Payee address; City; State; Zip Code  7 Hope Blvd  Galveston, TX 77554  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Travel Out of District  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lodging at JCMH Mental Health Summit, Galveston, TX, Oct. 18-20, 2023  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held				,	done '	Jotol								
\$194.35 7 Hope Blvd  Galveston, TX 77554  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Travel Out of District  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lodging at JCMH Mental Health Summit, Galveston, TX, Oct. 18-20, 2023  Complete ONLY if direct Candidate/Officeholder name Office sought Office held														
Galveston, TX 77554  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Travel Out of District  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lodging at JCMH Mental Health Summit, Galveston, TX, Oct. 18-20, 2023  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held				•	-	City;	State	; Zip Co	de					
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Travel Out of District  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lodging at JCMH Mental Health Summit, Galveston, TX, Oct. 18-20, 2023  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held		\$194.35		7 Hope Blv	b									
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Travel Out of District  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lodging at JCMH Mental Health Summit, Galveston, TX, Oct. 18-20, 2023  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held														
OF EXPENDITURE  Travel Out of District  Travel Out of District  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Lodging at JCMH Mental Health Summit, Galveston, TX, Oct. 18-20, 2023  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	L			Galveston,	TX 77!	554								
EXPENDITURE  I ravel Out of District  Check if Austin, TX, officeholder living expense Lodging at JCMH Mental Health Summit, Galveston, TX, Oct. 18-20, 2023  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held			(a)	Category (Si	ee Catego	ories listed at the	e top of this sch	nedule)	(b)					
Complete ONLY if direct  Candidate/Officeholder name  Check if Austin, TX, officeholder living expense Lodging at JCMH Mental Health Summit, Galveston, TX, Oct. 18-20, 2023  Office sought  Office held				Travel Out	of Dist	rict								
Complete ONLY if direct Candidate/Officeholder name Office sought Office held										ш			-	•
Complete ONLY if direct Candidate/Officeholder name Office sought Office held													1 <del>U</del> al	ını Summit, Gaiveston,
		Complete ONLY if direct	Ļ	Candidata/Off	oobold	or nama		Office corr	abt	, , -	,		hola	4
				Januluale/Offi	cenoid	ei name	(	JIIICE SOU	ynt			OITICE	neic	1

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/13 Rpt: 9/17	Solis, Selena N. (The Honorable) 00082443
4	Date	5 Payee name
	10/18/2023	Moody Gardens Hotel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.09	7 Hope Blvd
		Galveston, TX 77554
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meal at 2023 JCMH Mental Health Summit,
		Galveston, TX, 10/18-20, 2023
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
	Date	Payee name
	10/20/2023	Moody Gardens Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.21	7 Hope Blvd
		Galveston, TX 77554
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Coffee at 2023 JCMH Mental Health Summit,
		Galveston, TX, 10/18-20, 2023
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	10/20/2023	Moody Gardens Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.75	7 Hope Blvd
		Galveston, TX 77554
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Meal at 2023 JCMH Mental Health Summit, Galveston, TX, 10/18-20, 2023
	Operation ONLY if alice at	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/13 Rpt: 10/17	Solis, Selena N. (The Honorable) 00082443
4	Date	5 Payee name
	10/11/2023	NAMI EI Paso
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	201 E Main St
		Ste 600
		El Paso, TX 79901
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Bollation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>
	Date	Payee name
	12/01/2023	Panera Bread
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.98	Phoenix Sky Harbor International Airport
		Terminal 4, 3800 Sky Hbr Blvd Gate C14
		Phoenix, AZ 85034
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Coffee at airport, flying home from 2023 All Rise
		judicial trg, OKC, OK 11/28-12/1/23
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/07/2023	Pappas Bros. Steakhouse
	Amount (\$)	Payee address; City; State; Zip Code
	\$168.54	1200 McKinney St
		Houston, TX 77010
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meal at 2023 TCJ Judicial Conference, HOU, TX,
		9/6-9/8/23
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 8/13 Rpt: 11/17	Solis, Selena N. (The Honorable) 00082443
4 Date	5 Payee name
10/19/2023	Paso del Norte Community Foundation
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$102.56	221 N Kansas St
	# 1900
	El Paso, TX 79901
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Barrio Futbol Club
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
10/19/2023	Paso del Norte Community Foundation
Amount (\$)	Payee address; City; State; Zip Code
\$613.80	221 N Kansas St
	# 1900
	El Paso, TX 79901
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	'23 EP Giving Day donation - Las Americas, TRLA, EPHS Band, EP Matters, Basketball in the Barrio
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/08/2023	Phoenicia Specialty Foods
Amount (\$)	Payee address; City; State; Zip Code
\$25.60	1001 Austin St
	Houston, TX 77010
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Reverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Lunch at 2023 TCJ Judicial Conference, HOU, TX,
	9/6-9/8/23
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comi

