

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**
**FORM C/OH
COVER SHEET PG 1**

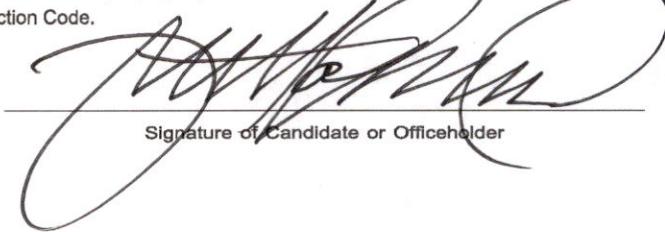
The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>Mr.</i>	MI <i>C</i>	OFFICE USE ONLY			
	NICKNAME <i>Jim</i>	LAST <i>Holmes</i>	SUFFIX	Date Received FILED IN THE OFFICE OF THE WACO CITY SECRETARY			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP CODE <i>2 Hillandale Rd Waco TX 76710</i>			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(254)</i>	PHONE NUMBER <i>717-2609</i>	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Mrs.</i>	MI <i>D</i>	Receipt #			
	NICKNAME <i>Cindy</i>	LAST <i>Holmes</i>	SUFFIX	Date Processed			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; <i>2 Hillandale Rd</i>			STATE; ZIP CODE <i>TX 76710</i>			
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(254)</i>	PHONE NUMBER <i>717-8168</i>	EXTENSION				
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15		30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15		8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month <i>07</i>	Day <i>01</i>	Year <i>2025</i>	Month <i>12</i>	Day <i>31</i>	Year <i>2025</i>	
11 ELECTION	ELECTION DATE Month <i>05</i> Day <i>02</i> Year <i>2026</i>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <i>Municipal</i>				
12 OFFICE	OFFICE HELD (if any) <i>Mayor of Waco</i>			13 OFFICE SOUGHT (if known) <i>Mayor of Waco</i>			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

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**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <i>James "Jim" C. Holmes</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>0</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>2,215.84</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>37.82</i>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS		

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



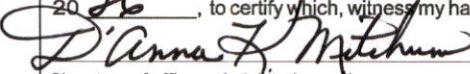
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by James "Jim" C. Holmes this the 14 day of January
2026, to certify which, witness my hand and seal of office.



Signature of officer administering oath

D'ANNA K. MITCHUM
Printed name of officer administering oath

NOTARY
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
James "Jim" C. Holmes	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1 SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2 SCHEDULE A2 NON MONETARY (IN KIND) POLITICAL CONTRIBUTIONS	\$ 0
3 SCHEDULE B PLEDGED CONTRIBUTIONS	\$ 0
4 SCHEDULE E LOANS	\$ 0
5 SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6 SCHEDULE F2 UNPAID INCURRED OBLIGATIONS	\$ 0
7 SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8 SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD	\$ 2,215.84
9 SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10 SCHEDULE H PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11 SCHEDULE I NON POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12 SCHEDULE K INTEREST CREDITS GAINS REFUNDS AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable DO NOT include this page in the report

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

 Event Expenses
 Fees
 Food/Beverage Expense
 Gift/Awards/Memorial 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)

The Instruction Guide explains how to complete this form

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES
SCHEDULE F4

2 FILER NAME

James "Jim" C Holmes

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD ISSUER

Name of financial institution
Citibank

6 PAYMENT

(a) Amount Charged

\$ 1,233.82

(b) Date Expenditure Charged

12 26 2025

(c) Date(s) Credit Card Issuer Paid

7 PAYEE

(a) Payee name

Minted

(b) Payee address

Online

City State Zip Code

 Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

printing expense

(b) Description

New Years Cards

 Political
 Non Political

(c) Check if travel outside of Texas Complete Schedule T

Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

PAYMENT

(a) Amount Charged

\$ 982.02

(b) Date Expenditure Charged

12 19 2025

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

United States Postal Service

(b) Payee address

800 Wooded Acres

City State Zip Code

Waco TX 76710

 Check if individual's residence address.

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

advertising expense

(b) Description

postage

 Political
 Non Political

(c) Check if travel outside of Texas Complete Schedule T

Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

PAYMENT

(a) Amount Charged

\$

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

(b) Payee address

City State Zip Code

 Check if individual's residence address.

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

advertising expense

(b) Description

 Political
 Non Political

(c) Check if travel outside of Texas Complete Schedule T

Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED