

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 MI		OFFICE USE ONLY			
	Mr. Jeffrey P					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME LAST SUFFIX		Date Received			
	Jeff Darby					
Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
		1515 N. 26th St. Nederland, TX 77627				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		Date Hand-delivered or Date Postmarked			
	(409) 719-8223					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI		Receipt # Amount \$			
	Mr. Jeffrey P		Date Processed			
		NICKNAME LAST SUFFIX		Date Imaged		
		Darby				
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE					
(Residence or Business)	1515 N. 26th St. Nederland, TX 77627					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION					
	(409) 719-8223					
9 REPORT TYPE	<input 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 checked="" 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					
	4 / 4 / 25 THROUGH 4 / 24 / 25					
11 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month Day Year		Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description			
	5 / 3 / 25		General Special City of Nederland			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)			
			Mayor			
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.					
	COMMITTEE TYPE		COMMITTEE NAME			
	GENERAL		COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME			
			COMMITTEE CAMPAIGN TREASURER ADDRESS			
Additional Pages						
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT		FORM C/OH COVER SHEET PG 2	
15 C/OH NAME Jeffrey P. "Jeff" Darby		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)	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,745.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,495.54	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,643.70	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00	
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.			
<div>Signature of Candidate or Officeholder</div>			
Please complete either option below:			
(1) Affidavit	<div>NOTARY STAMP/SEAL</div> <div>Sworn to and subscribed before me by <u>Jeff Darby</u> this the <u>25th</u> day of <u>April</u>, 20<u>25</u>, to certify which, witness my hand and seal of office.</div> <div><div>Signature of officer administering oath</div><div>Printed name of officer administering oath</div><div>Title of officer administering oath</div></div>		
	<div>OR</div> <div>(2) Unsworn Declaration</div> <div>My name is _____, and my date of birth is _____.</div> <div>My address is _____, _____, _____, _____, _____.</div> <div>(street) (city) (state) (zip code) (country)</div> <div>Executed in _____ County, State of _____, on the _____ day of _____, 20____.</div> <div>(month) (year)</div> <div>Signature of Candidate/Officeholder (Declarant)</div>		

SUBTOTALS - C/OH		FORM C/OH COVER SHEET PG 3	
19 FILER NAME Jeffrey P. "Jeff" Darby		20 Filer ID (Ethics Commission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,500.00	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 245.00	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE E: LOANS		\$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 3,495.54	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	

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: 1
2 FILER NAME Jeffrey P. "Jeff" Darby		3 Filer ID (Ethics Commission Filers)
4 Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#: _____) IUOE Local 450 O.P.E.R.A.T.E.Fund 6 Contributor address; City; State; Zip Code PO Box 1410 Mont Belvieu, TX 77580	7 Amount of contribution (\$) 1,500.00
8 Principal occupation / Job title (See Instructions) Political Action Committee		9 Employer (See Instructions) International Union of Operating Engineers Local 450
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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 Jeffrey P. "Jeff" Darby				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$ 245.00	
5 Date 04/04/2025		6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rustin Penland		8 Amount of Contribution \$ 200.00	
		7 Contributor address; City; State; Zip Code 1224 N. 22nd St. Nederland, TX 77627		9 In-kind contribution description 1/3 share of 8x10 sign. Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Owner			11 Employer (FOR NON-JUDICIAL)(See Instructions) Texan Tool & Industrial		
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 04/24/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dallas Higgins		Amount of Contribution \$ 45.00	
		Contributor address; City; State; Zip Code 1609 N. 27th St. Nederland, TX 77627		In-kind contribution description 1/3 share of lunch 3 days. Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Retired			Employer (FOR NON-JUDICIAL)(See Instructions) Retired		
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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment			
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)			
The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1: 2		2 FILER NAME Jeffrey P. "Jeff" Darby	
		3 Filer ID (Ethics Commission Filers)	
4 Date 04/04/2025		5 Payee name Jeff Ortiz for Nederland	
6 Amount (\$) 639.34		7 Payee address; 2811 Nashville Nederland, TX 77627	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense	
		(b) Description 1/3 cost of billboards.	
		(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 04/11/2025		Payee name Jeffrey P. Darby	
Amount (\$) 1,382.19		Payee address; 1515 N. 26th St. Nederland, TX 77627	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Loan Repayment	
		Description Repayment of personal loans to campaign.	
		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 04/13/2025		Payee name Jeff Ortiz for Nederland	
Amount (\$) 524.00		Payee address; 2811 Nashville Nederland, TX 77627	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense	
		Description 1/3 cost of texting.	
		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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		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)	
The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1: 2		2 FILER NAME Jeffrey P. "Jeff" Darby	
3 Filer ID (Ethics Commission Filers)			
4 Date 04/17/2025		5 Payee name Jeff Ortiz for Nederland	
6 Amount (\$) 129.91		7 Payee address; 2811 Nashville Nederland, TX 77627	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense	
		(b) Description 1/3 cost of billboards	
		(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 04/24/2025		Payee name Britton Jones for Nederland City Council	
Amount (\$) 793.43		Payee address; 1219 Gary Nederland, TX 77627	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense	
		Description 1/3 cost of Facebook ads.	
		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 04/24/2025		Payee name Jeff Ortiz for Nederland	
Amount (\$) 26.67		Payee address; 2811 Nashville Nederland, TX 77627	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense	
		Description 1/3 cost of Facebook ads.	
		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			