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services  The Instruction Guide	Salaries/\	Vages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM					3	Filer ID	(Ethics Commission F	ilers)
	Sch: 9/13 Rpt: 12/17		na N. (The Honorab	ole)				00082443		
4	Date	5 Payee name								
	10/18/2023	Saltwater 0	Grill							
6	Amount (\$)	<b>7</b> Payee addre	ess; City;	State; Zip Co	ode					
	\$77.12	2017 Posto	ffice St							
		Galveston,	TX 77553							
8	PURPOSE OF	(a) Category (S	ee Categories listed at the to	pp of this schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	rage Expense					de of Texas. Comp		
						_		officeholder living	Health Summit,	
						Galveston, T				
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	l ught			Office he	eld	
	expenditure to benefit C/OI	-1								
	Date	Payee name								
	11/27/2023	Sheraton F	otel							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$32.16	1 N Broadv	vay Ave							
		Oklahoma	City, OK 73102							
	PURPOSE	(a) Category (S	ee Categories listed at the to	pp of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense					de of Texas. Com		
						_		officeholder living	expense  I training for speci-	oltv.
						courts, OKC,		•	• .	aity
	Complete ONLY if direct		iceholder name	Office sou	l ught			Office he	eld	
	expenditure to benefit C/OI	1								
	Date	Payee name								
	12/02/2023	Sheraton H	otel							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$465.64	1 N Broadv	vay Ave							
		Oklahoma	City, OK 73102							
	PURPOSE		ee Categories listed at the to	op of this schedule)	(b)	Description	_			
	OF EXPENDITURE	Travel Out	of District			ш		de of Texas. Com		
						ш		officeholder living	expense icial training for sp	ocialty
						courts, OKC,				ecially
-	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	l Jaht			Office he	eld	
	expenditure to benefit C/O			200 000	9.10			211100 110	<del></del>	
$\vdash$										

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/13 Rpt: 13/17	Solis, Selena N. (The Honorable) 00082443
4	Date	5 Payee name
	07/24/2023	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$323.95	2702 Love Field Dr
		Dallas, TX 75235
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Airfare for 2023 TCJ Judicial Conference, HOU, TX,
		9/6-/9/8/23
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/28/2023	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$312.96	2702 Love Field Dr
		Dallas, TX 75235
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Airfare for 2023 JCMH Mental Health Summit,
		Galveston, TX, Oct. 18-20, 2023.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/11/2023	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$482.96	2702 Love Field Dr
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Airfare to OKC, OK for All Rise Judicial Training for
		specialty courts, 11/28-12/1/23
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comp	olete this form.				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 11/13 Rpt: 14/17	Solis, Selena N. (The Honorable)	00082443				
4	Date	5 Payee name					
	09/05/2023	Starbucks					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$7.21	El Paso International Airport					
		6701 Convair Rd					
		El Paso, TX 79925					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	) Description				
OF EVDENDITUDE		Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE			Check if Austin, TX, officeholder living expense				
	Coffee at airport flying to 2023 TCJ Judi Conference, HOU, TX, 9/6-9/8/23						
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sough	t Office held				
F	Date	Payee name					
	10/18/2023	Starbucks					
H	Amount (\$)	Payee address; City; State; Zip Code					
	\$11.92	El Paso International Airport					
		6701 Convair Rd					
	!	El Paso, TX 79925					
_	DUDDOOF						
	PURPOSE OF	5 7 (11113)	Description  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense				
	!		Coffee at airport flying to 2023 JCMH Health Summit,				
	!		Galveston, TX, 10/18-20, 2023				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sough	t Office held				
F	Date	Payee name					
	11/28/2023	Stella Modern Italian Cuisine					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$77.67	1201 N Walker Ave					
		1202					
		Oklahoma City, OK 73103					
	PURPOSE	5 7 (11113)	) Description				
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.				
	!		Check if Austin, TX, officeholder living expense  Meal at 2023 All Rise judicial training for specialty				
	!		courts, OKC, OK, 11/28-12/1/23				
_	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held				
	expenditure to benefit C/OF	•	t Office field				

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political (

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1	Total names Schodule F1:					
_	Total pages Schedule F1: Sch: 12/13 Rpt: 15/17	Solis, Selena N. (The Honorable)  Solis Selena N. (The Honorable)				
4	Date	5 Payee name				
	11/02/2023	Texas Center for the Judiciary				
6	Amount (\$) \$75.00	7 Payee address; City; State; Zip Code 1210 San Antonio St  Austin, TX 78701				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF Check if travel outside of Texas. Complete Schedu					
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Registration fee for 2024 TCJ Criminal Justice Conference, Austin, TX, 2/22-2/23/24				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	12/08/2023	Texas Rio Grande Legal Aid, Inc.				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,030.00	301 South Texas Ave				
	DUDDOOS	Mercedes, TX 78570				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made Ry  (b) Description  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Judicial & board sponsorship at 3rd Annual Evening of Gratitude dinner and awards, 12/8/23				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	09/07/2023	The Rustic Houston				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$38.10	1836 Polk St				
		Houston, TX 77003				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description				
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Lunch at 2023 TCJ Judicial Conference, HOU, TX,				
		9/6-9/8/23				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Se	ds/Memorials Expens rvices struction Guide ex	Salaries/\	Wages	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed abo	ve)
1	Total pages Schedule F1:	2				•		3	Filer ID	(Ethics Commission	n Filers\
	Sch: 13/13 Rpt: 16/17		Solis, Selena N. (1	The Honorable	)				00082443	(_uuoo commosiic	1 11013)
4	Date	5	Payee name								
	11/19/2023		USTA								
6	Amount (\$)	7	Payee address;	City;	State; Zip Co	ode					
	\$36.00		2500 Westchester	Ave							
			Ste 411								
			Purchase, NY 105	77							
8	PURPOSE	⊢	·			(h)	Description				
0	OF	<sup>(a)</sup>	Category (See Category Membership renev		of this schedule)	(0)	Description  Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Membership renev	wai iee					officeholder living		
										fee on wrong ac	count;
							will be reimbu	ırse	ed w person	al funds	
9	Complete ONLY if direct		Candidate/Officeholde	er name	Office sou	ught			Office he	eld	
	expenditure to benefit C/OI	H —									
	Date		Payee name								
	11/27/2023		Uber								
	Amount (\$)		Payee address;	City;	State; Zip Co	ode					
	\$41.42		1515 3rd St								
			San Francisco, CA								
	PURPOSE OF	(a)	Category (See Category		f this schedule)	(b)	Description				
	EXPENDITURE		Travel Out of Distr	ict					officeholder living	plete Schedule T.	
							ш			neraton hotel for	2023 All
							Rise judicial t				
	Complete ONLY if direct		Candidate/Officeholde	er name	Office sou	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	07/28/2023		University of Texa	s at El Paso							
-	Amount (\$)		Payee address;	City;	State; Zip Co	ode					
	\$2,000.00		500 W University	•	p O						
	42,000.00		Cotton Memorial E								
				•							
			El Paso, TX 79968								
	PURPOSE OF	(a)	Category (See Category		f this schedule)	(b)	Description	outo:	de of Toyas Com	plete Schedule T.	
	EXPENDITURE		Event sponsorship	)					officeholder living		
							ш			w School Prepa	aration
							Institute 25th				
	Complete ONLY if direct		Candidate/Officeholde	er name	Office sou	ught			Office he	eld	
	expenditure to benefit C/OI	Н				-					

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

ᆫ							
The Instruction Guide explains how to complete this form.  1 Total pa							
							/1 Rpt: 17/17
2 FILER NAME 3 Filer ID						(Ethics Commiss	ion Filers)
	Solis, Selena	a N.	(The Honorable)		00082	443	
4	Date	5	Name of person from whom amount is received	-		8 Amount (\$)	
	10/12/2023		El Paso County				\$1,852.46
		6	Address of person from whom amount is received; City; State; Zip Code				
			El Paso, TX 79901				
		7	Purpose for which amount is received	olitic	al contr	ribution returned to f	iler
			Expenses advance for 2023 All Rise judicial training for specialty courts, Ok	C,	OK, 11	./28-12/1/23	
F	Date		Name of person from whom amount is received			Amount (\$)	
	11/09/2023		El Paso County				\$917.37
		ļ	Address of person from whom amount is received; City; State; Zip Code				
			El Paso, TX 79901				
			Purpose for which amount is received	olitic	al contr	ibution returned to f	iler
			Reimbursement for expenses re: 2023 JCMH Mental Health Summit, Galve	esto	n, TX, 1	10/18-10/20/23	
	Date		Name of person from whom amount is received			Amount (\$)	
	10/12/2023		Sixth Administrative Judicial Region				\$1,425.95
		ļ	Address of person from whom amount is received; City; State; Zip Code				
		⊢	Kerrville, TX 78028				
		1				ribution returned to f	iler
L			Reimbursement for expenses re: 2023 TCJ Judicial Conference, HOU, TX,	9/6	-9/8/23	<del></del>	
l							