CAMPAIGN FINANCE REPORT				FORM C/OH COVER SHEET PG 1			
Т	he C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ett	nics Commission Filers)	2 Total pages fil	ed:
	CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mr.	FIRST Jeffrey		мı Р	OFFICE	USE ONLY
١	NAME	NICKNAME Jeff	LAST Darby		SUFFIX	Date Received	
- (CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 1515 N. 26th Nederland, T	St.	CITY; STA	TE; ZIP CODE		
	Change of Address						
(CANDIDATE/ OFFICEHOLDER PHONE	(409)	719-8223	EXT	ENSION		or Date Postmarked
6	CAMPAIGN	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
	TREASURER NAME	Mr.	Jeffrey		Р	Date Processed	
'	IVAIVIL	NICKNAME	LAST Darby		SUFFIX	Date Imaged	
,	CAMPAIGN TREASURER ADDRESS esidence or Business)	street ADDRESS (I 1515 N. 26th Nederland, T	St.	SUITE #;	CITY;	STATE;	ZIP CODE
		AREA CODE	PHONE NUMBER	FYT	ENSION		
	CAMPAIGN TREASURER PHONE	(409)	719-8223				
9	REPORT TYPE	January 15	30th day before	election	Runoff	15th day af treasurer a (Officeholde	
		July 15	8th day before e	lection	Exceeded Modified Reporting Limit	Final Repor	rt (Attach C/OH - FR)
	PERIOD	Month	Day Year		Month	Day Yea	*
	COVERED	1	/ 1 / 25	THROUGH	4	/ 3 / 25	
11	ELECTION	ELECTION DA	_		ELECTION TYPE		
		Month Day	Year	Runoff	Other Description		
		5 / 3 /	25 General	Special	City of Nede	erland	***************************************
12	OFFICE	OFFICE HELD (if any)		13 OFF	FICE SOUGHT (if known		
14 NOTICE FROM POLITICAL COMMITTEE(S)		THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQU	ES MAY HAVE BEEN M	ADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
		COMMITTEE TYPE	COMMITTEE NAME				
	Additional Pages	GENERAL	COMMITTEE ADDRESS				
		SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME			
			COMMITTEE CAMPAIGN TE	REASURER ADDRES	SS		
			GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Jeff Darby for Nederla	and Mayor	16 Filer I	1D (Ethics Co	mmission Filers)	
17 CONTRIBUTION TOTALS	 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)		\$ 6,	300.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$		
	4. TOTAL POLITICAL EXPENDITURES		\$ 2,	046.83	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY	\$ 5,	629.24	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$ 1,	282.19	
	wear, or affirm, under penalty of perjury, that the accompanying report is true	and cor	rect and inclu	ides all information	
	Delastation 1	1	1		
		110	9		
	/ / Signature of Ca	ndidate	r Officeholde	er	
		,			
	Please complete either option below	/ :			
(1) Affidavit	JONI UNDERWOOD NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 09/25/27 NOTARY ID 590909-2				
NOTARY STAMP/SEA	L				
	before me by this the which, witness my hand and seal of office.	3.0d	day of _A	por 1.	
20 25 , to certify	which, witness my hand and seal of office. I om Underwood		M.FT.	Conk	
Signature of officer administe	ring oath Printed name of officer administering oath		Title of officer	administering oath	
OR					
(2) Unsworn Declaration					
(=) S.					
My name is	, and my date of birth is			*	
My address is					
		,	(zip code)		
Executed in	County, State of , on the day of (month	1)	, 20		
	Signature of Candid	date/Office	eholder (Decl	arant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME off Darby for Nederland Mayor	20 Filer ID (Ethics Co	mmiss	ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	6,300.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			0.00
4.	4. SCHEDULE E: LOANS			1,282.19
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	814.64
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	NOTE STATE OF THE	\$	0.00
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	1,032.50
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			199.69
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			0.00
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TONS RETURNED	\$	0.00

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2 FILER NAME Jeff Darby	for Nederland Mayor		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
	6 Contributor address; City; Nederland	State; Zip Code TX 77627			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
Date		(ID#:)	Amount of contribution (\$)		
01/17/20	Tom Lee		50.00		
	Contributor address; City; 1404 Ave. F Nederland	(30.00		
Principal occup Deputy Sheri	ation / Job title (See Instructions)	Employer (See Instructi Hardin County	ions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
01/29/20	Stuart Palmer		100 00		
01/20/20	Contributor address; City;	State; Zip Code	100.00		
	2149 Michelle CT E Applet	on WI 54914			
Principal occup Network Eng	nation / Job title (See Instructions)	Employer (See Instruct American Telecom	ions)		
Date	Full name of contributor out-of-state PAC	> (ID#:)	Amount of contribution (\$)		
01/29/20	Sara Gubala		05.00		
01/29/20	Contributor address; City;	State; Zip Code	25.00		
	2901 Helena #201 Nederla	nd TX 77627			
-	nation / Job title (See Instructions)	Employer (See Instruct	ions)		
Assistant Pro	oressor	Lamar University			
	ATTACH ADDITIONAL COPIES of the contributor is out-of-state PAC, please see Instru				

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Jotal pages Schedule A1:			
2 FILER NAME Jeff Darby	for Nederland Mayor		3 Filer ID (Ethics Commission Filers)			
4 Date	Rustin Penland	C (ID#:)	7 Amount of contribution (\$)			
02/06/20 6 Contributor address; City; State; Zip Code 1224 N. 22nd St. Nederland TX 7762			500.00			
8 Principal occup Owner	pation / Job title (See Instructions)	9 Employer (See Instruct Texan Tool & Indus	,			
Date 02/26/20	Brent Barron	State; Zip Code	Amount of contribution (\$)			
Principal occup Claims Exam	ation / Job title (See Instructions) iner	Employer (See Instruct U. S. Department o	•			
Date Full name of contributor Dallas and Joan Higgins Contributor address; City; 1609 N. 27th St. Nederla		ţ	Amount of contribution (\$)			
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instruct Retired	tions)			
Date 03/17/20	Morris Weeks	State; Zip Code	Amount of contribution (\$) 25.00			
Principal occup Owner	oation / Job title (See Instructions)	Employer (See Instruct M. Weeks Welding	tions)			
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED			
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
² FILER NAME Jeff Darby	for Nederland Mayor		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC Brent Wyble	: (ID#:)	7 Amount of contribution (\$)	
03/18/20	6 Contributor address; City; 10500 Shady Ranch Ln. Port A	State; Zip Code	500.00	
8 Principal occup Private Client	pation / Job title (See Instructions)	9 Employer (See Instruct J. P; Morgan Wealth	·	
Date		C (ID#:)	Amount of contribution (\$)	
02/21/20	Robert L. Campbell, Jr. Contributor address; City; 2400 Business Center Dr. #321 Pe		500.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct Retired	ions)	
Date 03/25/20	Full name of contributor out-of-state PAC (ID#:) Twyman and Toby Ash			
03/23/20	Contributor address; City; 1712 Tallowood Nederlar	State; Zip Code	200.00	
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct Retired	ions)	
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)	
03/26/20	Contributor address; City;	State; Zip Code	1,000.00	
	10655 Highway 365 Beaum	ont TX 77705	•	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instruct	ions)	
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Instr			
	and the second s			

SCHEDULE A1

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:	
2 FILER NAME Jeff Darby	for Nederland Mayor		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PA Leslie Maxwell	C (ID#:)	7 Amount of contribution (\$)	
04/02/20	6 Contributor address; City; 188 Sterling Ridge Nederla		1,000.00	
8 Principal occup Retired	pation / Job title (See Instructions)	9 Employer (See Instruct Retired	tions)	
Date Full name of contributor out-of-state PAG IBEW PAC Voluntary Fund		C (ID#: 522257109)	Amount of contribution (\$)	
04/03/20	Contributor address; City; 900 7th St., NW Washingt		2,000.00	
Principal occup Political Actio	nation / Job title (See Instructions) on Committee	Employer (See Instruct International Brothe	erhood of Electrical Workers	
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)	
	Contributor address; City;			
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst			



CONTACT US

Government Affairs Director

International Brotherhood of Electrical Workers

- Director: Dean Warsh
- Telephone: (202) 728-6046
- Email: governmentaffairs@ibew.org
- 900 Seventh Street NW, Washington, DC 20001
- Telephone: (202) 833-7000
- Fax: (202) 728-7676

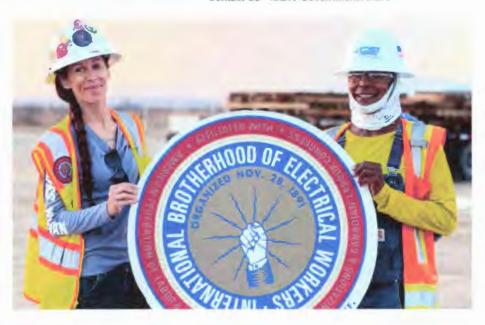


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Support our commitment to improving the lives of all IBEW members by contributing to our efforts to promote IBEW education, advocacy, and public policy.

DONATE NOW

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CONTACT US







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LOANS SCHEDULE E

The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME Jeff Darby fo	r Nederland Mayor		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan 01/08/2025	God of Jack Table 7 (18)		9 Loan Amount (\$) 50.00
6 Is lender a financial Institution?	a financial		10 Interest rate 0.00 11 Maturity date
YN	11000110110, 17177027		
12 Principal occupation Retired	on / Job title (See Instructions)	13 Employer (See Instructions) Retired	
14 Description of Collateral none		Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
■ not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
		,	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
02/03/2025	Jeffrey P. Darby		125.00
Is lender a financial Institution?	Lender address; City; 1515 N. 26th St.	State; Zip Code	Interest rate 0.00
Y • N	Nederland, TX 77627		Maturity date
Principal occupation Retired	on / Job title (See Instructions)	Employer (See Instructions) Retired	
Description of Collateral		Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
if le	ATTACH ADDITIONAL COPI	IES OF THIS SCHEDULE AS NEE	
	• •	-	

LOANS SCHEDULE E

The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E: 2 0+ 2	
2 FILER NAME Jeff Darby fo	r Nederland Mayor		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS			\$	
5 Date of loan 02/08/2025	7 Name of lender out-of-state F Jeffrey P. Darby	PAC (ID#:)	9 Loan Amount (\$) 1,032.50	
6 Is lender a financial Institution?	8 Lender address; City; 1515 N. 26th St. Nederland, TX 77627	State; Zip Code	10 Interest rate 0.00 11 Maturity date	
12 Principal occupation / Job title (See Instructions) Retired 13 Employer (See Instructions) Retired				
14 Description of Colla	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)	
16 GUARANTOR INFORMATION	6 GUARANTOR 17 Name of guarantor		19 Amount Guaranteed (\$)	
■ not applicable	18 Guarantor address; City;	State; Zip Code		
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)	
02/19/2025	Jeffrey P. Darby	,	74.69	
Is lender a financial Institution?	Lender address; City; 1515 N. 26th St.	State; Zip Code	Interest rate 0.00	
Y N	Nederland, TX 77627	,	Maturity date	
Principal occupation Retired	on / Job title (See Instructions)	Employer (See Instructions) Retired		
Description of Colla	ateral	Check if personal fun	ds were deposited into political	
none		account (See Instruc	tions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
■ not applicable				
Principal Occupation	on (See Instructions)	Employer (See Instructions)		
	ATTACH ADDITIONAL CO.	IEG OF THE COLUMN FACTOR		
If le	nder is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NE struction guide for additional re		

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 Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense
Legal Services Printing Expense
Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.

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 now to c	ompiete this form.		
1 Total pages Schedule F1:	2 FILER NAME Jeff Darby for Nederland Mayor		3 Filer ID (Ethics	s Commission Filers)
4 Date 01/15/2025	5 Payee name City of Nederland			
6 Amount (\$) 25.00	7 Payee address; 1207 N. 12th St. Nederland, TX 77627	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Filing Fee		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	V	Office held
Date	Payee name			
01/30/2025	Jeff Ortiz Campaign For Nuclerian	d		
Amount (\$) 151.55	Payee address; 2811 Nashville Nederland, TX 77627	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Reimburse 1/3	3 of push care	ds.
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address:	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	5	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

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 Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense
Legal Services 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

	The instruction duide explains now to c			
1 Total pages Schedule F1:	FILER NAME		D (Ethics Commission Filers)	
4 Date	5 Pavee name	deriana Mayor		
6 Amount (\$)	7 Payee address;	City; S	itate; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE				
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeho	older living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
03/02/2025	Jeff Ortiz for Nederland			
Amount (\$)	Payee address;	City; S	State; Zip Code	
217.00	2811 Nashville Nederland, TX 77627			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Reimburse 1/3 of door hangers \$123 Reimburse 1/3 of t-shirts \$94		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeho	older living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
03/02/2025	Britton Jones for Nederland City Cou	ncil		
Amount (\$)	Payee address;	City; S	State; Zip Code	
162.67	1219 Gary Nederland, TX 77627			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Advertising Expense	Reimburse 1/3 of kooz	zies.	
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeho	older living expense	
Complete <u>ONLY</u> 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 FILER NAME Jeff Darby for Nederland Mayor		3 Filer ID (Ethics	Commission Filers)
4 Date 03/02/2025	5 Payee name Britton Jones for Nederland City Cou	ncil		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
212.30	1219 Gary Nederland, TX 77627			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Advertising	Reimburse 1/3	3 4x4 signs	
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/02/2025	Jeff Ortiz for Nederland			
Amount (\$)	Payee address;	City;	State;	Zip Code
56.00	2811 Nashville Nederland, TX 77627			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Reimburse 1/	3 of door han	gers
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/02/2025	Sabine Area Central Labor Council			
Amount (\$)	Payee address;	City;	State;	Zip Code
166.67	PO Box 867 896 Nederland, TX 77627			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	1/3 table at Pu	ırse Bingo Niç	ght.
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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 NEI	EDED	

EXPENDITURES MADE BY CREDIT CARD

The Instruction Guide explains how to complete this form.

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 Expense 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)

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	Jeff Darby for Nederland Maer Mayer				3 FILER ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD						2.50
5 CREDIT CARD ISSUER	Name of financial institution Chase Bank					
6 PAYMENT	(a) Amount Charged (b) Date Expenditure Charged			(c) Date(s) Credit Card Issuer Paid		
	\$ 1,032.50	02/08/2025		03/11/2025		
7 PAYEE	Good Guys	yee name (b) Payee address; City, State 5002 N. Howard Ave. Tampa FL 336				Zip Code 03
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense			(b) Description 250 signs		
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	(b) Date Expenditu	ire Charged	(c) Date(s) Credit Card Issu	uer Paid	
PAYEE	(a) Payee name		(b) Payee add	dress; C	Sity, State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)			(b) Description		
Political Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Aus				itin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held					d
PAYMENT	(a) Amount Charged (b) Date Expenditure Charged \$		(c) Date(s) Credit Card Issu	uer Paid		
PAYEE	(a) Payee name		(b) Payee address; Cit		City, State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)			(b) Description		in the sale of the
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				ice Sought	Office Hel	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

ics:

Forms provided by Texas Ethics Com

Reset Form

Reset Page

Revised 1/1/2025

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense Travel In District Travel Out Of District
Other (enter a category not listed above)

Solicitation/Fundraising Expense

Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jeff Darby for Nederland Mayor 1 5 Payee name 4 Date 02/03/2025 **Funky Monkey** 7 Payee address; Zip Code Amount (\$) City; State: 125.00 16931 Marie Village Dr. Reimbursement from political contributions intended Conroe, TX 77306 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE One year of website hosting for Advertising Expense votejeffdarby.org EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Alice's Dream Embroidery & More 02/19/2025 Payee address; Amount (\$) City; State; Zip Code 205 Gage Ave. Nederland, TX 77627 74.69 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE Polo Shirt Advertising Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Pavee address: City; State: Zip Code Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED