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 24 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Selena N. NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 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 January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 06/30/2024 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

GO TO PAGE 2

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 24

13 C / OH NAME	Solis, Selena N. (The	Honorable)	14 Filer ID 00082443	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political e These expenditures may have been made I officeholders are required to report this int	without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
	_	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER	NAME	
		COMMITTEE CAMPAIGN TREASURER	ADDRESS	
16 CONTRIBUTION TOTALS	\$ 0.00			
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES O	F LOANS)	\$ 0.00
EXPENDITURE TOTALS		\$ 0.00		
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 6,891.57
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS O RIOD	F THE LAST DAY OF THE	\$ 9,885.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LO TING PERIOD	ANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
			er penalty of perjury, that the ac cludes all information required a Code.	
		Tł	ne Honorable Selena N. Sol	is
			nature of Candidate or Officeho	
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of of		
Signature of office	er administering oath	Printed name of officer administering	oath Title of office	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

		C	3 of 24	
l	LER NAN olis, Sele	ME ena N. (The Honorable)	19 Filer ID 00082443	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		\$		
4.		\$		
5.	X	\$ 6,891.57		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		\$		
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10). <u> </u>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
1:	l. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12	2. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$ 2,729.52

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		mmittee							THER (enter a category not listed above)		
	Credit Card Fayment			The Instruction Gu	ide explains how t	o comp	lete this form.					
1	Total pages Schedule F1:	2	FILER NAME	Ē				3	Filer ID	(Ethics Commi	ssion Filers)	
	Sch: 1/20 Rpt: 4/24		Solis, Selen	a N. (The Honor	able)				00082443			
4	Date	5	Payee name					_				
	05/22/2024		AMK S and	E								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code						
	\$7.00		Anaheim Co	onvention Center	r							
			800 W Kate	lla Ave								
			Anaheim, C	A 92802								
8	PURPOSE	(2)				(h) Description					
٠	OF	(۵)		ee Categories listed at th	e top of this schedule)	(5)		outsi	de of Texas. Con	nplete Schedule T.		
	EXPENDITURE		i oou/bever	age Expense					officeholder living			
							Coffee at '24	1 Al	l Rise annua	al conference	, 5/21-25,	
							Anaheim, CA	١				
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Office	sought			Office h	eld		
	expenditure to benefit C/Ol	Н										
	Date		Payee name									
	05/23/2024		AMK S and	E								
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code						
	\$7.00		Anaheim Co	onvention Center	r							
			800 W Kate	lla Ave								
			Anaheim, C	A 92802								
	PURPOSE	(a)		ee Categories listed at th	a tan of this sabadula)	(b)) Description					
	OF	``		age Expense	e top of this scriedule)		`	outsi	de of Texas. Con	plete Schedule T.		
	EXPENDITURE		. 000,2010.	ago =/tpo://oc			Check if Austin	ı, TX	officeholder living	g expense		
							Coffee at '24		Rise annua	l conference,	5/21-25,	
							Anaheim, CA	`				
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	Office	sought	İ		Office h	eld		
	experiordine to berieff C/O											
	Date		Payee name									
	05/24/2024		Barcelona C	OnTheGo Foodtr	uck							
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code						
	\$20.40		Unknown									
			www.smack	down.com								
			Anaheim, C	A 00000								
	PURPOSE	(a)	Category (Se	ee Categories listed at th	e top of this schedule)	(b)) Description					
	OF EXPENDITURE			age Expense	,			outsi	de of Texas. Con	plete Schedule T.		
	EXPENDITURE						_		officeholder livin			
							Lunch at '24 Anaheim, CA		Rise annua	conference,	5/21-25,	
								•				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	Office	sought	İ		Office h	eld		
		•										

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 E Legal Services The Instruction Gui	Expense	Polling Exp Printing Exp Salaries/Wa how to con	ense ages/Contra		٦	Fravel in Distric Fravel Out of Di DTHER (enter a	
1	Total pages Schedule F1: Sch: 2/20 Rpt: 5/24		E na N. (The Honor	able)					Filer ID 00082443	(Ethics Commission Filers)
4	Date	5 Payee name	•							
•	01/16/2024		aso Democrats							
6	Amount (\$)	7 Payee addre	ess; City;	State;	Zip Coc	le				
	\$170.00	PO Box 37	1425							
		El Paso, T	X 79937							
8	PURPOSE	(a) Category (S	See Categories listed at the	e top of this sch	edule)	(b) Desc	ription			
	OF EXPENDITURE	Event Expe	ense						e of Texas. Con fficeholder livin	nplete Schedule T.
										the 58th Annual Black El
						Paso	Democra	ats I	Banquet	
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	C	Office soug	ht			Office h	eld
	Date	Payee name	9							
	03/26/2024	Cheesecal	ke Factory							
	Amount (\$)	Payee addre	ess; City;	State;	Zip Coo	le				
	\$22.07	455 Comm	erce St							
		Fort Worth	, TX 76102							
	PURPOSE OF	l	See Categories listed at the	e top of this sche	edule)	(b) Desc			. - 0	
	EXPENDITURE	Food/Beve	rage Expense						fficeholder livin	nplete Schedule T. g expense
						luncl TX	h at TASC	C an	nual confe	erence, 3/26-28, Ft Worth,
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	C	Office soug	ht			Office h	eld
	Date	Payee name	9							
	04/16/2024	Chevron								
	Amount (\$)	Payee addre	ess; City;	State;	Zip Coo	le				
	\$36.16	1501 N Hw	y 285							
		Fort Stockt	on, TX 79735							
	PURPOSE OF		See Categories listed at the	e top of this sche	edule)	(b) Desc				
	EXPENDITURE	Travel Out	of District						e of Texas. Con fficeholder livin	nplete Schedule T. g expense
										ual conference, 4/16-19,
						Roui	nd Rock, ¹	TX		
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	C	Office soug	ht			Office h	eld

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Cabadula F1:		lore)
1	Total pages Schedule F1: Sch: 3/20 Rpt: 6/24	2 FILER NAME Solis, Selena N. (The Honorable) 3 Filer ID (Ethics Commission File 00082443	iers)
4	Date	5 Payee name	
	04/18/2024	Chevron	
6	Amount (\$) \$44.25	7 Payee address; City; State; Zip Code 3801 W Parmer Ln Austin, TX 78727	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense Gas at '24 TAPS annual conference, 4/16-19, F Rock, TX	Round
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	06/18/2024	Council of Judges	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	500 E San Antonio Ave, 1st Fl	
		El Paso, TX 79990	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Judges' fund dues for 2023-24	
		Judges fully dues for 2023 24	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	05/22/2024	Double Tree	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$46.79	2085 S Harbor Blvd	
		Anaheim, CA 92802	
	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	
			25
		Dinner at '24 All Rise annual conference, 5/21-2 Anaheim, CA	۷۵,
	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 Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense Travel Out of District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
Cieuii Caiu Fayineni	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: 2	Priler NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/20 Rpt: 7/24	Solis, Selena N. (The Honorable) 00082443
4 Date 5	Payee name
03/26/2024	Dunkin Donuts
6 Amount (\$) 7	Payee address; City; State; Zip Code
\$4.31	Dallas Love Field
	8008 Cedar Springs Rd
	Dallas, TX 75235
8 PURPOSE (
OF OF	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.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Breakfast-OOD travel-TASC annual conference,
	3/26-23, Ft Worth, TX
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH	
Date	Payee name
01/26/2024	El Paso International Airport
Amount (\$)	Payee address; City; State; Zip Code
\$7.00	6701 Conair Rd
	El Paso, TX 79925
PURPOSE (a	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 airport parking to attend JCMH Commissioners'
	meeting in Austin, TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH	
Date	Payee name
03/28/2024	El Paso International Airport
Amount (\$)	Payee address; City; State; Zip Code
\$21.00	6701 Convair Rd
	El Paso, TX 79925
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
	Airport parking while attending TASC annual conference, 3/26-28, Fort Worth, TX
Complete ONLY if direct	
Complete <u>ONLY</u> 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 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 complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 5/20 Rpt: 8/24	Solis, Selena N. (The Honorable) 00082443	
4	Date	5 Payee name	
	04/22/2024	Fig & Olive	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$33.99	The Galleria	
		5115 Westheimer Rd Suite C2500	
		Houston, TX 77056	
8	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	
		Dinner at '24 TCJ Regional A Conference, 4/22-24	i
		Houston, TX	,
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
_	Date	Payee name	_
	05/23/2024	Flemings	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$68.96	1050 W Katella Ave	
	400.00		
		Anaheim, CA 92802	
	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	
		Dinner at '24 All Rise annual conference, 5/21-25,	
		Anaheim, CA	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H	
			_
	Date	Payee name	
	04/24/2024	Gastrohub Bistro	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$27.08	William P. Hobby Airport	
		7800 Airport Blvd	
		Houston, TX 77061	
	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 on return trip to El Paso from '24 TCJ	
		Regional A Conference, 4/22-24, Houston, TX	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OF	Н	

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 Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 6/20 Rpt: 9/24	Solis, Selena N. (The Honorable) 00082443
4	Date	5 Payee name
	05/23/2024	GermanYumTruck
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.70	3091 E Coronado St
		Anaheim, CA 92806
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
		Lunch at '24 All Rise annual conference, 5/21-25,
		Anaheim, CA
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/17/2024	Kalahari Resort
	Amount (\$)	Payee address; City; State; Zip Code
	\$189.00	3001 Kalahari Blvd
		Round Rock, TX 78665
	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
		Hotel deposit for TX Assoc. of Pretrial Services
		annual conference 4/24, Round Rock, TX
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/19/2024	Kalahari Resort
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.82	3001 Kalahari Blvd
		Round Rock, TX 78665
	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 Dinnerat '24 TAPS annual conference, 4/16-19,
		Round Rock, TX
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mad Candidate/Officeholder/Po

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/Political Committee Credit Card Payment				Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.							Travel Out of District OTHER (enter a category not listed above)				
L					struction Gu	iue expiains	HOW TO CO	inbie	te uns ioim.	_					
1	Total pages Schedule F1:	1								3			(Ethics Commission Filers)		
L	Sch: 7/20 Rpt: 10/24	╄	Solis, Selen	a N. (1	The Honor	able)					000824	43			
4	Date	1	Payee name												
	04/16/2024		Kalahari Re	sort											
6	Amount (\$)	7	Payee addre	ss;	City;	State	; Zip Co	de							
	\$497.55		3001 Kalah	ari Blvo	d										
			Round Rocl	k. TX 7	8665										
8	PURPOSE	\vdash	Category (Se			- 4 441-: 1		(b)	Description						
ľ	OF		Travel Out			e top of this sch	nedule)	(5)	_ `	outsi	de of Texas.	Com	plete Schedule T.		
	EXPENDITURE		Traver Out (ווכוט וכ	ict				Check if Austin						
									Lodging at '24	4 T	APS ann	iual	conference, 4/16-19,		
									Round Rock,						
9	Complete ONLY if direct		Candidate/Offi	ceholde	er name	(Office sou	ght			Offic	e he	eld		
	expenditure to benefit C/OI	Н													
	Date		Payee name												
	04/16/2024		Kalahari Re	sort											
	Amount (\$)		Payee addre	SS;	City;	State	; Zip Co	de							
	\$37.25		3001 Kalah	ari Blvo	d		-								
	,														
			Round Rocl	k, TX 7	8665										
	PURPOSE	(a)	Category (Se	ee Catego	ries listed at th	e top of this sch	nedule)	(b)	Description						
	OF EXPENDITURE		Food/Bever	age Ex	rpense				=				plete Schedule T.		
									Check if Austin						
									Dinner at '24 Round Rock,			ai c	conference, 4/16-19,		
_	Complete ONLY if alias -t	Ļ	Sandideta/Off	00001-1-1	v nom -		Office as:					0 5 -	ald.		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	cenolae	name	(Office sou	ynt			Offic	e ne	eiu		
H	Data	-	D												
	Date	1	Payee name												
	04/18/2024	_	Kalahari Re												
	Amount (\$)	1	Payee addres	•	City;	State	; Zip Co	de							
	\$24.57		3001 Kalah	ari Blvo	b										
			Round Rocl	k, TX 7	'8665										
	PURPOSE	(a)	Category (Se	ee Catego	ries listed at th	e top of this sch	nedule)	(b)	Description						
	OF EXPENDITURE		Food/Bever	age Ex	kpense				ш				plete Schedule T.		
									Check if Austin			-	•		
									Round Rock,			ai co	onference, 4/16-19,		
									rtourid rtock,	'^					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholde	er name	(Office sou	ght			Offic	e he	eld		
	experience to beliefft C/OI														

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		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	Polling pense Printing Salarie	Travel in District Travel Out of District OTHER (enter a category not listed above)				
	Credit Card Payment		The Instruction Guide	e explains how to	compl	ete this form.			
1	Total pages Schedule F1:	2 FILER NAM	Ē				3	Filer ID	(Ethics Commission Filers)
	Sch: 8/20 Rpt: 11/24	Solis, Sele	na N. (The Honoral	ole)				00082443	
4	Date	5 Payee name	1				<u> </u>		
	03/26/2024	Kimpton Ha							
_		•	•	State: Zin	Codo				
6	Amount (\$) \$49.13	7 Payee addre	, ,,	State; Zip	Code				
	Ф49.13	714 Maili	5ι						
		Fort Worth,	TX 76102						
8	PURPOSE	(a) Category (S	see Categories listed at the to	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beve	rage Expense						nplete Schedule T.
						_		, officeholder livin	g expense rence, 3/26-28, Fort
						Worth, TX	, ai	iliuai come	ence, 3/20-20, Fort
_					1			- m	
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office s	ougnt			Office h	eia
	Date	Payee name	!						
	05/25/2024	LAX The N	ew Stand						
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code				
	\$6.34	Los Angele	s International Airp	ort					
		1 World Wa	•						
			s, CA 90045						
	DUDD005				100				
	PURPOSE OF		see Categories listed at the to	op of this schedule)	(a)	Description Check if travel	nutei	ide of Teyes Cor	nplete Schedule T.
	EXPENDITURE	F000/Beve	rage Expense					, officeholder livin	
						Coffee at airp	oort	returning h	ome from '24 All Rise
						annual confe	ren	ice, 5/21-25	, Anaheim, CA
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office s	ought			Office h	eld
	Date	Payee name							
	04/19/2024	Lampost C	offee						
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code				
	\$38.51	109 East S	t. Suite A						
		Hutto, TX 7	'8634						
	PURPOSE OF	· ·	see Categories listed at the to	op of this schedule)	(b)	Description			
	EXPENDITURE	Food/Beve	rage Expense						nplete Schedule T.
						_		, officeholder livin	ial conference, 4/16-19,
						Round Rock,			.a. 501110101100, 7/10 ⁻ 13,
_	Complete ONLY if direct	Candidata/O#	iceholder name	Office s	Ought			Office h	old
	expenditure to benefit C/O		icendidei Hällle	Office S	ougni			Office f	ciu
	•								
F 0.	me provided by Tayas E	thine Commise	00 140404	unthice state to	/ 116			_	Version V/4.1.0 d278aha0

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made

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

	Contributing 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: 9/20 Rpt: 12/24	Solis, Selena N. (The Honorable) 00082443
4	Date	5 Payee name
	03/29/2024	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$68.49	548 Market St
		PO Box 68514
		San Francisco, CA 94104
8	PURPOSE	
°	OF	(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.
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Transpo from hotel to Love Field at '24 TASC annual
		conference, 3/26-28, Fort Worth TX
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/27/2024	National Assoc of Drug Court Professionals
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	625 N. Washington St, Ste. 212
		Alexandria, VA 22314
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Annual membership fee for NADCP aka All Rise
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/27/2024	National Association of Drug Court Professionals
	Amount (\$)	Payee address; City; State; Zip Code
	\$795.00	625 N. Washington St, Ste. 212
		Alexandria, VA 22314
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Registration fee for 2024 NADCP (now All Rise) annual conference, 5/22-25, Anaheim, CA,
_	Operation Objects "	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	- parametric 30 2000000 0/01	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Coi	mmittee	Legal Servic				ages/	e /Contract Labor te this form.		Travel Out of OTHER (ente		rict ategory not listed above)
_	Tatal manus Oct 11 51	_	EU ED MAN		January Suide	- JAPIUIIIS I		թ.с		_	Ella - ID		(Ethion Commission Eller)
	Total pages Schedule F1:				. 1 12	-1->				3		_	(Ethics Commission Filers)
	Sch: 10/20 Rpt: 13/24		Solis, Seler	ıa N. (The	e Honorab	oie)					0008244	.კ	
4	Date	5	Payee name										
	03/28/2024		Omni Fort V	Worth Ho	el								
6	Amount (\$)	7	Payee addre	ss; Ci	y;	State;	Zip Co	de					
	\$416.72		1300 Houst										
			Cort Morth	TV 7610	2								
		L	Fort Worth,										
8	PURPOSE OF	(a)	Category (Se			op of this sche	edule)	(b)	Description				
	EXPENDITURE		Travel Out	of District					느				lete Schedule T.
									Check if Austin				conference, 3/26-28, Ft
									Worth, TX	-r 12	, we aim	aui (001110101100, 0/20-20, Ft
_	Complete ONLY 'C. "	<u> </u>	Daniel - t 1000	i a a la - 1 - 1)tt:				055	. 1- '	۵
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	icenolder r	ame	С	Office sou	gnt			Office	nel	a
L													
	Date	_	Payee name										
	03/28/2024		Omni Fort V	Vorth									
	Amount (\$)		Payee addre	ss; Ci	y;	State;	Zip Co	de					
	\$61.26		1300 Houst	on St.									
			Fort Worth,	TX 7610	2								
_	DUDDOCE	10					Т	/l- \	<u> </u>				
	PURPOSE OF	^(a)	Category (Se			op of this sche	edule)	(n)	Description Check if travel	Unte:	de of Teves C	Omel	lete Schedule T.
	EXPENDITURE		Food/Bever	age Expe	ense				Check if traver				
									—				ual conference, 3/26-28,
									Fort Worth, T				
\vdash	Complete ONLY if direct		Candidate/Offi	iceholder r	iame	0	Office sough	ght			Office	hel	d
	expenditure to benefit C/OI		Carialadio/OIII			O	00 5000	9'''			511100		<u>.</u>
\vdash		1											
	Date		Payee name										
	03/28/2024		Omni Fort V	worth									
	Amount (\$)		Payee addre	•	y;	State;	Zip Co	de					
	\$0.20		1300 Houst	on St.									
			Fort Worth,	TX 7610	2								
	PURPOSE	(a)	Category (Se	ee Catenories	listed at the to	on of this sch	edule)	(b)	Description				
	OF	<u> </u> `	Fees	oo oalogoiles	stod at the to	5p 01 0113 30116	oudio,	•	:	outsi	de of Texas. C	Compl	lete Schedule T.
	EXPENDITURE								Check if Austin	, TX,	officeholder li	ving e	expense
												C ar	nnual conference, 3/26-
									28, Fort Wort	n,	ΙX		
	Complete ONLY if direct		Candidate/Offi	iceholder r	ame	О	Office sou	ght			Office	hel	d
	expenditure to benefit C/OI	Н											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/20 Rpt: 14/24	Solis, Selena N. (The Honorable) 00082443
4	Date	5 Payee name
	05/21/2024	Reyes, Dolores (Judge)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	500 E San Antonio
		El Paso, TX 79901
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Specialty Courts Committee Meet & Greet
		sponsorship, May 17 at 501 Bar & Bistro
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/23/2024	Savoy
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.37	Unknown
		Houston, TX 77056
	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
		Dinner at '24 TCJ Regional A Conference, 4/22-24,
		Houston, TX
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/22/2024	Schlotzsky's
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.95	6701 Convair Rd
		El Paso, TX 79925
	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 Lunch at airport traveling to attend '24 TCJ Regional
		A Conference, 4/22-24, Houston, TX
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 12/20 Rpt: 15/24	Solis, Selena N. (The Honorable) 00082443
4	Date	5 Payee name
	05/21/2024	Schlotzsky's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.75	El Paso International Airport
		6701 Convair Rd
		El Paso, TX 79925
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 Dinner at airport traveling to '24 All Rise annual
		conference, 5/21-25, Anaheim, CA
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/11/2024	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$375.96	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
		Rd-trip airfare to attend JCMH Commissioners' Mtg
		on 1/25/24, Austin, TX
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/05/2024	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$375.96	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 attend TCJ '24 Criminal Law Conference, 2/22-23, Austin, TX
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	
Ļ	Tatalana O. I. S.	
1	Total pages Schedule F1: Sch: 13/20 Rpt: 16/24	2 FILER NAME Solis, Selena N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082443
4	Date	5 Payee name
	02/09/2024	Southwest Airlines
_		
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$235.97	2702 Love Field Dr
		Dallas, TX 75235
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Airfare to attend TASC Annual conference, 3/26-
		3/28, Ft. Worth, TX
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	03/27/2024	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$427.96	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		RT airfare to attend '24 All Rise annual conference,
		5/21-25, Anaheim, CA
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/02/2024	Southwest Airlines
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	` ,	2702 Love Field Dr
	\$242.96	2702 LOVE FIGIU DI
L		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 attend TCJ '24 Regional A Conference, 4/22-24, Houston, TX
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/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: 14/20 Rpt: 17/24	Solis, Selena N. (The Honorable) 00082443	
4	Date	5 Payee name	
	04/05/2024	Southwest Airlines	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$99.00	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.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Airfare modification to return from TCJ '24 Regional A Conference, 4/22-24, Houston, TX	
			_
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	onponuntare to senione ere.	·	_
	Date	Payee name	
	05/15/2024	Southwest Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$62.00	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 Modification to return airfare from LA to ELP, '24 All	
		Rise annual conference, 5/21-25, Anaheim, CA	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	•	
	Date	Payee name	_
	05/21/2024	Starbucks	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$6.44	El Paso International Airport	
	Ψ0.44	6701 Convair Rd	
		El Paso, TX 79925	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if the real outside of Tayon Complete Categories To	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Beverage at airport traveling to '24 All Rise annual	
		conference, 5/21-25, Anaheim, CA	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	1	
			_

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

ment Solicitation/Fundraising Expense
ense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Contributions/ Donations Made By - Candidate/Officeholder/Political (Credit Card Payment			mmittee	Gift/Awards/Memo Legal Services The Instructio	rials Expense n Guide explains		/ages	/Contract Labor		Travel Out of D OTHER (enter	istrict a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
Ĺ	Sch: 15/20 Rpt: 18/24	Ĺ		na N. (The H	onorable)					00082443	,
4	Date	5	Payee name								
	04/21/2024		Stripes								
6	Amount (\$) \$33.37	7	Payee addre 2109 Sidne Kerville, TX	ey Baker St	State	e; Zip Co	de				
8	PURPOSE	(a)	Category (S	ee Categories liste	d at the top of this so	chedule)	(b)	Description			
	OF EXPENDITURE		Travel Out			,			outsi	de of Texas. Co	mplete Schedule T.
	EXPENDITURE							—		officeholder livir	
								Gas for return conference, 4			from '24 TAPS annual
								Comerciale, 4	+/ T (
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	iceholder nam	e 	Office sou	ght			Office h	neld
	Date		Payee name								
	02/08/2024		Texas Asso	ciation of Pr	etrial Serv ice	s					
	Amount (\$)	Г	Payee addre	ss; City;	State	e; Zip Co	de				
	\$300.00		Sam Houst	on State Uni	ersity						
			P.O. Box 22	296							
			Huntsville,								
	PURPOSE	(a)	Category (S	ee Categories liste	d at the top of this so	chedule)	(b)	Description			
	OF EXPENDITURE		Fees					브			mplete Schedule T.
								—		officeholder livir	^{ng expense} of Pretrial Services annual
								conference; 3			
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	iceholder nam	e	Office sou	ght			Office h	neld
	Date		Payee name								
	02/09/2024		Texas Asso	ciation of Pr	etrial Services	5					
	Amount (\$)	\vdash	Payee addre	ss; City;	State	e; Zip Co	de				
	\$344.50		Sam Houst	on State Uni	ersity	-					
			P.O. Box 22								
			Huntsville,								
	PURPOSE	(a)			d at the top of this so	chedule)	(b)	Description			
	OF	[``	Fees	cc calegories liste	2 at the top of this 50	nicuule)	` '	:	outsi	de of Texas. Co	mplete Schedule T.
	EXPENDITURE							ш		officeholder livir	- ·
								Registration f 19, Round Ro			annual conference, 4/16-
								13, NUUIIU K	JUK		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	iceholder nam	e	Office sou	ght			Office h	neld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 16/20 Rpt: 19/24	Solis, Selena N. (The Honorable) 00082443
4	Date	5 Payee name
	01/26/2024	Texas Center for the Judiciary
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.00	1210 San Antonio St
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Registration fee for TCJ Criminal Law Conference,
		Austin, TX, 2/24
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/06/2024	Texas Center for the Judiciary
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	1210 San Antonio St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Registration fee for '24 TCJ Annual Judicial
		Education Conference, 9/4-6, San Antonio, TX
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
	Date	Payee name
	04/19/2024	The Country Store
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.54	4293 TX-21 E
	722.0	,
		Dime Box, TX 77853
	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 '24 TAPS annual conference, 4/16-19, Round Rock,
		TX
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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

	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: 17/20 Rpt: 20/24	Solis, Selena N. (The Honorable) 00082443
4	Date	5 Payee name
	04/24/2024	The Westin Galleria Houston
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$378.00	5060 W Alabama St
		Houston, TX 77056
8	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 Lodging at '24 TCJ Regional A Conference, 4/22-24,
		Houston, TX
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	04/23/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.99	1515 3rd St
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Uber from residence to EPIA to attend '24 TCJ
		Regional A Conference, 4/22-24, Houston, TX
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 04/23/2024	Payee name
		Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.19	1515 3rd St
		San Francisco, CA 94158
	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 Transpo at '24 TCJ Regional A Conference, 4/22-24,
		Houston, TX
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out of District OTHER (enter a category not listed above)
	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: 18/20 Rpt: 21/24	Solis, Selena N. (The Honorable)	00082443
4	Date	5 Payee name	
	04/24/2024	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
U	\$20.93	1515 3rd St	
	Ψ20.93	1010 010 01	
		0.5.	
		San Francisco, CA 94158	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Traver in District	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
			m EPIA to residence after '24 TCJ
		·	Conference, 4/22-24 in Houston, TX
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
•	expenditure to benefit C/OI		Cinice field
	Data		
	Date 04/24/2024	Payee name Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$31.60	1515 3rd St	
		San Francisco, CA 94158	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Traver out or District	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
			m Westin Galleria to Hobby Airport, '24
			nal A Conference, 4/22-24, Houston, TX
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	05/21/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$22.13	1515 3rd St	
	ΨΖΖ.13	1010 010 01	
		San Francisco, CA 94158	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel.	el outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel in District	tin, TX, officeholder living expense
			m residence to EPIA to attend '24 All
		Rise annua	l conference, 5/21-22, Anaheim, CA
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Fees

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

Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)		
	Sch: 19/20 Rpt: 22/24	Solis, Seler	na N. (The Honoral	ole)				00082443			
4	Date	5 Payee name									
	05/22/2024	Uber									
6	Amount (\$) \$15.43	7 Payee addre 1515 3rd Si San Francis		State; Zip C	ode						
8	PURPOSE	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description					
	OF EXPENDITURE	Travel Out	of District						plete Schedule T.		
						\Box	4 A	officeholder living II Rise annu	al conference, 5/21-25,		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ceholder name	Office so	ught			Office he	eld		
	Date	Payee name									
	06/07/2024	Uber									
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode						
	\$12.58	1515 3rd St	:								
		San Francis	sco, CA 94158								
	PURPOSE OF	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description					
	EXPENDITURE	Travel In Di	strict					de of Texas. Com officeholder living	plete Schedule T.		
						ш			State Democratic		
						Convention e			state Bemeerate		
	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office he	eld		
	Date	Payee name									
	06/07/2024	Uber									
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode						
	\$6.67	1515 3rd St	:								
		San Francis	sco, CA 94158								
	PURPOSE	(a) Category (S	ee Categories listed at the t	op of this schedule)	(b)	Description					
	OF EXPENDITURE	Travel In Di	strict						plete Schedule T.		
								officeholder living	atic Convention events to		
						dinner		ale Deffice	and Convention Events to		
	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office he	eld		
	experialitie to beliefft C/Of	11									

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

	Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/20 Rpt: 23/24	Solis, Selena N. (The Honorable) 00082443
4	Date	5 Payee name
	04/16/2024	University of Texas at El Paso
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	500 W University Ave
		Cotton Memorial Bldg., Ste 203
		El Paso, TX 79968
8	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
		Donation to Law School Prep Institute (LSPI)
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/24/2024	Zinque
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.77	3446 Via Oporto
		Newport, CA 92663
	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 Dinner at '24 All Rise annual conference, 5/21-25,
		Anaheim, CA
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
l		

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

SCHEDULE K

_						
	The Instru	nages Schedule K: L/1 Rpt: 24/24				
2	FILER NAME	(Ethics Commission Filers)				
	Solis, Selena	00082	2443			
4	Date	5	Name of person from whom amount is received	_		8 Amount (\$)
	01/16/2024		El Paso County			\$163.06
		6	Address of person from whom amount is received; City; State; Zip Code			•
		ľ	· · · · · · · · · · · · · · · · · · ·			
			El Paso, TX 79901			
		7	Purpose for which amount is received	olitio	al cont	ribution returned to filer
			Reimbursement expenses at 2023 All Rise judicial training-specialty courts			
⊨	Data	_				A
	Date		Name of person from whom amount is received			Amount (\$) \$1,458.23
	06/24/2024	ļ	El Paso County			\$1,458.23
			Address of person from whom amount is received; City; State; Zip Code			
			El Paso, TX 79901			
			_	- 1141 a		with rations were unused to file.
			Reimbursement for travel expenses at '24 TAPS annual conference, 4/16-1			ribution returned to filer
			Reimbursement for travel expenses at 24 TAFS annual conference, 4/10-1	э, г	Touriu	NOCK, TA
	Date		Name of person from whom amount is received			Amount (\$)
	01/17/2024	<u> </u>	Solis, Selena			\$36.00
			Address of person from whom amount is received; City; State; Zip Code			
			EL DACO, TV 70002			
		L	EL PASO, TX 79902			
			 -	olitio	cal cont	ribution returned to filer
L			Reimbursement for inadvertent charge to USTA 11/9/23			
	Date		Name of person from whom amount is received			Amount (\$)
	06/24/2024	<u> </u>	Texas Comptroller			\$1,072.23
			Address of person from whom amount is received; City; State; Zip Code			
			A TV 00000			
			Austin, TX 00000			
					cal cont	ribution returned to filer
L			Scholarship to attend '24 TASC annual conference, 3/26-28, Fort Worth, TX			
l						