

**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. NICKNAME Jim	FIRST James LAST Holmes	MI C SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] Waco TX 76710		OFFICE USE ONLY Date Received FILED IN THE OFFICE OF THE WACO CITY SECRETARY JAN 14 2025 8:20 AM Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ([REDACTED]) [REDACTED]		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. NICKNAME Cindy	FIRST Cynthia LAST Holmes	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2 Hillandale Rd Waco TX 76710		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (254) 717-8168		
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 THROUGH 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	<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

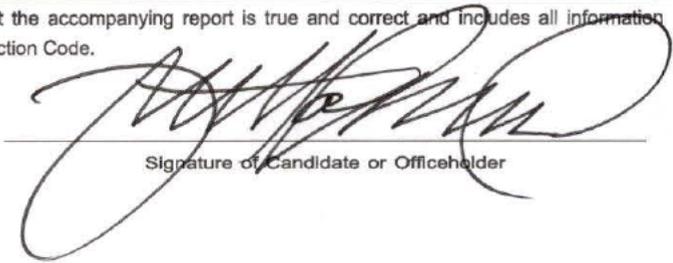
05/14/2025 9:25

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

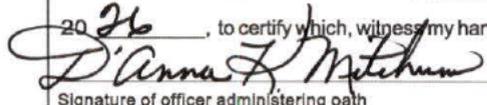
Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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

20 26, to certify which, witness my hand and seal of office.



D'ANNA K. MITCHUM

NOTARY

Signature of officer administering oath

Printed name of officer administering oath

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Raising 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorial Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | 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 <input type="checkbox"/> Check if individual's residence address.	City State Zip Code
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non Political	(a) Category (See Categories listed at the top of this schedule) printing expense	(b) Description New Year's Cards	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> 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 Waco TX 76710 <input type="checkbox"/> Check if individual's residence address.	City State Zip Code
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non Political	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description postage	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> 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 <input type="checkbox"/> Check if individual's residence address.	City State Zip Code
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> 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