



**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

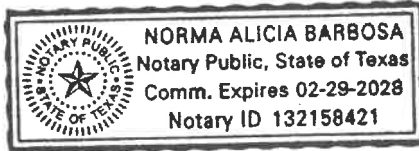
<b>15 C/OH NAME</b> <i>Darla Jones</i>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,784.26
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
<b>OUTSTANDING LOAN TOTALS</b>	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 *Darla Jones* this the *1st* day of *April*, 20*26*, to certify which, witness my hand and seal of office.

*Norma A. Barbosa* *Norma Barbosa* *Court Director*  
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 <i>Darla Jones</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 8,000
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 4,784.26
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# LOANS

# SCHEDULE E

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 E:
2 FILER NAME <b>Darla Jones</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>1-14-26</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Darla Jones</b>	9 Loan Amount (\$) <b>8,000</b>
6 Is lender a financial institution? <b>Y</b> <input checked="" type="checkbox"/> <b>N</b>	8 Lender address; City; State; Zip Code <b>47 Lakewood Dr. Laguna Vista, TX 78158</b>	10 Interest rate <b>0</b>
		11 Maturity date <b>0</b>
12 Principal occupation / Job title (See Instructions) <b>Retired</b>		13 Employer (See Instructions) <b>N/A</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor <b>N/A</b>	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution? <b>Y</b> <b>N</b>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# 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	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 Expenses	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 G: _____		2 FILER NAME <b>Darla Jones</b>		3 Filer ID (Ethics Commission Filers) _____	
4 Date <b>1-16-26</b>		5 Payee name <b>Toucan Graphics</b>			
6 Amount (\$) <b>1,488.44</b> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: [Redacted] <b>Padre Island</b>		City: <b>Corpus Christi, TX</b> State: _____ Zip Code: <b>78418</b>	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Printing</b>		(b) Description <b>Signs, Info cards</b>	
		(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 <b>Darla Jones</b>		Office sought <b>Mayor</b>	
				Office held <b>—</b>	
Date <b>2-4-26</b>		Payee name <b>Toucan Graphics</b>			
Amount (\$) <b>1,926.85</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: [Redacted] <b>Corpus Christi</b>		City: _____ State: <b>TX</b> Zip Code: <b>78418</b>	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Printing</b>		Description <b>Signs, Cards</b>	
		<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 <b>Darla Jones</b>		Office sought <b>Mayor</b>	
				Office held <b>—</b>	
Date <b>2-12-26</b>		Payee name <b>Toucan Graphics</b>			
Amount (\$) <b>92.01</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: [Redacted]		City: <b>Corpus Christi</b> State: <b>TX</b> Zip Code: <b>78418</b>	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Printing</b>		Description <b>Signs, Cards</b>	
		<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 <b>Darla Jones</b>		Office sought <b>Mayor</b>	
				Office held <b>—</b>	

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# 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	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 G:	2 FILER NAME <b>Darla Jones</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2-16-26</b>	5 Payee name <b>Toucan Graphics</b>	
6 Amount (\$) <b>355.60</b> <small>Reimbursement from political contributions intended</small>	7 Payee address: [Redacted] City: <b>Corpus Christi</b> State: <b>TX</b> Zip Code: <b>78418</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Printing</b>	(b) Description <b>Signs, Cards</b>
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Darla Jones</b>	Office sought <b>Mayor</b>
Date <b>2-24-26</b>	Payee name <b>Bayside Cafe</b>	Office held <b>—</b>
Amount (\$) <b>37.75</b> <small>Reimbursement from political contributions intended</small>	Payee address: [Redacted] City: <b>Laguna Vista</b> State: <b>TX</b> Zip Code: <b>78578</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food</b>	Description <b>Volunteer Lunch</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Darla Jones</b>	Office sought <b>Mayor</b>
Date <b>3-4-26</b>	Payee name <b>Joe's Oyster Bar</b>	Office held <b>—</b>
Amount (\$) <b>49.90</b> <small>Reimbursement from political contributions intended</small>	Payee address: [Redacted] City: <b>Port Isabel</b> State: <b>TX</b> Zip Code: <b>78578</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food</b>	Description <b>Volunteer Lunch</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Darla Jones</b>	Office sought <b>Mayor</b>

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# 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	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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <i>Darla Jones</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>3-6-26</i>	<b>5</b> Payee name <i>Toucan Graphics</i>	
<b>6</b> Amount (\$) <i>146.14</i> <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address: <div style="background-color: black; width: 100%; height: 20px;"></div>	City: <i>Corpus Christi</i> State: <i>Tx</i> Zip Code: <i>78418</i>
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing</i>	(b) Description <i>Cards</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Darla Jones</i>	Office sought <i>Mayor</i>
		Office held <i>—</i>
Date <i>3-7-26</i>	Payee name <i>Cloud Cafe</i>	
Amount (\$) <i>300.00</i> <small>Reimbursement from political contributions intended</small>	Payee address: <div style="background-color: black; width: 100%; height: 20px;"></div>	City: <i>Laguna Vista</i> State: <i>Tx</i> Zip Code: <i>78578</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Meet &amp; Greet</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Darla Jones</i>	Office sought <i>Mayor</i>
		Office held <i>—</i>
Date <i>3-16-26</i>	Payee name <i>Captain's Quarters</i>	
Amount (\$) <i>300.00</i> <small>Reimbursement from political contributions intended</small>	Payee address: <div style="background-color: black; width: 100%; height: 20px;"></div>	City: <i>Laguna Heights</i> State: <i>Tx</i> Zip Code: <i>78578</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing</i>	Description <i>T-Shirts</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Darla Jones</i>	Office sought <i>Mayor</i>
		Office held <i>—</i>

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <i>Darla Jones</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>3-28-26</i>	<b>5</b> Payee name <i>SPIGC</i>	
<b>6</b> Amount (\$) <i>55.00</i> <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address: <div style="background-color:black; width:100px; height:20px;"></div> City: <i>Laguna Vista</i> State: <i>Tx</i> Zip Code: <i>78578</i>	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event expense</i>	(b) Description <i>Meet &amp; Greet. Banquet Room</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Darla Jones</i>	Office sought <i>Mayor</i>
		Office held <i>—</i>
Date <i>3-27-26</i>	Payee name <i>Sam's Club</i>	
Amount (\$) <i>52.57</i> <small>Reimbursement from political contributions intended</small>	Payee address: <div style="background-color:black; width:100px; height:20px;"></div> City: <i>Brownsville Tx</i> State: <i>Tx</i> Zip Code: <i>78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	Description <i>F+B for Meet &amp; Greet</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Darla Jones</i>	Office sought <i>Mayor</i>
		Office held <i>—</i>
Date	Payee name	
Amount (\$)	Payee address;	
		City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

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