### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 1

| The JC/OH Instruction   | Guide explains how to com   | plete this form. | 1 Filer ID<br>(Ethics Commission<br>00082443 | n Filers)       | 2 Total pages       | filed:<br>15         |
|-------------------------|-----------------------------|------------------|--|-----------------|---------------------|----------------------|
| 3 CANDIDATE /           | MS / MRS / MR               | FIRST            |  | MI              |                     |                      |
| OFFICEHOLDER            |                             | Selena N.        |  |                 |                     | USE ONLY             |
| NAME                    | The Honorable               | Selena N.        |  |                 | Date Received       |                      |
|                         |                             |                  |  |                 | ELECTRONIC          | CALLY FILED          |
|                         |                             |                  |  |                 | 01/15/2025          |                      |
|                         | NICKNAME                    | LAST             |  | SUFFIX          | 01/13/2023          |                      |
|                         |                             | Solis            |  |                 |                     |                      |
| 4 CANDIDATE /           | ADDRESS / PO BOX; APT       |                  | Y:   | ZIP CODE        | Date Hand-delivered | d or Date Postmarked |
| OFFICEHOLDER            | 905 E Robinson Ave          |                  | - ,  | 00DL            |                     |                      |
| MAILING                 | 905 E RODITISOTI AVE        |                  |  |                 | Receipt #           | Amount               |
| ADDRESS                 |                             |                  |  |                 | Receipt #           | Amount               |
| Change of Address       | EL PASO, TX 79902-224       | 0                |  |                 |                     |                      |
|                         |                             | 0                |  |                 | Date Processed      |                      |
|                         |                             |                  |  |                 |                     |                      |
|                         |                             |                  |  |                 | Date Imaged         |                      |
|                         |                             |                  |  |                 |                     |                      |
| 5 CAMPAIGN              | MS / MRS / MR               | FIRST            |  |                 | MI                  |                      |
| TREASURER               |                             |                  |  |                 | IVII                |                      |
| NAME                    | Mrs.                        | Vianka           |  |                 |                     |                      |
|                         |                             |                  |  |                 |                     |                      |
|                         | NICKNAME                    | LAST             |  |                 | SUFFIX              |                      |
|                         | NICRNAME                    |                  |  |                 | JUFFIX              |                      |
|                         |                             | Sanchez          |  |                 |                     |                      |
|                         |                             |                  |  |                 |                     |                      |
| 6 CAMPAIGN              | STREET ADDRESS (NO PO       | BOX PLEASE):     | APT / S                                      | SUITE #; CITY;  | S                   | TATE; ZIP CODE       |
| TREASURER               | 7358 Sidewinder Bend D      |                  | , , .  | ,               | 0                   |                      |
| ADDRESS                 | 7358 Sidewinder Bend Di     |                  |  |                 |                     |                      |
| (Residence or Business) |                             |                  |  |                 |                     |                      |
| (Residence of Dusiness) | El Paso, TX 79911           |                  |  |                 |                     |                      |
|                         |                             |                  |  |                 |                     |                      |
|                         |                             |                  |  |                 |                     |                      |
| 7 CAMPAIGN              | AREA CODE PHO               |                  | EXTENSION                                    |                 |                     |                      |
| TREASURER               |                             | NE NUMBER        | EXTENSION                                    |                 |                     |                      |
| PHONE                   | (915) 545-3422              |                  |  |                 |                     |                      |
|                         |                             |                  |  |                 |                     |                      |
| 8 REPORT                |                             |                  |  |                 |                     |                      |
| TYPE                    | X January 15                | 30th day before  | e election 🗌 Ru                              | noff            | 15th day after o    | campaign treasurer   |
|                         |                             |                  |  | L               |                     | fficeholder only)    |
|                         | July 15                     | 8th day before   |  | ceeded modified | Final Report (A     | ttach C/OH-FR)       |
|                         |                             |                  | rep<br>rep                                   | orting limit    |                     |                      |
|                         | Marath Davis Maar           |                  |  | Manth Davi      | Maar                |                      |
| 9 PERIOD<br>COVERED     | Month Day Year              |                  |  | Month Day       | Year                |                      |
| COVERED                 | 07/01/2024                  | TH               | IROUGH                                       | 12/31/202       | 4                   |                      |
|                         |                             |                  |  |                 |                     |                      |
| 10 ELECTION             | ELECTION DATE               |                  |  | ELECTION TYPE   |                     |                      |
|                         | Month Day Year              |                  | -  | Runoff          | Other               |                      |
|                         | North Day Tea               |                  | rimary                                       | Kulloli         | Other               |                      |
|                         |                             |                  | Seneral                                      | Special         |                     |                      |
|                         |                             |                  | 1  |                 |                     |                      |
|                         |                             |                  | ī  |                 |                     |                      |
| 11 OFFICE               | OFFICE HELD (if any)        |                  | 1  | 2 OFFICE SOUGHT | (if known)          |                      |
|                         | District Judge District 243 | rd El Paso       |  |                 |                     |                      |
|                         |                             |                  |  |                 |                     |                      |
|                         |                             |                  |  |                 |                     |                      |
|                         |                             |                  |  |                 |                     |                      |
|                         |                             |                  |  |                 |                     |                      |
|                         |                             | ~~ 7             |  |                 |                     |                      |
|                         |                             | GO               | O PAGE 2                                     |                 |                     |                      |
|                         | xas Ethics Commission       |                  | hics.state.tx.us                             |                 | Man                 | sion V4.1.0.5dd2ace  |

### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 15

T

| 13 C / OH NAME                                 | Solis, Selena N. (The            | Honorable)               |   | 14 Filer ID<br>00082443 | (Ethics Com      | mission Filers) |
|--|----------------------------------|--------------------------|---|-------------------------|------------------|-----------------|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.        | These expenditures ma    | ccepted or political expenditu<br>ay have been made without<br>ired to report this informatio | the candidate's or off  | ficeholder's kno | owledge or      |
| Additional Pages                               |                                  | COMMITTEE NAME           |   |                         |                  |                 |
|  | GENERAL                          | COMMITTEE ADDRE          | SS  |                         |                  |                 |
|  | SPECIFIC                         |                          |   |                         |                  |                 |
|  |                                  | COMMITTEE CAMPA          | IGN TREASURER NAME  |                         |                  |                 |
|  |                                  | COMMITTEE CAMPA          | IGN TREASURER ADDRE   | SS                      |                  |                 |
|  |                                  |                          |   |                         |                  |                 |
| 16 CONTRIBUTION<br>TOTALS                      | s,<br>\$                         | 0.00                     |   |                         |                  |                 |
|  |                                  |                          | <b>DNS</b><br>R GUARANTEES OF LOAN  | 15)                     | \$               | 0.00            |
| EXPENDITURE<br>TOTALS                          | 3. TOTAL UNITEM                  |                          | ,   | \$                      | 0.00             |                 |
|  | 4. TOTAL POLIT                   | ICAL EXPENDITUR          | ES  |                         | \$               | 6,358.18        |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITIC<br>REPORTING PE |                          | MAINTAINED AS OF THE L  | AST DAY OF THE          | \$               | 7,666.53        |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIF<br>OF THE REPOR |                          | OUTSTANDING LOANS AS  | OF THE LAST DAY         | \$               | 0.00            |
| 17 AFFIDAVIT                                   |                                  |                          |   |                         |                  |                 |
|  |                                  | true                     | wear, or affirm, under penalt<br>e and correct and includes a<br>der Title 15, Election Code. |                         |                  |                 |
|  |                                  |                          | The Hon   | orable Selena N. S      | olis             |                 |
|  |                                  |                          | Signature of  | f Candidate or Officeh  | nolder           |                 |
| AFFIX NO                                       |                                  |                          |   |                         |                  |                 |
|  | , this the                       |                          | day   |                         |                  |                 |
| of   | , 20, to c                       | ertify which, witness my | hand and seal of office.  |                         |                  |                 |
| Signature of offic                             | cer administering oath           | Printed name of o        | officer administering oath  | Title of offic          | cer administeri  | ng oath         |
| Forms provided by Te                           | exas Ethics Commissior           | n www.eth                | iics.state.tx.us  |                         | Version V4       | .1.0.5dd2ace2   |

# FORM JC/OH COVER SHEET PG 3

| 5 |
|---|
|   |

| 18 FILE<br>Solis | R NAMs, Sele | (Ethics Commission Filers)   |          |                    |
|------------------|--------------|--|----------|--------------------|
|                  |              | E SUBTOTALS<br>SCHEDULE  |          | SUBTOTAL AMOUNT    |
| 1.               |              | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)                    |          | \$                 |
| 2.               |              | \$   |          |                    |
| 3.               |              | \$   |          |                    |
| 4.               |              | SCHEDULE E(J): LOANS (JUDICIAL)  |          | \$                 |
| 5.               | Х            | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS               | 6        | <b>\$</b> 6,358.18 |
| 6.               |              | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                       |          | \$                 |
| 7.               |              | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION               | DNS      | \$                 |
| 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 CONTRIBUTIO              | DNS      | \$                 |
| 12.              | Х            | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F<br>TO FILER | RETURNED | <b>\$</b> 4,139.70 |
|                  |              |  |          |                    |
|                  |              |  |          |                    |
|                  |              |  |          |                    |
|                  |              |  |          |                    |
|                  |              |  |          |                    |
|                  |              |  |          |                    |
|                  |              |  |          |                    |
|                  |              |  |          |                    |

SUBTOTALS - JC/OH

|   |   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |   |  |  |  |
|---|---|---|---|--|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment   |   | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |  |
| 1 | Total pages Schedule F1:  | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)   |  |  |  |
|   | Sch: 1/11 Rpt: 4/15   | Solis, Selena N. (The Honorable)  | 00082443  |  |  |  |
| 4 | Date<br>09/24/2024  | 5 Payee name<br>Albertsons  |   |  |  |  |
| 6 | Amount (\$)<br>\$166.12   | 7 Payee address; City; State; Zip Code<br>3100 N Mesa St<br>El Paso, TX 79902 |   |  |  |  |
| 8 | B       PURPOSE<br>OF<br>EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)<br>Event Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense<br>food/beverage for LawTeria watch party |   |   |  |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought                                     | Office held   |  |  |  |
|   | Date  | Payee name  |   |  |  |  |
|   | 10/23/2024  | American Inns of Court  |   |  |  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code  |   |  |  |  |
|   | \$400.00  | 225 Reinekers Ln  |   |  |  |  |
|   |   | Unit 770<br>Alexandria, VA 22314  |   |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  |   | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense<br><b>Prship dues</b>  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought                                     | Office held   |  |  |  |
|   | Date  | Payee name  |   |  |  |  |
|   | 11/20/2024  | Brio Italian Grille   |   |  |  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code  |   |  |  |  |
|   | \$54.36   | 810 Central Expressway  |   |  |  |  |
|   |   | Allen, TX 75013   |   |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  |   | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense<br>4 JCMH MH Summit  |  |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OF   | Candidate/Officeholder name Office sought                                     | Office held   |  |  |  |
|   |   |   |   |  |  |  |

|   |   |                   | EXPENDITURE CATE  | GORIES FO   | R BO  | OX 8(a)   |     |   |
|---|---|-------------------|---|---|---|---|-----|---|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | / -<br>al Co      | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense | Loan Rep<br>Office Ov<br>Polling Ex<br>Printing E<br>Salaries/V | oayme<br>verhea<br>xpense<br>Expense<br>Wages | nt/Reimbursement<br>d/Rental Expense<br>e<br>se<br>s/Contract Labor |     | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1:  | 2                 | FILER NAME  |   |   |   | 3   | Filer ID (Ethics Commission Filers)   |
|   | Sch: 2/11 Rpt: 5/15   |                   | Solis, Selena N. (The Honorable)  |   |   |   |     | 00082443  |
| 4 | Date  | 5                 | Payee name  |   |   |   |     |   |
|   | 10/17/2024  |                   | El Paso Community Foundation  |   |   |   |     |   |
| 6 | Amount (\$)   | 7                 | Payee address; City; S  | tate; Zip Co  | ode   |   |     |   |
|   | \$500.00  |                   | PO Box 272  |   |   |   |     |   |
|   |   |                   |   |   |   |   |     |   |
|   |   | El Paso, TX 79943 |   |   |   |   |     |   |
| 8 | PURPOSE   | (a)               | Category (See Categories listed at the top of th                                | is schedule)  | (b)   | Description   |     |   |
|   | OF<br>EXPENDITURE   |                   | Contributions/Donations Made By   |   |   |   |     | de of Texas. Complete Schedule T.   |
|   |   |                   | Candidate/Officeholder/Political Co   | ommittee  |   |   |     | officeholder living expense<br>"What Once Was" performance  |
|   |   |                   |   |   |   | Sponsorship   | 101 | what once was penomance   |
| 9 | Complete <u>ONLY</u> if direct  | <u> </u>          | Candidate/Officeholder name   | Office sou  | Jaht  |   |     | Office held   |
|   | expenditure to benefit C/OF   |                   |   | 0   | Jan   |   |     |   |
|   | Date  |                   | Payee name  |   |   |   |     |   |
|   | 11/03/2024  |                   | El Paso County Historical Society   |   |   |   |     |   |
|   | Amount (\$)   | ┢                 | Payee address; City; S  | tate; Zip Co  | ode   |   |     |   |
|   | \$250.00 603 W Yandell Dr   |                   |   |   |   |   |     |   |
|   |   |                   |   |   |   |   |     |   |
|   |   |                   | El Paso, TX 79902   |   |   |   |     |   |
|   | PURPOSE   | (a)               | Category (See Categories listed at the top of th                                | is schedule)  | (b)   | Description   |     |   |
|   | OF<br>EXPENDITURE   |                   | Contributions/Donations Made By   |   |   |   |     | de of Texas. Complete Schedule T.   |
|   |   |                   | Candidate/Officeholder/Political Co   | ommittee  |   |   |     | officeholder living expense   |
|   |   |                   |   |   |   | Donation/tick   | ets | to annual fundraiser dinner   |
|   | Complete <u>ONLY</u> if direct  | <u> </u>          | Candidate/Officeholder name   | Office sou  | l<br>Jaht                                     |   |     | Office held   |
|   | expenditure to benefit C/OI   | Н                 |   |   | 5   |   |     |   |
|   | Date  |                   | Payee name  |   |   |   |     |   |
|   | 09/06/2024  |                   | El Paso International Airport   |   |   |   |     |   |
|   | Amount (\$)   | $\vdash$          | Payee address; City; S  | tate; Zip Co  | ode   |   |     |   |
|   | \$21.00   |                   | 6701 Convair Rd   |   |   |   |     |   |
|   |   |                   |   |   |   |   |     |   |
|   |   |                   | El Paso, TX 79925   |   |   |   |     |   |
|   | PURPOSE   | (a)               | Category (See Categories listed at the top of th                                | is schedule)  | (b)   | Description   |     |   |
|   | OF<br>EXPENDITURE   |                   | Travel Out of District  |   |   |   |     | de of Texas. Complete Schedule T.   |
|   | _/  |                   |   |   |   |   |     | officeholder living expense   |
|   |   |                   |   |   |   |   |     | or 2024 Annual Judicial Education<br>n Antonio, TX  |
| - | Complete ONLY if direct   | L                 | Candidate/Officeholder name   | Office sou  | laht  |   |     | Office held   |
|   | expenditure to benefit C/OF   |                   |   |   | ayın  |   |     |   |
| - |   |                   |   |   |   |   |     |   |
|   |   |                   |   |   |   |   |     |   |

|   |   |   | EXPENDITURE CATEGOR  |            | R BOX 8(a)  |       |   |  |  |
|---|---|---|--|------------|---|-------|---|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           / -         Gift/Awards/Memorials Expense |  |            | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |       |   |  |  |
| 1 | Total pages Schedule F1:  | 2   | FILER NAME   |            |   | 3     | Filer ID (Ethics Commission Filers)   |  |  |
|   | Sch: 3/11 Rpt: 6/15   |   | Solis, Selena N. (The Honorable)   |            |   |       | 00082443  |  |  |
| 4 | Date  | 5   | Payee name   |            |   |       |   |  |  |
|   | 11/22/2024  |   | Farmer's Fridge Vending  |            |   |       |   |  |  |
| 6 | Amount (\$)   | 7   | Payee address; City; State;  | Zip Co     | de  |       |   |  |  |
| - | \$17.91   |   | Dallas Love Field Airport  |            |   |       |   |  |  |
|   | ·   |   | 8008 Herb Kelleher Way   |            |   |       |   |  |  |
|   |   |   |  |            |   |       |   |  |  |
| _ |   |   | Dallas, TX 75325   |            |   |       |   |  |  |
| 8 | PURPOSE<br>OF   | (a)   | Category (See Categories listed at the top of this sche                          | edule)     | (b) Description   | loute | ide of Texas. Complete Schedule T.  |  |  |
|   | EXPENDITURE   |   | Food/Beverage Expense  |            |   |       | , officeholder living expense   |  |  |
|   |   |   |  |            |   |       | 2024 JCMH MH Summit   |  |  |
|   |   |   |  |            |   | •     |   |  |  |
| 9 | Complete ONLY if direct expenditure to benefit C/OF   |   | Candidate/Officeholder name O  | )ffice sou | ght   |       | Office held   |  |  |
|   | Date  |   | Payee name   |            |   |       |   |  |  |
|   | 11/20/2024  |   | Frogg Coffee Bar   |            |   |       |   |  |  |
|   | Amount (\$)   |   | Payee address; City; State;  | Zip Co     | de  |       |   |  |  |
|   | \$17.74   |   | 832 Waters Creek Blvd  |            |   |       |   |  |  |
|   |   |   | Allen, TX 75013  |            |   |       |   |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  | (a)   | Category (See Categories listed at the top of this sche<br>Food/Beverage Expense | edule)     | Check if Austi  | n, TX | ide of Texas. Complete Schedule T.<br>, officeholder living expense<br>2024 JCMH MH Summit, Allen, TX |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |   | Candidate/Officeholder name O  | )ffice sou | ght   |       | Office held   |  |  |
|   | Date  |   | Payee name   |            |   |       |   |  |  |
|   | 09/05/2024  |   | JW Marriott San Antonio  |            |   |       |   |  |  |
|   | Amount (\$)   |   | Payee address; City; State;  | Zip Co     | de  |       |   |  |  |
|   | \$29.88   |   | 23808 Resort Pkwy  |            |   |       |   |  |  |
|   |   |   | San Antonio, TX 78261  |            |   |       |   |  |  |
|   | PURPOSE<br>OF   | (a)   | Category (See Categories listed at the top of this sche                          | edule)     | (b) Description   |       | ide of Texas. Complete Schedule T.  |  |  |
|   | EXPENDITURE   |   | Food/Beverage Expense  |            | Check if Austi  | n, TX | , officeholder living expense<br>2024 Annual Judicial Education                                       |  |  |
|   | Complete ONLY if direct   |   | Candidate/Officeholder name O  | office sou | ght   |       | Office held   |  |  |
|   | expenditure to benefit C/OF   | H   |  |            |   |       |   |  |  |
|   |   |   |  |            |   |       |   |  |  |

|   |   |  | EXPENDITURE CATEG  | ORIES FOR  | R BO                              | OX 8(a)                           |                        |   |  |  |
|---|---|--|--|--|-----------------------------------|-----------------------------------|------------------------|---|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>nmittee Legal Services<br>The Instruction Guide explain | Office Ove<br>Polling Ex<br>Printing E<br>Salaries/V | erhea<br>(pens<br>(xpens<br>Vages | se<br>s/Contract Labor            |                        | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |
| 1 | Total pages Schedule F1:  | 2  | FILER NAME   |  |                                   |                                   | 3                      | Filer ID (Ethics Commission Filers)   |  |  |
|   | Sch: 4/11 Rpt: 7/15   |  | Solis, Selena N. (The Honorable)   |  |                                   |                                   |                        | 00082443  |  |  |
| 4 | Date<br>09/06/2024  | 5  | Payee name<br>JW Marriott San Antonio  |  |                                   |                                   |                        |   |  |  |
|   |   |  |  |  |                                   |                                   |                        |   |  |  |
| 6 | Amount (\$)<br>\$86.56  | 7  | Payee address;City;Sta23808 Resort Pkwy  | te; Zip Co   | ode                               |                                   |                        |   |  |  |
|   |   |  | San Antonio, TX 78261  |  |                                   |                                   |                        |   |  |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE  | <ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Food/Beverage Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>while attending 2024 Annual Judicial Education Conference, San Antonio, TX</li> </ul> </li> </ul> |  |  |                                   |                                   |                        | officeholder living expense<br>2024 Annual Judicial Education   |  |  |
| 9 | Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF   |  | Candidate/Officeholder name  | Office sou   | ight                              |                                   |                        | Office held   |  |  |
|   | Date  |  | Payee name   |  |                                   |                                   |                        |   |  |  |
|   | 09/06/2024  |  | JW Marriott San Antonio  |  |                                   |                                   |                        |   |  |  |
|   | Amount (\$)   |  | Payee address; City; Sta   | te; Zip Co   | ode                               |                                   |                        |   |  |  |
|   | \$707.50  |  | 23808 Resort Pkwy  |  |                                   |                                   |                        |   |  |  |
|   |   |  | San Antonio, TX 78261  |  |                                   |                                   |                        |   |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  | (a)  | Category (See Categories listed at the top of this s<br>Travel Out of District   | schedule)  | (b)                               | Check if Austin                   | , тх,<br>2 <b>02</b> 4 | de of Texas. Complete Schedule T.<br>officeholder living expense<br>4 Annual Judicial Education<br>n Antonio, TX  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |  | Candidate/Officeholder name  | Office sou   | ight                              |                                   |                        | Office held   |  |  |
|   | Date  |  | Payee name   |  |                                   |                                   |                        |   |  |  |
|   | 09/04/2024  |  | Lyft   |  |                                   |                                   |                        |   |  |  |
|   | Amount (\$)<br>\$33.92  |  | Payee address; City; Sta<br>548 Market St<br>PO Box 68514<br>San Francisco, CA 94104   | te; Zip Co   | ode                               |                                   |                        |   |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  | (a)  | Category (See Categories listed at the top of this s<br>Travel Out of District   | schedule)  | (b)                               | Check if Austin<br>ride share fro | , тх,<br>om a          | de of Texas. Complete Schedule T.<br>officeholder living expense<br>airport to hotel for 2024 Annual<br>on Conference   |  |  |
|   | Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF   |  | Candidate/Officeholder name  | Office sou   | ıght                              |                                   |                        | Office held   |  |  |
|   |   |  |  |  |                                   |                                   |                        |   |  |  |

|   |   |     | EXPENDITURE CATEGO  | RIES FOF  | вох                                  | ( 8(a)   |   |                     |                             |
|---|---|-----|---|---|--------------------------------------|--|---|---------------------|-----------------------------|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |     | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services<br>The Instruction Guide explains | Office Ove<br>Polling Ex<br>Printing Ex<br>Salaries/W | rhead/F<br>bense<br>pense<br>'ages/C | Reimbursement<br>Rental Expense<br>ontract Labor<br>e this form. | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |                     |                             |
| 1 | Total pages Schedule F1:  | 2   | FILER NAME  |   |                                      |  | 3   | Filer ID            | (Ethics Commission Filers)  |
|   | Sch: 5/11 Rpt: 8/15   |     | Solis, Selena N. (The Honorable)  |   |                                      |  |   | 00082443            |                             |
| 4 | Date  | 5   | Payee name  |   |                                      |  |   |                     |                             |
|   | 11/22/2024  |     | Marriott Dallas Allen   |   |                                      |  |   |                     |                             |
| 6 | Amount (\$)   | 7   | Payee address; City; State  | ; Zip Co  | de                                   |  |   |                     |                             |
|   | \$271.52  |     | 777 Waters Creek Blvd   |   |                                      |  |   |                     |                             |
|   |   |     |   |   |                                      |  |   |                     |                             |
|   |   |     | Allen, TX 75013   |   |                                      |  |   |                     |                             |
| 8 | PURPOSE   | (a) | Category (See Categories listed at the top of this sch  | nedule)   | (b) 🛛                                | Description  |   |                     |                             |
|   | OF<br>EXPENDITURE   |     | Travel Out of District  |   | Ē                                    |  |   | de of Texas. Comp   |                             |
|   | -   |     |   |   | Ļ                                    |  |   | officeholder living | expense<br>4 JCMH MH Summit |
|   |   |     |   |   | L                                    | ouging white   | a   | tenuing 2024        |                             |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |     | Candidate/Officeholder name   | Office sou  | ght                                  |  |   | Office he           | ld                          |
| _ | Date  |     | Payee name  |   |                                      |  |   |                     |                             |
|   | 10/24/2024  |     | Office Depot Store #195   |   |                                      |  |   |                     |                             |
|   |   |     |   | · Zin Co  | do                                   |  |   |                     |                             |
|   | Amount (\$)   |     |   | ; Zip Co  | ue                                   |  |   |                     |                             |
|   | \$135.63  |     | 1111 Geronimo Dr  |   |                                      |  |   |                     |                             |
|   |   |     | El Paso, TX 79925   |   |                                      |  |   |                     |                             |
|   | PURPOSE<br>OF   | (a) | Category (See Categories listed at the top of this sch  | nedule)   | (b) [                                | Description  |   |                     |                             |
|   | EXPENDITURE   |     | Contributions/Donations Made By   |   | Ļ                                    |  |   | de of Texas. Comp   |                             |
|   |   |     | Candidate/Officeholder/Political Comm   | nittee  | L                                    |  |   | officeholder living | iders, sheet dividers, flip |
|   |   |     |   |   |                                      | hart)  |   |                     |                             |
|   | Complete ONLY if direct   |     | Candidate/Officeholder name   | Office sou  | ght                                  |  |   | Office he           | ld                          |
|   | expenditure to benefit C/OF   |     |   |   |                                      |  |   |                     |                             |
|   | Date  |     | Payee name  |   |                                      |  | _   |                     |                             |
|   | 10/17/2024  |     | Paso del Norte Community Foundation   |   |                                      |  |   |                     |                             |
|   | Amount (\$)   |     |   | ; Zip Co  | de                                   |  |   |                     |                             |
|   | \$102.56  |     | 221 N Kansas St   |   |                                      |  |   |                     |                             |
|   |   |     | # 1900  |   |                                      |  |   |                     |                             |
|   |   |     | El Paso, TX 79901   |   |                                      |  |   |                     |                             |
|   | PURPOSE   | (a) | Category (See Categories listed at the top of this sch  | nedule)   | (b) [                                | Description  |   |                     |                             |
|   | OF<br>EXPENDITURE   |     | Contributions/Donations Made By   |   | Ļ                                    |  |   | de of Texas. Comp   |                             |
|   |   |     | Candidate/Officeholder/Political Comm   | nittee  |                                      |  |   | officeholder living | ocessing fee for the Ann    |
|   |   |     |   |   |                                      | Matt Fenne   |   |                     |                             |
|   | Complete ONUV if direct   | Ľ   | Candidate/Officeholder name   | Office cours  |                                      |  |   | Office he           |                             |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |     |   | Office sou  | JIIL                                 |  |   | Onice he            | iu                          |
| - |   |     |   |   |                                      |  |   |                     |                             |
|   |   |     |   |   |                                      |  |   |                     |                             |

|   |   |                   | EXPENDITURE CATEGOR   | RIES FOR   | BOX 8(a)        |       |   |  |  |  |
|---|---|-------------------|---|--|-----------------|-------|---|--|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |                   | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services<br>The Instruction Guide explains I | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Contract Labor<br>how to complete this form. |                 |       | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |  |
| 1 | Total pages Schedule F1:  | 2                 | FILER NAME  |  |                 | 3     | Filer ID (Ethics Commission Filers)   |  |  |  |
|   | Sch: 6/11 Rpt: 9/15   |                   | Solis, Selena N. (The Honorable)  |  |                 |       | 00082443  |  |  |  |
| 4 | Date  | 5                 | Payee name  |  |                 |       |   |  |  |  |
|   | 10/17/2024  |                   | Paso del Norte Community Foundation   |  |                 |       |   |  |  |  |
| 6 | Amount (\$)   | 7                 | Payee address; City; State;   | Zip Coo  | le              |       |   |  |  |  |
|   | \$102.56  |                   | 221 N Kansas St   |  |                 |       |   |  |  |  |
|   |   |                   | # 1900  |  |                 |       |   |  |  |  |
|   |   | El Paso, TX 79901 |   |  |                 |       |   |  |  |  |
| 0 | DUDDOCE   |                   |   |  |                 |       |   |  |  |  |
| 8 | PURPOSE<br>OF   | (a)               | Category (See Categories listed at the top of this sche   | edule)   | (b) Description | outei | ide of Texas. Complete Schedule T.  |  |  |  |
|   | EXPENDITURE   |                   | Contributions/Donations Made By<br>Candidate/Officeholder/Political Comm  | ittee  |                 |       | , officeholder living expense   |  |  |  |
|   |   |                   |   | litee  |                 |       | donation + processing fee for OMDP  |  |  |  |
|   |   |                   |   |  |                 |       |   |  |  |  |
| 9 | Complete ONLY if direct expenditure to benefit C/OF   |                   | Candidate/Officeholder name C   | Office soug  | ht              |       | Office held   |  |  |  |
|   | Date  |                   | Payee name  |  |                 |       |   |  |  |  |
|   | 10/17/2024  |                   | Paso del Norte Community Foundation   |  |                 |       |   |  |  |  |
|   | Amount (\$)   | -                 | Payee address; City; State;   | Zip Coo  | le              |       |   |  |  |  |
|   | \$255.93  |                   | 221 N Kansas St   | p 000  |                 |       |   |  |  |  |
|   | \$200.00  |                   | # 1900  |  |                 |       |   |  |  |  |
|   |   |                   |   |  |                 |       |   |  |  |  |
|   |   |                   | El Paso, TX 79901   |  |                 |       |   |  |  |  |
|   | PURPOSE<br>OF   | (a)               | Category (See Categories listed at the top of this sche   | edule)   | (b) Description |       |   |  |  |  |
|   | EXPENDITURE   |                   | Contributions/Donations Made By<br>Candidate/Officeholder/Political Comm  | ittoo  |                 |       | ide of Texas. Complete Schedule T.<br>, officeholder living expense   |  |  |  |
|   |   |                   | Candidate/Onicenoide//Political Comm  | lillee   |                 |       | Jonation + processing fee for Texas   |  |  |  |
|   |   |                   |   |  | Rio Grande L    |       |   |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/O   |                   | Candidate/Officeholder name C   | Office soug  | ht              |       | Office held   |  |  |  |
|   | Date  |                   | Payee name  |  |                 |       |   |  |  |  |
|   | 10/17/2024  |                   | Paso del Norte Community Foundation   |  |                 |       |   |  |  |  |
|   | Amount (\$)   |                   | Payee address; City; State;   | Zip Coo  | le              |       |   |  |  |  |
|   | \$307.06  |                   | 221 N Kansas St   |  |                 |       |   |  |  |  |
|   |   |                   | # 1900  |  |                 |       |   |  |  |  |
|   |   |                   | El Paso, TX 79901   |  |                 |       |   |  |  |  |
|   | 5055005   |                   |   |  |                 |       |   |  |  |  |
|   | PURPOSE<br>OF   | (a)               | Category (See Categories listed at the top of this sche   | edule)   | (b) Description | outoi | ide of Texas. Complete Schedule T.  |  |  |  |
|   | EXPENDITURE   |                   | Contributions/Donations Made By<br>Candidate/Officeholder/Political Comm  | ittoo  |                 |       | , officeholder living expense   |  |  |  |
|   |   |                   |   | nice   |                 |       | donation + processing fee for Las   |  |  |  |
|   |   |                   |   |  |                 |       | Playhouse, GSDSW  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |                   | Candidate/Officeholder name C   | Office soug  | ht              |       | Office held   |  |  |  |
| - |   |                   |   |  |                 |       |   |  |  |  |
|   |   |                   |   |  |                 |       |   |  |  |  |

|   |   |        | EXPENDITURE CATEGOR   | RIES FOR    | R BC | DX 8(a)   |       |                       |                                       |
|---|---|--------|---|-------------|------|---|-------|-----------------------|---------------------------------------|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |        | Fees     Office Overhead/Rental Expense     T       Food/Beverage Expense     Polling Expense     T       Gift/Awards/Memorials Expense     Printing Expense     T       Committee     Legal Services     Salaries/Wages/Contract Labor     C       The Instruction Guide explains how to complete this form. |             |      | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |       |                       |                                       |
| 1 | Total pages Schedule F1:  | 2      | FILER NAME  |             |      |   | 3     | Filer ID              | (Ethics Commission Filers)            |
|   | Sch: 7/11 Rpt: 10/15  |        | Solis, Selena N. (The Honorable)  |             |      |   |       | 00082443              |                                       |
| 4 | Date  | 5      | Payee name  |             |      |   |       |                       |                                       |
|   | 10/17/2024  |        | 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   |        |   | I           | (h)  | Description   |       |                       |                                       |
| ľ | OF  | (a)    | Category (See Categories listed at the top of this sche<br>Contributions/Donations Made By  | edule)      | (D)  | Description   | outsi | de of Texas. Comple   | ete Schedule T.                       |
|   | EXPENDITURE   |        | Candidate/Officeholder/Political Comm   | ittee       |      | Check if Austin   | , TX, | officeholder living e | xpense                                |
|   |   |        |   |             |      | EP Giving Da  | ay d  | lonation + pro        | cessing fee for EP                    |
|   |   |        |   |             |      | Matters   |       |                       |                                       |
| 9 | Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF   |        | Candidate/Officeholder name C   | Office sou  | ght  |   |       | Office held           | 1                                     |
|   | Date  |        | Payee name  |             |      |   |       |                       |                                       |
|   | 10/17/2024  |        | Paso del Norte Community Foundation   |             |      |   |       |                       |                                       |
|   | Amount (\$)   |        | Payee address; City; State;   | Zip Co      | de   |   |       |                       |                                       |
|   | \$500.00  |        | 221 N Kansas St   |             |      |   |       |                       |                                       |
|   |   |        | # 1900  |             |      |   |       |                       |                                       |
|   |   |        | El Paso, TX 79901   |             |      |   |       |                       |                                       |
|   | PURPOSE   | (2)    |   |             | (h)  | Description   |       |                       |                                       |
|   | OF  | (a)    | Category (See Categories listed at the top of this sche<br>Contributions/Donations Made By  | edule)      | (0)  | Description   | outsi | de of Texas. Comple   | ete Schedule T.                       |
|   | EXPENDITURE   |        | Candidate/Officeholder/Political Comm   | ittee       |      | Check if Austin   | , TX, | officeholder living e | xpense                                |
|   |   |        |   |             |      | EP Giving Da  | ay d  | lonation + pro        | cessing fee for LWVEP                 |
|   |   |        |   |             |      |   |       |                       |                                       |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |        | Candidate/Officeholder name C   | Office sou  | ght  |   |       | Office held           | t                                     |
|   |   |        |   |             |      |   |       |                       |                                       |
|   | Date  |        | Payee name  |             |      |   |       |                       |                                       |
|   | 08/14/2024  |        | Southwest Airlines  |             |      |   |       |                       |                                       |
|   | Amount (\$)   |        | Payee address; City; State;   | Zip Co      | de   |   |       |                       |                                       |
|   | \$389.96  |        | 2702 Love Field Dr  |             |      |   |       |                       |                                       |
|   |   |        |   |             |      |   |       |                       |                                       |
|   |   |        | Dallas, TX 75235  |             |      |   |       |                       |                                       |
|   | PURPOSE   | (a)    | Category (See Categories listed at the top of this sche   | edule)      | (b)  | Description   |       |                       |                                       |
|   | OF<br>EXPENDITURE   |        | Travel Out of District  |             |      |   |       | de of Texas. Comple   |                                       |
|   |   |        |   |             |      |   |       | officeholder living e | <sup>xpense</sup><br>dicial Education |
|   |   |        |   |             |      | Conference,   |       |                       |                                       |
| _ | Complete ONILV if direct  | Ľ      | Condidate/Officeholder name   | )ffion com  | abt  |   |       |                       |                                       |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |        | Candidate/Officeholder name C   | Office soug | ynt  |   |       | Office held           | L                                     |
| _ |   |        |   |             |      |   |       |                       |                                       |
|   |   |        |   |             |      |   |       |                       |                                       |

|   |   |     | EXPENDITURE CATEGO  | RIES FOR   | BOX 8(a)                     |       |   |  |
|---|---|-----|---|--|------------------------------|-------|---|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |     | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services<br>The Instruction Guide explains | Office Ove<br>Polling Exp<br>Printing Ex<br>Salaries/W | oense<br>ages/Contract Labor |       | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |
| 1 | Total pages Schedule F1:  | 2   | FILER NAME  |  |                              | 3     | Filer ID (Ethics Commission Filers)   |  |
|   | Sch: 8/11 Rpt: 11/15  |     | Solis, Selena N. (The Honorable)  |  |                              |       | 00082443  |  |
| 4 | Date  | 5   | Payee name  |  |                              |       |   |  |
|   | 11/11/2024  |     | Southwest Airlines  |  |                              |       |   |  |
| 6 | Amount (\$)   | 7   | Payee address; City; State  | ; Zip Co   | le                           |       |   |  |
|   | \$481.96  |     | 2702 Love Field Dr  |  |                              |       |   |  |
|   |   |     |   |  |                              |       |   |  |
|   |   |     | Dallas, TX 75235  |  |                              |       |   |  |
| 8 | PURPOSE   | (a) | Category (See Categories listed at the top of this sch  | adula)   | (b) Description              |       |   |  |
|   | OF  |     | Travel Out of District  | icuaic)  |                              | outsi | ide of Texas. Complete Schedule T.  |  |
|   | EXPENDITURE   |     |   |  |                              |       | , officeholder living expense   |  |
|   |   |     |   |  |                              | Da    | llas for 2024 JCMH MH Summit,   |  |
|   |   |     |   |  | Allen, TX                    |       |   |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |     | Candidate/Officeholder name   | Office sou   | ht                           |       | Office held   |  |
|   | Date  |     | Payee name  |  |                              |       |   |  |
|   | 12/03/2024  |     | Southwest Airlines  |  |                              |       |   |  |
|   | Amount (\$)   |     | Payee address; City; State  | ; Zip Co   | le                           |       |   |  |
|   | \$13.99   |     | 2702 Love Field Dr  | ,  |                              |       |   |  |
|   | \$10.00   |     |   |  |                              |       |   |  |
|   |   |     | Dallas, TX 75235  |  |                              |       |   |  |
|   | PURPOSE   | (a) | Category (See Categories listed at the top of this sch  | nedule)  | (b) Description              |       |   |  |
|   | OF<br>EXPENDITURE   |     | Travel Out of District  |  |                              |       | ide of Texas. Complete Schedule T.<br>, officeholder living expense   |  |
|   |   |     |   |  |                              |       | nange re: annual legal aid board  |  |
|   |   |     |   |  |                              |       | 12/14/24, San Antonio, TX   |  |
|   | Complete ONLY if direct   | (   | Candidate/Officeholder name   | Office sou   | ht                           |       | Office held   |  |
|   | expenditure to benefit C/OI   | Η   |   |  |                              |       |   |  |
|   | Date  |     | Payee name  |  |                              |       |   |  |
|   | 08/20/2024  |     | Texas Access to Justice Foundation  |  |                              |       |   |  |
|   | Amount (\$)   |     | Payee address; City; State  | ; Zip Co   | le                           |       |   |  |
|   | \$500.00  |     | 1601 Rio Grande, Ste. 351   |  |                              |       |   |  |
|   |   |     |   |  |                              |       |   |  |
|   |   |     | Austin, TX 78701  |  |                              |       |   |  |
|   | PURPOSE<br>OF   | (a) | Category (See Categories listed at the top of this sch  | nedule)  | (b) Description              |       |   |  |
|   | EXPENDITURE   |     | Contributions/Donations Made By<br>Candidate/Officeholder/Political Comm  | aittoo   |                              |       | ide of Texas. Complete Schedule T.<br>, officeholder living expense   |  |
|   |   |     | Candidate/Officenoide/Political Comm  | nilee  | Annual donat                 |       |   |  |
|   |   |     |   |  |                              |       |   |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OI  |     | Candidate/Officeholder name   | Office sou   | lht                          |       | Office held   |  |
|   | ,   |     |   |  |                              |       |   |  |
|   |   |     |   |  |                              |       |   |  |

| EXPENDITURE CATEGORIES FOR BOX 8(a) |  |   |   |   |
|-------------------------------------|--|---|---|---|
|                                     | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Political<br>Credit Card Payment | Event Expense L<br>Fees C<br>Food/Beverage Expense F<br>Gift/Awards/Memorials Expense F | oan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Volling Expense<br>Printing Expense<br>Balaries/Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
| 1                                   | Total pages Schedule F1:   | ILER NAME   |   | 3 Filer ID (Ethics Commission Filers)   |
|                                     | Sch: 9/11 Rpt: 12/15   | olis, Selena N. (The Honorable)   |   | 00082443  |
| 4                                   | Date   | ayee name   |   |   |
|                                     | 09/25/2024   | exas Access to Justice Foundation   |   |   |
| 6                                   | Amount (\$)  | ayee address; City; State;  | Zip Code  |   |
|                                     | \$100.00   | 601 Rio Grande, Ste. 351  |   |   |
|                                     |  |   |   |   |
|                                     |  | ustin, TX 78701   |   |   |
| 8                                   | PURPOSE  | ategory (See Categories listed at the top of this schedu                                | (b) Description   |   |
|                                     |  | Contributions/Donations Made By   | , <u> </u>  | outside of Texas. Complete Schedule T.  |
|                                     | EXPENDITURE  | andidate/Officeholder/Political Committ   |   | , TX, officeholder living expense   |
|                                     |  |   | donation at 2   | 024 LawTeria event, 9/25/24   |
|                                     |  |   |   |   |
| 9                                   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF   | ndidate/Officeholder name Off   | ce sought   | Office held   |
|                                     | Date   | ayee name   |   |   |
|                                     | 10/17/2024   | exas Bar Foundation   |   |   |
| ⊢                                   | Amount (\$) Payee address; City; State; Zip Code   |   |   |   |
|                                     | \$272.50   | 15 Congress Ave, Ste 1755   | - <b>P</b>  |   |
|                                     | ·  | 10 Congress,  |   |   |
|                                     |  | ustin, TX 78701   | . <u></u>   |   |
|                                     | PURPOSE<br>OF  | ategory (See Categories listed at the top of this schedu                                |   |   |
|                                     | EXPENDITURE  | Contributions/Donations Made By   |   | outside of Texas. Complete Schedule T.<br>, TX, officeholder living expense   |
|                                     |  | Candidate/Officeholder/Political Committ  |   | able contribution + processing fee  |
|                                     |  |   |   | able contribution · processing lee  |
| -                                   | Complete <u>ONLY</u> if direct   | ndidate/Officeholder name Off   | ce sought   | Office held   |
|                                     | expenditure to benefit C/OF  |   | 00 00 29.11   | 0   |
| ⊨                                   | Date   | ayee name   |   |   |
|                                     | 07/30/2024   | exas Center for the Judiciary   |   |   |
| ⊢                                   | Amount (\$)  |   | Zip Code  |   |
|                                     | \$35.00 1210 San Antonio St  |   |   |   |
|                                     |  |   |   |   |
|                                     |  | ustin, TX 78701   |   |   |
|                                     | PURPOSE  | ategory (See Categories listed at the top of this schedu                                |   |   |
|                                     | OF<br>EXPENDITURE  | ees   |   | outside of Texas. Complete Schedule T.  |
|                                     |  |   |   | , TX, officeholder living expense<br>fee for FV webinar   |
|                                     |  |   | Registiation  |   |
|                                     | Complete ONLY if direct  | ndidate/Officeholder name Off   | ce sought   | Office held   |
|                                     | expenditure to benefit C/OF  |   | ce sought   | Office field  |
|                                     |  |   |   |   |
|                                     |  |   |   |   |
|                                     |  |   |   |   |

| EXPENDITURE CATEGORIES FOR BOX 8(a) |   |                             |  |  |                                  |                                   |                      |   |
|-------------------------------------|---|-----------------------------|--|--|----------------------------------|-----------------------------------|----------------------|---|
|                                     | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |                             | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services<br>The Instruction Guide expla | Office Ove<br>Polling Ex<br>Printing E<br>Salaries/V | erhea<br>kpens<br>xpens<br>Vages | se<br>s/Contract Labor            |                      | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
| 1                                   | Total pages Schedule F1:  | 2                           | FILER NAME   |  |                                  |                                   | 3                    | Filer ID (Ethics Commission Filers)   |
|                                     | Sch: 10/11 Rpt: 13/15   |                             | Solis, Selena N. (The Honorable)   |  |                                  |                                   |                      | 00082443  |
| 4                                   | Date  | 5                           | Payee name   |  |                                  |                                   | I                    |   |
|                                     | 10/17/2024  |                             | Texas Center for the Judiciary   |  |                                  |                                   |                      |   |
| 6                                   | Amount (\$)   | 7                           |  | ate; Zip Co  | ode                              |                                   |                      |   |
|                                     | \$35.00   | ľ                           | 1210 San Antonio St  |  | 50.0                             |                                   |                      |   |
|                                     |   |                             |  |  |                                  |                                   |                      |   |
|                                     |   |                             | Austin, TX 78701   |  |                                  |                                   |                      |   |
| 8                                   | PURPOSE   |                             |  |  | (h)                              | Description                       |                      |   |
| °                                   | OF  | (a)                         | Category (See Categories listed at the top of this Fees  | s schedule)  | (0)                              | Description                       | outsi                | de of Texas. Complete Schedule T.   |
|                                     | EXPENDITURE   |                             | F663   |  |                                  |                                   |                      | officeholder living expense   |
|                                     |   |                             |  |  |                                  | registration fe                   | ee f                 | or FV webinar   |
|                                     |   |                             |  |  |                                  |                                   |                      |   |
| 9                                   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |                             | Candidate/Officeholder name  | Office sou   | ught                             |                                   |                      | Office held   |
|                                     | Date  |                             | Payee name   |  |                                  |                                   |                      |   |
|                                     | 11/06/2024  |                             | Texas Center for the Judiciary   |  |                                  |                                   |                      |   |
|                                     | Amount (\$)   |                             | Payee address; City; St  | ate; Zip Co  | ode                              |                                   |                      |   |
|                                     | \$75.00   | \$75.00 1210 San Antonio St |  |  |                                  |                                   |                      |   |
|                                     |   |                             | Austin, TX 78701   |  |                                  |                                   |                      |   |
|                                     | PURPOSE<br>OF<br>EXPENDITURE  | (a)                         | Category (See Categories listed at the top of this Fees  | s schedule)  | (b)                              | Check if Austin<br>Registration f | , тх,<br>f <b>ee</b> | de of Texas. Complete Schedule T.<br>officeholder living expense<br>for 2025 Criminal Justice<br>orgetown, TX   |
|                                     | Complete ONLY if direct   | (                           | Candidate/Officeholder name  | Office sou   | ıght                             |                                   |                      | Office held   |
|                                     | expenditure to benefit C/OH   |                             |  |  |                                  |                                   |                      |   |
|                                     | Date  |                             | Payee name   |  |                                  |                                   |                      |   |
|                                     | 11/20/2024  |                             | Uber   |  |                                  |                                   |                      |   |
| -                                   | Amount (\$)   |                             | Payee address; City; St  | ate; Zip Co  | ode                              |                                   |                      |   |
|                                     | \$41.96   |                             | 1515 3rd St  | · ·  |                                  |                                   |                      |   |
|                                     |   |                             |  |  |                                  |                                   |                      |   |
|                                     |   |                             | San Francisco, CA 94158  |  | r                                |                                   |                      |   |
|                                     | PURPOSE<br>OF   | (a)                         | Category (See Categories listed at the top of this   | s schedule)  | (b)                              | Description                       | outo:                | de of Texas. Complete Schedule T.   |
|                                     | EXPENDITURE   |                             | Travel Out of District   |  |                                  | Check if Austin                   | , тх,<br>om I        | officeholder living expense<br>Love Field to hotel in Allen, TX for   |
|                                     | Complete ONLY if direct   |                             | Candidate/Officeholder name  | Office sou   | ught                             |                                   |                      | Office held   |
| expenditure to benefit C/OH         |   |                             |  |  |                                  |                                   |                      |   |
|                                     |   |                             |  |  |                                  |                                   |                      |   |
|                                     |   |                             |  |  |                                  |                                   |                      |   |

| EXPENDITURE CATEGORIES FOR BOX 8(a) |   |  |  |  |  |  |
|-------------------------------------|---|--|--|--|--|--|
|                                     | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>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: 11/11 Rpt: 14/15   | Solis, Selena N. (The Honorable) 00082443  |  |  |  |  |
| 4                                   | Date<br>12/16/2024  | 5 Payee name<br>Wal-Mart #7229   |  |  |  |  |
| 6                                   | Amount (\$)<br>\$350.00   | 7 Payee address; City; State; Zip Code<br>1110 Sunland Park Dr   |  |  |  |  |
|                                     |   | El Paso, TX 79922  |  |  |  |  |
| 8                                   | PURPOSE<br>OF<br>EXPENDITURE  | <ul> <li>(a) Category (See Categories listed at the top of this schedule)<br/>Contributions/Donations Made By<br/>Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense<br/>holiday gift cards for INSPIRE treatment court<br/>participants</li> </ul> </li> </ul> |  |  |  |  |
| 9                                   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought Office held  |  |  |  |  |
|                                     |   |  |  |  |  |  |

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

SCHEDULE K

| The Instru                    | 1 Total pages Schedule K:<br>Sch: 1/1 Rpt: 15/15   |  |  |  |  |  |
|-------------------------------|--|--|--|--|--|--|
| 2 FILER NAME<br>Solis, Selena | FILER NAME3Filer IDSolis, Selena N. (The Honorable)00082   |  |  |  |  |  |
| 4 Date<br>09/16/2024          | <ul> <li>5 Name of person from whom amount is received</li> <li>El Paso County</li> <li>6 Address of person from whom amount is received; City; State; Zip Code</li> </ul> | 8 Amount (\$)<br>\$1,617.96  |  |  |  |  |
|                               | El Paso, TX 79901  |  |  |  |  |  |
|                               | <ul> <li>Purpose for which amount is received Check if por<br/>Reimbursement for expenses for attending All Rise Conference, 5/23-5/25/2</li> </ul>                        | olitical contribution returned to filer<br>24, Anaheim, CA               |  |  |  |  |
| Date<br>10/28/2024            | Name of person from whom amount is received<br>Sixth Administrative Judicial Region<br>Address of person from whom amount is received; City; State; Zip Code               | Amount (\$)<br>\$1,683.20  |  |  |  |  |
|                               | Kerrville, TX 78028         Purpose for which amount is received         Check if por         Reimbursement for 2024 Annual Judicial Education Conference, 9/4-9/6, Sa     | olitical contribution returned to filer<br>an Antonio, TX                |  |  |  |  |
| Date<br>07/05/2024            | Name of person from whom amount is received<br>Texas Center for the Judiciary<br>Address of person from whom amount is received; City; State; Zip Code<br>Austin, TX 78701 | Amount (\$)<br>\$838.54  |  |  |  |  |
|                               |  | l<br>olitical contribution returned to filer<br>, 4/22-4/24, Houston, TX |  |  |  |  |
|                               |  |  |  |  |  |  |