#### 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 15 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Selena N. NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Solis CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Vianka NAME NICKNAME LAST **SUFFIX** Sanchez **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (915) 545-3422 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 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

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## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

2 of 15

13 C / OH NAME	Solis, Selena N. (The	Honorable)	<b>14</b> Filer ID 00082443	(Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder. These expenditures may have been made without the candidate's or officeholders are required to report this information only if they receive							
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
Ш	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS					
16 CONTRIBUTION TOTALS	OR GUARANTE	ZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00				
		<b>ICAL CONTRIBUTIONS</b> PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 0.00				
EXPENDITURE TOTALS	`	ZED POLITICAL EXPENDITURES	,	\$ 0.00				
	4. TOTAL POLIT	ICAL EXPENDITURES		<b>\$</b> 7,337.44				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE I RIOD	AST DAY OF THE	\$ 3,904.64				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$ 0.00				
17 AFFIDAVIT								
		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.						
		The Hon	orable Selena N. Sol	is				
		Signature o	f Candidate or Officeho	lder				
AFFIX NO	TARY STAMP / SEAL AB	DVE						
		aid	, this the	day				
of	, 20, to co	ertify which, witness my hand and seal of office.						
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 15
l -	LER NAN olis, Sele	(Ethics Commission Filers)		
	AME OF		SUBTOTAL AMOUNT	
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	<b>\$</b> 7,337.44
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10	). 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11	🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	<b>\$</b> 3,575.55

#### SCHEDULE F1

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

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

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

	Candidate/Officenoider/Politica	The Instruction Guide ex		ples/Contract Labor	OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 1/10 Rpt: 4/15	Solis, Selena N. (The Honorable)	)		00082443	
4	Date	5 Payee name		L		
	02/23/2025	Austin Airport				
6	Amount (\$)	7 Payee address; City;	State; Zip Code	)		
	\$4.43	3600 Presidential Blvd				
		Austin, TX 78719				
8	PURPOSE	(a) Category (See Categories listed at the top of	f this schedule) (b	) Description		
	OF EXPENDITURE	Food/Beverage Expense		<u>—</u>	tside of Texas. Com	
				beverage	X, officeholder living	g expense
9	Complete ONLY if direct	Candidate/Officeholder name	Office sough	ıt	Office he	eld
	expenditure to benefit C/O	4				
	Date	Payee name				
	01/25/2025	El Cometa				
	Amount (\$)	Payee address; City;	State; Zip Code	9		
	\$72.28	4131 N Mesa St				
		El Paso, TX 79902				
	PURPOSE OF	(a) Category (See Categories listed at the top of	f this schedule) (b	Description		
	EXPENDITURE	Food/Beverage Expense		<b>□</b>	tside of Texas. Com X, officeholder living	
						Mock Trial team during
				2025 HS Mock	Trial Regiona	als Competition
	Complete ONLY if direct	Candidate/Officeholder name	Office sough	t	Office he	eld
	expenditure to benefit C/Ol	<b>-</b>				
	Date	Payee name				
	04/09/2025	El Paso International Airport				
	Amount (\$)	Payee address; City;	State; Zip Code			
	\$12.00	6701 Convair Rd				
		EL D				
		El Paso, TX 79925	1			
	PURPOSE OF	(a) Category (See Categories listed at the top of Travel In District	f this schedule)	<ul><li>Description</li><li>Check if travel out</li></ul>	tside of Texas. Com	plete Schedule T.
	EXPENDITURE	Traver in District			X, officeholder living	
						attending JCMH
				Commissioners	sineeting	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sough	t	Office he	eld
		•				

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense 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	y - al Com		Gift/Awards/Mem Legal Services	·		Wages	s/Contract Labor		Travel Out of DOTHER (enter	District a category not listed above)	
L				The Instruction	n Guide explai	ns how to co	omple	ete this form.	_			
1	Total pages Schedule F1:	ı							3		(Ethics Commission F	ilers)
	Sch: 2/10 Rpt: 5/15	┝	Solis, Selen	a N. (The H	onorable)					00082443		
4	Date	ı	Payee name									
	02/14/2025		Fresh Prints	LLC								
6	Amount (\$)	7	Payee addres	s; City;	Sta	ate; Zip Co	ode					
	\$825.41	:	150 West 25	ith St								
		;	Suite #501									
			New York, 1	X 10001								
8	PURPOSE	├					(b)	<u> </u>				
°	OF				d at the top of this	schedule)	(0)	Description  Check if travel	outei	de of Tevas Co	mplete Schedule T.	
	EXPENDITURE		Printing Exp	ense				<u>—</u>		officeholder livi		
								_			am sweatshirts	
9	Complete ONLY if direct		andidate/Offic	eholder nam	e	Office sou	ıght			Office I	neld	
	expenditure to benefit C/OI	H										
	Date		Payee name									
	01/24/2025		Healthy Bite									
	Amount (\$)		Payee addres	s; City;	Sta	ate; Zip Co	ode					
	\$233.12	:	205 E Mills	Ave								
			El Paso, TX	79901								
	PURPOSE	(a)	Category (Se	e Categories liste	d at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expens	е						mplete Schedule T.	
								_		officeholder livi	<sup>ng expense</sup> ock Trial team at 20	JOE TIC
								Mock Trial Re				123113
$\vdash$	Complete ONLY if direct	L C	andidate/Offic	eholder nam	e	Office sou	<u>l</u> Jaht			Office I	neld	
	expenditure to benefit C/OI				· <del>-</del>	J30 500				300 1		
H	Date		Payee name									
	01/31/2025	ı	LULAC #33	5								
		-			<u> </u>	7' 0	1					
	Amount (\$)	ı	Payee addres		Sta	ate; Zip Co	ode					
	\$950.00	'	8612 Whitus	υr								
			El Paso, TX	79925								
	PURPOSE		•	-	d at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Contribution								mplete Schedule T.	
	<del></del>	'	Candidate/C	officeholder/	Political Con	nmittee		_		officeholder livi		o o c t
								ravie Sporiso	υιSl	ıııp al 2025	Annual Comedy Ro	uasi
_	Complete ONLY if direct	Г_	andidate/Offic	eholder nam		Office sou	laht			Office I	neld	
	expenditure to benefit C/OI		anuuale/UIII	choluel Hall		Onice SUL	agrit			Onice I	iciu	

#### 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 Lenal Services 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 (order a category pet 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: 3/10 Rpt: 6/15	Solis, Selena N. (The Honorable) 00082443
4	Date	5 Payee name
	04/08/2025	Maggiano's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.60	8008 Herb Kelleher Way
		Dallas, TX 75235
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
		food on return flight from TCJ RegA judges
		conference
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiditure to beliefit C/OI	<u> </u>
	Date	Payee name
	02/23/2025	Metropolis Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	144 2nd Ave North
		Suite 300
		Nashville, TN 37201
	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 parking at ELP airport while attending 2025 TCJ
		Criminal Justice Conference
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/03/2025	National Judicial College
	Amount (\$)	Payee address; City; State; Zip Code
	\$998.00	University of Nevada, Reno
		College Dr,
		Reno, NV 89557
	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.
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Registration fee for upcoming CLE "Judicial Legal Writing", 9/14-9/19/25
	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/Opnations Made Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
1	Sch: 4/10 Rpt: 7/15	2 FILER NAME Solis, Selena N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082443
4	Date	5 Payee name
	02/21/2025	Sheraton Austin Georgetown Hotel & Conference Center
6	Amount (\$) \$299.20	7 Payee address; City; State; Zip Code 1101 Woodlawn Ave
	Ψ233.20	1101 Woodidwii/We
		Georgetown, TX 78628
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Hotel while attending 2025 TCJ Criminal Justice Conference
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/05/2025	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$577.96	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  RT airfare from ELP-AUS for 2025 TCJ Criminal
		Justice Conference
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/01/2025	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$534.97	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.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		RT airfare to Dallas for TCJ Region A Judges' Conference
_	Complete ONLY if direct	Candidate/Officeholder name Office equals
	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 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	l 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: 5/10 Rpt: 8/15	Solis, Selena N. (The Honorable) 00082443
4	Date	5 Payee name
	04/01/2025	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$562.96	2702 Love Field Dr
		Dallas, TX 75235
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
		RT airfare to AUS for JCMH Commissioners meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	- CAPCHARLATO TO SOTIONE GAOT	
	Date	Payee name
	04/07/2025	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.01	2702 Love Field Dr
		Dallas, TX 75235
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		airfare modification for return flight from Dallas to
		ELP while attending TCJ RegA judges conference
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/15/2025	Texas Center for the Judiciary
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	1210 San Antonio St
		Austin, TX 78701
	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 - TCJ 2025 Criminal Justice
		Conference
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total manna Calcadada 54	1
	Total pages Schedule F1:	
	Sch: 6/10 Rpt: 9/15	Solis, Selena N. (The Honorable) 00082443
4	Date	5 Payee name
	06/02/2025	Texas Center for the Judiciary
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	1210 San Antonio St
		Austin, TX 78701
Ļ		-
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 2025 Annual Judges
		Education Conference, 9/3-9/5/25
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	04/06/2025	Texican Court
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.05	501 W Las Colinas Blvd.
		Irving, TX 75039
	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 food/beverage while attending TCJ RegA judges
		conference
<u> </u>	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
⊨	Data	Pausa noma
	Date	Payee name Toyloon Court
	04/08/2025	Texican Court
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.69	501 W Las Colinas Blvd.
		Irving, TX 75039
	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
		food/beverage while attending TCJ RegA judges conference
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiorder to belieff 0/01	•

#### SCHEDULE F1

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

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

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		Legal Services  The Instruction Guide	Salaries	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 7/10 Rpt: 10/15	Solis, Seler	na N. (The Honorab	ole)				00082443	
4	Date	5 Payee name							
	04/08/2025	Texican Co	urt						
6	Amount (\$)	7 Payee addre	•	State; Zip C	ode				
	\$406.14	501 W Las	Colinas Blvd.						
		Irving, TX 7	5039						
8	PURPOSE OF		ee Categories listed at the to	op of this schedule)	(b)	Description			
	EXPENDITURE	Travel Out	of District			<b>=</b>		de of Texas. Com officeholder living	
						ш			egA judges conference
9	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office he	eld
_	Date	Dayoo nama							
	04/16/2025	Payee name The Journa	I						
				State: Zip C	odo				
	Amount (\$) \$1,000.00	Payee addre	•	State, Zip C	oue				
	Ψ1,000.00	FO BOX 13	700						
		El Paso, T>	79913						
	PURPOSE OF	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description			
	EXPENDITURE	Advertising	Expense			<b>=</b>		de of Texas. Com officeholder living	
						ad in women'			CAPETISE
							•		
	Complete ONLY if direct		ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	1							
	Date	Payee name							
	02/20/2025	Uber							
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$80.51	1515 3rd S	i.						
		San Francis	sco, CA 94158						
	PURPOSE	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel Out	of District					de of Texas. Com	
						ш		officeholder living	o Georgetown Sheraton,
									CJ Crim Justice Conf
	Complete ONLY if direct		ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	H							

#### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica			Travel Out of Dis OTHER (enter a	strict 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: 8/10 Rpt: 11/15	Solis, Selena N. (The Honorable)		00082443	
4	Date	5 Payee name			
	02/21/2025	Uber			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
•	\$8.05	1515 3rd St			
	40.00	2020 0.4 0.			
		San Francisco CA 04150			
		San Francisco, CA 94158			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Travel out of District		side of Texas. Com ., officeholder living	
					g 2025 TCJ Criminal
		Justice Con			<b>3</b>
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	əlq
•	expenditure to benefit C/O			<b>333</b>	
_	Date	Davies same			
		Payee name Uber			
	02/20/2025				
	Amount (\$)	Payee address; City; State; Zip Code			
	\$16.39	1515 3rd St			
		San Francisco, CA 94158			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Traver out of District		side of Texas. Com	•
				t, officeholder living	
		Justice Con			g 2025 TCJ Criminal
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	nid
	expenditure to benefit C/O	9		Office file	eiu
	Date	Payee name			
	02/20/2025	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$19.40	1515 3rd St			
		San Francisco, CA 94158			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Traver out of District		side of Texas. Com	•
				, officeholder living	
		Justice Con			g 2025 TCJ Criminal
	Complete ONLY if direct	Candidate/Officeholder name		Office	ald.
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought		Office he	eiu

#### SCHEDULE F1

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

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

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	ommittee	Gift/Awards/Memor Legal Services  The Instruction	ials Expense  Guide explains		ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
_	Total manage Coloradula 54	EII ED 11		opiumo		٠,٠٠٠	1	_	Files ID	(Ethiop Commission)	Tiloro\
1	Total pages Schedule F1: Sch: 9/10 Rpt: 12/15		<sub>АМЕ</sub> elena N. (The Ho	norable)				3	Filer ID 00082443	(Ethics Commission I	-liers)
4	Date	Payee na	ame								
	02/21/2025	Uber									
6	Amount (\$) \$45.96	Payee at		State	; Zip Coo	de					
	\$45.90	1313 31	u Si								
		San Fra	ncisco, CA 94158	3							
8	PURPOSE	a) Category	(See Categories listed	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE	Travel C	Out of District				<b>=</b>			plete Schedule T.	
							<b>—</b>		officeholder living		nol
							Justice Confe			g 2025 TCJ Crimi	nai
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate	/Officeholder name	(	Office sou	ght			Office he	eld	
	experialitate to belieff 6/01										
	Date	Payee na	ame								
	04/06/2025	Uber									
	Amount (\$)	Payee ac	ddress; City;	State	; Zip Co	de					
	\$22.95	1515 3r	d St								
			ncisco, CA 9415								
	PURPOSE OF		(See Categories listed	at the top of this sch	nedule)	(b)	Description				
	EXPENDITURE	Travel C	Out of District				<b>=</b>		de of Texas. Com officeholder living	plete Schedule T.	
							_			eld to hotel in Irving	XT r
							for TCJ RegA				g,
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate	/Officeholder name	(	Office souç	ght			Office he	eld	
	Date	Payee na	ame								
	04/08/2025	Uber									
	Amount (\$)	Payee ad	ddress; City;	State	; Zip Cod	de					
	\$25.08	1515 3r	d St								
		San Fra	ncisco, CA 9415	3							
	PURPOSE OF		(See Categories listed	at the top of this sch	nedule)	(b)	Description				
	EXPENDITURE	Travel C	Out of District						de of Texas. Com officeholder living	plete Schedule T.	
							_			Love Field after T	^ 1
							RegA judges			LOVO FIGIU AILEF T	50
	Complete ONLY if direct	Candidate	/Officeholder name	(	Office soug	ght			Office he	eld	
	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 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 comple	ete this form.
1	Total pages Schedule F1: Sch: 10/10 Rpt: 13/15	2 FILER NAME Solis, Selena N. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00082443
4	Date 04/09/2025	5 Payee name Uber	·
6	Amount (\$) \$31.99	7 Payee address; City; State; Zip Code 1515 3rd St	
8	PURPOSE OF EXPENDITURE	San Francisco, CA 94158  (a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense transportation from AUS airport to JCMH for Commissioners meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 04/15/2025	Payee name Uber	
	Amount (\$) \$6.40	Payee address; City; State; Zip Code 1515 3rd St  San Francisco, CA 94158	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  uber driver tip for ride in AUS on 4/9/25 (JCMH Commissioners meeting)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 04/08/2025	Payee name Yard House	
	Amount (\$) \$47.89	Payee address; City; State; Zip Code 320 W Las Colinas Blvd.	
		Irving, TX 75039	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense food/beverage while attending TCJ RegA judges conference
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

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

#### SCHEDULE K

	The Instruction Guide explains how to complete this form.			al pages Schedule K: n: 1/2 Rpt: 14/15		
2	FILER NAME 3 Filer II		Filer ID	(Ethics Commission Filers)		
	Solis, Selena N. (The Honorable) 00082			00082	2443	
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	04/17/2025	Judicial Commission for Mental Health				\$883.44
		6 Address of person from whom amount is received; City; State; Zip Code		•••••	1	
		Austin, TX 78701				
					ribution returned to file	
		Reimbursement for travel expenses related to 11/24 travel expenses attendi	ing	JCMH	Mental Health Sun	nm
	Date	Name of person from whom amount is received			Amount (\$)	
	05/22/2025	Judicial Commission for Mental Health				\$578.96
		Address of person from whom amount is received; City; State; Zip Code		•••••	1	
		Austin, TX 78701				
				al conti	ribution returned to file	er
		Reimbursement for travel expenses attending JCMH Commissioners meetir	ng			
	Date	Name of person from whom amount is received			Amount (\$)	
	04/17/2025	Sixth Administrative Judicial Region				\$140.00
	Address of person from whom amount is received; City; State; Zip Code				1	
		Kerrville, TX 78028				
		Purpose for which amount is received			ribution returned to file	er
		Reimbursement for miscellaneous expenses attending TCJ RegA judges conference				
	Date	Name of person from whom amount is received			Amount (\$)	
	04/10/2025	Solis, Selena (The Honorable)				\$250.00
		Address of person from whom amount is received; City; State; Zip Code			•	
		REDACTED PER 254.0313, GOV'T CODE				
		Purpose for which amount is received Check if po	olitic	al conti	ribution returned to file	er
		Partial reimbursement for table sponsorship at LULAC Comedy Roast/Dinne	er			
	Date	Name of person from whom amount is received			Amount (\$)	
	04/17/2025	Texas Center for the Judiciary				\$664.17
		Address of person from whom amount is received; City; State; Zip Code		•••••	•	
		Austin, TX 78701				
		Purpose for which amount is received  Check if political contribution returned to filer				
		Reimbursement for travel expenses attending TCJ 2025 Criminal Justice Co	onfe	rence		

### INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 15/15 2 FILER NAME Filer ID (Ethics Commission Filers) Solis, Selena N. (The Honorable) 00082443 8 Amount (\$) Date 5 Name of person from whom amount is received 05/21/2025 Texas Center for the Judiciary \$1,013.32 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701 Purpose for which amount is received Check if political contribution returned to filer Reimbursement for travel expenses attending TCJ RegA judges conference Name of person from whom amount is received Amount (\$) Date 04/10/2025 **Texican Court** \$45.66 Address of person from whom amount is received; City; State; Zip Code Irving, TX 75039 Purpose for which amount is received Check if political contribution returned to filer Reimbursement for improperly paid state taxes despite tax exempt status