

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: 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST James	MI C
	NICKNAME Jim	LAST Holmes	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 2 Hillandale Rd		APT / SUITE #; CITY; STATE; ZIP CODE Waco TX 76710
	Date Received FILED IN THE OFFICE OF THE WACO CITY SECRETARY JAN 14 REJ DM 8:20 AM O'CLOCK		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (254)	PHONE NUMBER 717-2609	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Cynthia	MI D
	NICKNAME Cindy	LAST Holmes	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 2 Hillandale Rd Waco		STATE; ZIP CODE TX 76710
8 CAMPAIGN TREASURER PHONE	AREA CODE (254)	PHONE NUMBER 717-8168	EXTENSION
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 07 / 01 / 2025 THROUGH 12 / 31 / 2025		
11 ELECTION	ELECTION DATE Month Day Year 05 / 02 / 2026		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special Municipal
12 OFFICE	OFFICE HELD (if any) Mayor of Waco		13 OFFICE SOUGHT (if known) Mayor of Waco
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		

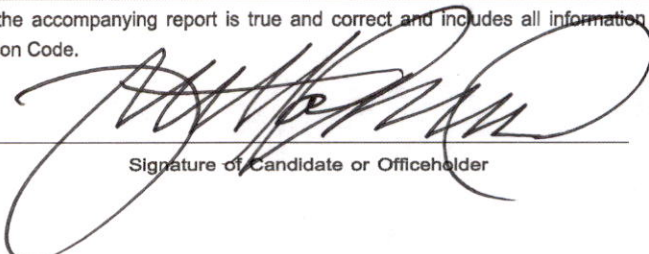
GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME James "Jim" C. Holmes		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,215.84
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 37.82
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

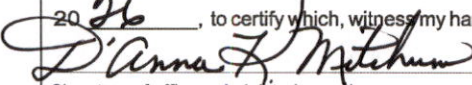
Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by James "Jim" C. Holmes this the 14 day of JANUARY

26, 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 James "Jim" C. Holmes		20 Filer ID (Ethics Commission Filers)
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		3 FILER ID (Ethics Commission Filers)
1	James "Jim" C Holmes		
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$
5 CREDIT CARD ISSUER	Name of financial institution		
	Citibank		
6 PAYMENT	(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
	\$ 1,233.82	12 26 2025	
7 PAYEE	(a) Payee name	(b) Payee address	City State Zip Code
	Minted	online	
	<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
<input type="checkbox"/> Political <input type="checkbox"/> Non Political	printing expense	New Year's Cards	
	(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	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
	\$ 982.02	12 19 2025	
PAYEE	(a) Payee name	(b) Payee address	City State Zip Code
	United States Postal Service	800 Wooded Acres	Waco TX 76710
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
<input type="checkbox"/> Political <input type="checkbox"/> Non Political	advertising expense	postage	
	(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
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
<input type="checkbox"/> Political <input type="checkbox"/> 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