#### CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR FIRST МІ OFFICE USE ONLY OFFICEHOLDER Jeffrey Ρ. Mr. NAME Date Received LAST SUFFIX NICKNAME Jeff Darby 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE; ZIP CODE **OFFICEHOLDER** 1515 N. 26th St. **MAILING** Nederland, TX 77627 **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (409 719-8223 PHONE Receipt # Amount \$ FIRST MI MS / MRS / MR CAMPAIGN **TREASURER** Jeffrev P. Mr. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Darby STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE CAMPAIGN TREASURER 1515 N. 26th St. **ADDRESS** Nederland, TX 77627 (Residence or Business) AREA CODE EXTENSION 8 CAMPAIGN PHONE NUMBER **TREASURER** PHONE *(* 409 719-8223 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Dav Dav Year Month Year COVERED 25 15 25 25 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Runoff Primary Other Month Day Year Description City of Nederland Special 3 25 General OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Mayor since May 12, 2025 Mayor before May 12, 2025 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE LOFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **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 Co	mmission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL C PLEDGES, LOANS, OR GUARANT CONTRIBUTIONS MADE ELECTRO	EES OF LOANS, OR	N.	\$	
	2. TOTAL POLITICAL CONTRIBUT (OTHER THAN PLEDGES, LOANS,		5)	\$	255.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL E	(PENDITURE.		\$	
	4. TOTAL POLITICAL EXPENDITU	RES		\$ 1	,867.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	S MAINTAINED AS OF THE LA	AST DAY	\$	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF AL LAST DAY OF THE REPORTING P		OF THE	<b>\$</b> 1	,930.79
18 SIGNATURE   S	vear, or affirm, under penalty of perjury, that	the accompanying report is tru	ue and co	rrect and inclu	udes all information
req	uired to be reported by me under Title 15, Electi	on Code.			
		Allan MOL	7011	In .	
	4	All Milling 10	nun		
		Signature of C	andidate	or Officeholde	er
	Please complet	e either option belov	\A/*		
	i lease complet	e entirer option belov	<b>vv</b> .		
	JONI UNDERWOOD	m}			
(1) Affidavit	NOTARY PUBLIC	<b>\{</b>			
(1) / maavit	STATE OF TEXAS MY COMM. EXP. 09/25	<sup>1</sup> 27 <b>\}</b>			
	NOTARY ID 590909-	<del></del>			
NOTARY STAMP/SEAL					
Sworn to and subscribed	J	this the	15th	day_of	Tuly.
	which, witness my hand and seal of office.			1 -1	1-
Joni underw	rod Joni Winde	wood		City Clery	2
Signature of officer administer	ing oath Printed name of officer a	idministering oath		Title of officer	administering oath
	OF				
(2) Unsworn Declaration	on				
My name is		, and my date of birth i	s		*
My address is			,		•
	(street)			(zip code)	, , ,
Executed in	County, State of ,	on the day of (mon	th)	, 20 (year)	
		Signature of Cand	lidate/Offic	eholder (Decl	arant)

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

-	frey P. "Jeff" Darby	ics Commis	sion Filers)
	CHEDULE SUBTOTALS IAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	145.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	110.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	4. SCHEDULE E: LOANS		
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	O. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		561.24
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		890.00
12.	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	e this form.	1 Total pages Schedule A1:	
2 FILER NAME Jeffrey P.	"Jeff" Darby		3 Filer ID (Ethics Commission Filers)	
4 Date	Metha Leann Todd		7 Amount of contribution (\$)	
04/28/2025	6 Contributor address; City; 511 N. 37th St. Nederland,	State; Zip Code	20.00	
8 Principal occu Jnit Secretar	pation / Job title (See Instructions)	9 Employer (See Instruct	·	
Date	Richard Boehme	ate PAC (ID#:)	Amount of contribution (\$)	
04/29/2025	Contributor address; City; 13515 Breakwater Path Loop Ho	State; Zip Code ouston, TX 77044	25.00	
Principal occup Retired	eation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-sta	ate PAC (ID#:)	Amount of contribution (\$)	
05/05/2025	5/05/2025 Contributor address; City; State; Zip Code 308 S. 4th St. Nederland, TX 77627		100.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-sta	ate PAC (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
N-100-100-100-100-100-100-100-100-100-10	ATTACH ADDITIONAL COL	PIES OF THIS SCHEDULE AS N	EEDED	
	If contributor is out of state PAC places see			

# 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:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Jeffrey P. "Jeff" Darby					
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor □ out-of-state PAC (ID#:  Dallas Higgins	)	8 Amount of Contribution \$	9 In-kind contribution description	
04/28/2025	7 Contributor address; City; State;	Zip Code	100.00	1/3 of food and drink 4/22 to 26 and 4/28.	
	1609 N. 27th St. Nederland, TX 77	627	Check if travel outsi	de of Texas. Complete Schedule T.	
10 Principal occ Retired	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	)	Amount of	In-kind contribution	
	James VanDevender		Contribution \$	description 1/3 of food and	
04/28/2025	Contributor address; City; State;	Zip Code	10.00	drink.	
220 Ave. E Nederland, TX 77627  Check if travel outside of Texas. Complete Schedule				I de of Texas. Complete Schedule T.	
Principal occ Retired	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	outor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	m 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.

**LOANS** SCHEDULE E

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

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
<sup>2</sup> FILER NAME  Jeffrey P. "Je	ff' Darby		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$ 561.24
5 Date of loan 04/28/2025	7 Name of lender ☐ out-of-state  Jeffrey P. "Jeff" Darby	PAC (ID#:)	9 Loan Amount (\$) 61.24
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 Retired	on / Job title (See Instructions)	13 Employer (See Instructions)	1
14 Description of Coll	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
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 07/07/2025	Name of lender out-of-state  Jeffrey P. "Jeff" Darby	PAC (ID#:)	Loan Amount (\$) 500.00
Is lender a financial Institution?	Lender address; City; 1515 N. 26th St. Nederland, TX 77627	State; Zip Code	Interest rate 0.00  Maturity date
Principal occupation Retired	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
■ not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupati	on (See Instructions)	Employer (See Instructions)	I
1f le	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NE	

## 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

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

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

Solicitation/Fundraising Expense

Credit Card Payment	The Instruction Guide explains how to o	complete this form.			
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Jeffrey P. "Jeff" Darby		3 Filer ID (Ethics	Commission Filers)	
4 Date 04/28/2025	5 Payee name Jeffrey P. Darby				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
61.24	1515 N. 26th St. Nederland, TX 77627				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Loan Repayment/Reimbursement	Repayment of Personal Loans to Campaign.			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
04/29/2025	Jeff Ortiz for Nederland				
Amount (\$)	Payee address;	City;	State;	Zip Code	
116.67	2811 Nashville Nederland, TX 77627				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	1/3 cost of 04/29 text.			
	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				
05/05/2025	Britton Jones for Nederland City Cou	ncil			
Amount (\$) 300.00	Payee address; 1219 Gary Nederland, TX 77627	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	1/3 cost of onli	ne ads.		
	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 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 now to d	complete this form.		
1 Total pages Schedule F1: 2 OF 2	2 FILER NAME Jeffrey P. "Jeff" Darby		3 Filer ID (Ethica	s Commission Filers)
4 Date 07/07/2025	5 Payee name Jeffrey P. Darby		A	
6 Amount (\$) 500.00	7 Payee address; 1515 N. 26th St. Nederland, TX 77627	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Loan Repayment/Reimbursement	(b) Description Repayment of Campaign.		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Office sought	in, TX, officeholder living	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		
	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			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Manada and a state of the state	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

### 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 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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule G:	<sup>2</sup> FILER NAME Jeffrey P. "Jeff" Darby		3 Filer ID (Ethics	Commission Filers)
4 Date 04/28/2025	5 Payee name H-E-B			
6 Amount (\$) 61.24  Reimbursement from political contributions intended	7 Payee address; 4800 B FM 365 Port Arthur, TX 77642	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expemse	(b) Description Snacks for DO		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living e	xpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Jeffrey P. "Jeff" Darby	Office sought  Ayor		Office held
Date 07/07/2025	Payee name Funky Monkey			
Amount (\$) 500.00  Reimbursement from political contributions intended	Payee address; 16931 Marie Village Dr. Conroe, TX 77306	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description Website mainte	enance fees.	
	Check if travel outside of Texas. Complete Schedule T,	Check if Austin	, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/t	Candidate / Officeholder name	Office sought	Mayo	Office held
Date	Payee name			
Amount (\$)  Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living 6	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	FD	W

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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 I:	<sup>2</sup> FILER NAME Jeffrey P. "Jeff" Darby		3 Filer ID	(Ethics Co	ommission Filers)
4 Date 05/06/2025	Nederland High School				
6 Amount (\$) 165.00	7 Payee address; 2101 N. 18th St. Nederland, TX 77627	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)  Advertising Expense	(b) Description (See required.)  1/8 page ad in Football Progr	2025 Ned		
Date 05/12/2025	Nederland Chamber of Comm	erce			
Amount (\$) 725.00	Payee address; 1515 Boston Ave. Nederland, TX 77627	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Advertising Expense	Description (See required.)  Table at Casing			
Date	Payee name		The state of the s		The state of the s
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	irding type of	f information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	arding type of	f information
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				