

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: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>Mr.</u> FIRST: <u>James</u> MI: <u>C</u> NICKNAME: <u>Jim</u> LAST: <u>Holmes</u> SUFFIX:	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX: [REDACTED] APT / SUITE #: CITY: <u>WACO TX</u> STATE: <u>TX</u> ZIP CODE: <u>76710</u>	Date Received FILED IN THE OFFICE OF THE WACO CITY SECRETARY <u>APR 24 2024</u> <u>5:00 pm</u> O'CLOCK	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(254)</u> PHONE NUMBER: <u>717-2609</u> EXTENSION:	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>Mrs.</u> FIRST: <u>Cynthia</u> MI: <u>D</u> NICKNAME: <u>Cindy</u> LAST: <u>Holmes</u> SUFFIX:	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE): [REDACTED] APT / SUITE #: CITY: <u>WACO</u> STATE: <u>TX</u> ZIP CODE: <u>76710</u>	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(254)</u> PHONE NUMBER: <u>717-8168</u> EXTENSION:	Date Imaged	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 THROUGH Month Day Year <u>01 / 01 / 2024</u> THROUGH <u>04 / 04 / 2024</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>05 / 04 / 2024</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <u>Municipal</u>	
12 OFFICE	OFFICE HELD (if any) <u>Waco City Councilman District 5</u>	OFFICE SOUGHT (if known) <u>City of Waco Mayor</u>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	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.		
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS	
		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)	\$ 12,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 268.25
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,991.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,155.87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jim Holmes this the 24th day of April, 2024, to certify which, witness my hand and seal of office.

Michelle Hicks Signature of officer administering oath
Michelle Hicks Printed name of officer administering oath
City Secretary 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)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,100.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 11,259.42
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	\$ 0
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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME

James "Jim" C. Holmes

3 Filer ID (Ethics Commission Filers)

4 Date

2/7/24

5 Full name of contributor out-of-state PAC (ID#: _____)

Bill or Barbara Vance

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

3517 Heatherstone Cir Waco TX 76708

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/7/24

Full name of contributor out-of-state PAC (ID#: _____)

Virginia DuPuy

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

108 Wellington Dr Waco TX 76712

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/24

Full name of contributor out-of-state PAC (ID#: _____)

Sammy Citrano III

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

15023 Sendero Ln Woodway TX 76712

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/24

Full name of contributor out-of-state PAC (ID#: _____)

Mr. or Mrs. William Nesbitt

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

12020 Carriage House Lane Waco TX 76712

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME

James Jim C Holmes

3 Filer ID (Ethics Commission Filers)

4 Date

3/4/24

5 Full name of contributor

Mr. or Mrs. Kenneth J. Young

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

500.00

6 Contributor address;

3108 Wood Lake Dr Waco TX 76710

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/27/24

Full name of contributor

Jim Holmes

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

2 Hillandale Rd Waco TX 76710

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/23/24

Full name of contributor

Will Fair

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,000.00

Contributor address;

251 Stone Creek Cir McGregor TX 76657

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/25/24

Full name of contributor

James Dunnam

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

4125 W. Waco Dr Waco TX 76710

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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1 Total pages Schedule A1: **6**

2 FILER NAME

James "Jim" C Holmes

3 Filer ID (Ethics Commission Filers)

4 Date

2/27/24

5 Full name of contributor

Lisa Sheldon

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

1,000.00

6 Contributor address;

City;

State;

Zip Code

4006 Green Oak Dr Waco TX 76710

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/27/24

Full name of contributor

Jim and Debbie Sartain

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

3110 Inverness Dr Waco TX 76710

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/28/24

Full name of contributor

Carolyn and Rusty Haferkamp

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

325 Stallion Rd Waco TX 76712

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/29/24

Full name of contributor

David Schleicher

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

PO Box 184 Waco TX 76703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME

James "Jim" C. Holmes

3 Filer ID (Ethics Commission Filers)

4 Date

3/4/24

5 Full name of contributor

Angela Tekell

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

**400 Austin Ave
Waco TX 76701**

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/15/24

Full name of contributor

Michael Morrison

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

3416 Charandolet Blvd Waco TX 76710

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/15/24

Full name of contributor

William Cifton Jr.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

4579 Lakeshore Dr Waco TX 76710

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/15/24

Full name of contributor

Gloria D. Young

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

3025 Mt. Carmel Dr Waco TX 76710

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME

James Jim C Holmes

3 Filer ID (Ethics Commission Filers)

4 Date

3/15/24

5 Full name of contributor

Jim Holmes

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

2,500.00

6 Contributor address;

2 Hillandale Rd Waco TX 76710

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/20/24

Full name of contributor

E. Gerald O'Brien

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

150.00

Contributor address;

5333 Minnehaha Blvd Edina MN 55424

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/20/24

Full name of contributor

Mr and Mrs Louis Englander

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

2200 Ridgewood Dr Waco TX 76710

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/27/24

Full name of contributor

Rick and Elizabeth Tullis

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,000.00

Contributor address;

~~2200 P~~
1605 Oak Hollow Waco TX 76712

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME

James "James" C. Holmes

3 Filer ID (Ethics Commission Filers)

4 Date

3/27/24

5 Full name of contributor

Paul Hicks

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

300.00

6 Contributor address;

309 Granite

City;

Waco

State;

TX

Zip Code

76710

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/28/24

Full name of contributor

W. David Lacy

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,000.00

Contributor address;

P.O. Box 1701

City;

Waco

State;

TX

Zip Code

76703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/24

Full name of contributor

Christopher Brinser

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

2006 LaPorte Dr

City;

Waco

State;

TX

Zip Code

76710

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/24

Full name of contributor

Michael Baldwin

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address;

8449 Spicewood Springs

City;

China Spring

State;

TX

Zip Code

76633

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME James "Jim" C. Holmes		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 3/4/24	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sammy Citrano	8 Amount of Contribution \$	9 In-kind contribution description 500.00 Gift Card [George's]
7 Contributor address; City; State; Zip Code 15023 Sendero Ln Woodway TX 76712		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2	James "Jim" C. Holmes	
4 Date	5 Payee name	
4/21/24	Cedar Gandy	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
281.45	4300 W. Waco Dr	Waco TX 76710
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising	Website
	(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
Date	Payee name	
4/21/24	Lake Air Little League	
Amount (\$)	Payee address;	City; State; Zip Code
250.00	P.O. Box 8940	Waco TX 76710
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	Sponsorship / field sign
	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
Date	Payee name	
3/11/24	W Promo	
Amount (\$)	Payee address;	City; State; Zip Code
4,730.55	2728 Frankin Ave	Waco TX 76710
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	Campaign Signs
	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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME James "Jim" C Holmes	3 Filer ID (Ethics Commission Filers)
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4 Date 3/15/24	5 Payee name Integ
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6 Amount (\$) 1,038.20	7 Payee address; 4500 Speight	City; Waco	State; TX	Zip Code 76711
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Business Cards / Door Hangers
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/26/24	Payee name Integ
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Amount (\$) 3,413.62	Payee address; 4500 Speight	City; Waco	State; TX	Zip Code 76711
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Business Cards / maiter
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/29/24	Payee name WPromo
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Amount (\$) 1,277.35	Payee address; 2728 Franklin Ave	City; Waco	State; TX	Zip Code 76710
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Campaign Signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED