

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: <div style="font-size: 1.5em; text-align: center;">13</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="display: flex; justify-content: space-between;"> <div>Ms. Darla A.</div> <div>NICKNAME LAST SUFFIX</div> </div> <div style="text-align: center; margin-top: 10px;">Jones</div>		<div style="border: 2px solid black; padding: 10px; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Date Received</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; font-weight: bold; color: blue;">RECEIVED BY CITY SECRETARY</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; font-size: 1.2em; color: blue;">APR - 4 2019</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; font-weight: bold; color: blue;">CITY OF SOUTH PADRE ISLAND</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Date Processed</div> <div style="border-bottom: 1px solid black;">Date Imaged</div>
	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <div style="text-align: center; margin-top: 10px;">110-A E. Mezquite, South Padre Island, TX 78597</div> <input type="checkbox"/> Change of Address		
AREA CODE PHONE NUMBER EXTENSION <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>(956)</div> <div>433-9453 1583</div> <div></div> </div>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	MS / MRS / MR FIRST MI <div style="display: flex; justify-content: space-between;"> <div>Ms. Dianna L.</div> <div>NICKNAME LAST SUFFIX</div> </div> <div style="text-align: center; margin-top: 10px;">Harvill</div>		
	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <div style="text-align: center; margin-top: 10px;">12 Spoonbill Cove Rd., Laguna Vista, TX 78578</div> (Residence or Business)		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>(956)</div> <div>455-1830</div> <div></div> </div>		
6 CAMPAIGN TREASURER NAME	AREA CODE PHONE NUMBER EXTENSION <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>(956)</div> <div>455-1830</div> <div></div> </div>		
7 CAMPAIGN TREASURER ADDRESS	AREA CODE PHONE NUMBER EXTENSION <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>(956)</div> <div>455-1830</div> <div></div> </div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>(956)</div> <div>455-1830</div> <div></div> </div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 20px; text-align: center;">03</div> <div style="border-bottom: 1px solid black; width: 20px; text-align: center;">01</div> <div style="border-bottom: 1px solid black; width: 20px; text-align: center;">19</div> </div> </div> <div style="text-align: center; margin: 0 10px;">THROUGH</div> <div> Month Day Year <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 20px; text-align: center;">04</div> <div style="border-bottom: 1px solid black; width: 20px; text-align: center;">03</div> <div style="border-bottom: 1px solid black; width: 20px; text-align: center;">19</div> </div> </div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 20px; text-align: center;">05</div> <div style="border-bottom: 1px solid black; width: 20px; text-align: center;">04</div> <div style="border-bottom: 1px solid black; width: 20px; text-align: center;">19</div> </div> </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special </div> </div>		
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) <div style="text-align: center; margin-top: 20px; font-size: 1.2em;">Mayor</div>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Darla A. Jones

15 Filer ID (Ethics Commission Filers)

16 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

RGVCGG

☐ SPECIFIC

COMMITTEE ADDRESS

P.O. Box 3875
South Padre Island, Tx 78597

COMMITTEE CAMPAIGN TREASURER NAME

George Block

COMMITTEE CAMPAIGN TREASURER ADDRESS

P.O. Box 3875
South Padre Island, Tx 78597

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 11,920.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 11,920.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ 7,525.77

4. TOTAL POLITICAL EXPENDITURES

\$ 7,525.77

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

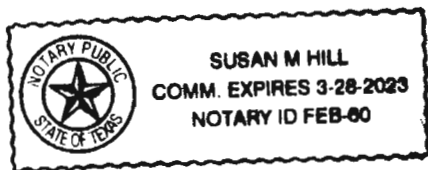
\$ 4,394.23

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 1,000.00

18 AFFIDAVIT



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]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Darla A. Jones, this the 21st
day of April, 20 19, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Susan M. Hill,
Printed name of officer administering oath

City Secy/Notary
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,920.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,525.77
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

148

2 FILER NAME

Darla A. Jones

3 Filer ID (Ethics Commission Filers)

4 Date
3/1/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Robert A. Fudge

7 Amount of contribution (\$)
\$250.00

6 Contributor address;

City; State; Zip Code

5293 Arlington Lane

Traverse City, MI 49685

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
3/1/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Pete J. Scamardo, Jr.

Amount of contribution (\$)
\$1,000.00

Contributor address;

City; State; Zip Code

1230 Drifting Wind Run

Dripping Springs, TX 78620

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/1/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Thomas V. Kolterman

Amount of contribution (\$)
\$1,000.00

Contributor address;

City; State; Zip Code

6919 Congressional Blvd., San Antonio, TX 78244

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/2/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Gardner Treharne

Amount of contribution (\$)
\$100.00

Contributor address;

City; State; Zip Code

P.O. Box 2354

South Padre Island, TX 78597

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 8

2 FILER NAME

Darla A. Jones

3 Filer ID (Ethics Commission Filers)

4 Date
3/2/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

James Patrick Knight

6 Contributor address;

City; State; Zip Code

P.O. Box 2343

South Padre Island, TX 78597

7 Amount of contribution (\$)
\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
3/1/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

John Haywood

Contributor address;

City; State; Zip Code

300 Garcia, #6

Port Isabel, TX 78578

Amount of contribution (\$)
\$1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/6/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Emergence Medicine, PA

Contributor address;

City; State; Zip Code

1902 Pease St., Ste. A, Harlingen, TX 78550

Amount of contribution (\$)
\$1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/6/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Irvine W. Downing, Jr.

Contributor address;

City; State; Zip Code

P.O. Box 2865

South Padre Island, TX 78597

Amount of contribution (\$)
\$75.00

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 8

2 FILER NAME

Darla A. Jones

3 Filer ID (Ethics Commission Filers)

4 Date
3/6/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

David Suissa

7 Amount of contribution (\$)
\$500.00

6 Contributor address;

City; State; Zip Code

P.O. Box 2444

South Padre Island, TX 78597

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
3/4/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Robert L. Carpenter

Amount of contribution (\$)
\$1,000.00

Contributor address;

City; State; Zip Code

P.O. Box 963520

El Paso, TX 79996

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/4/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jay Gardner

Amount of contribution (\$)
\$250.00

Contributor address;

City; State; Zip Code

3922 Sweet Bay Dr., Corpus Christi, TX 78418

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/6/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

P J Curtin

Amount of contribution (\$)
\$400.00

Contributor address;

City; State; Zip Code

1000 Padre Blvd., #1104, South Padre Island, TX 78597

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4 of 8

2 FILER NAME

Darla A. Jones

3 Filer ID (Ethics Commission Filers)

4 Date

3/18/19

5 Full name of contributor

Kate M. Scamardo

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address: City: State: Zip Code

3963 Monteverde Way, San Antonio, TX 78261

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/18/19

Full name of contributor

Carolyn Mezger

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$1,000.00

Contributor address: City: State: Zip Code

300 Bowie St., No. 2104, Austin, TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/18/19

Full name of contributor

Mark Haggemiller

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$250.00

Contributor address: City: State: Zip Code

P.O. Box 3837, South Padre Island, TX 78597

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/18/19

Full name of contributor

Margaret F. Trahan

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

Contributor address: City: State: Zip Code

3000 Gulf Blvd., South Padre Island, TX 78597

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

548

2 FILER NAME

Darla A. Jones

3 Filer ID (Ethics Commission Filers)

4 Date

3/26/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Jackson W. Rainwater III

6 Contributor address: City: State: Zip Code

1010 Hackberry Dr., Weslaco, TX 78596

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/26/19

Full name of contributor

☐ out-of-state PAC (ID#:

Matthew Moreau

Contributor address: City: State: Zip Code

3025 CR 3901, Jacksonville, TX 75766

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/19

Full name of contributor

☐ out-of-state PAC (ID#:

Thomas Scamardo

Contributor address: City: State: Zip Code

1721 E. Beltline Rd., #912, Coppell, TX 75019

Amount of contribution (\$)

\$1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/19

Full name of contributor

☐ out-of-state PAC (ID#:

Linda H. Moon

Contributor address: City: State: Zip Code

400 Padre Blvd., South Padre Island, TX 78597

Amount of contribution (\$)

\$100.00

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **448**

2 FILER NAME

Darla A. Jones

3 Filer ID (Ethics Commission Filers)

4 Date

3/8/19

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Padre Island Brewing Co., Inc.

6 Contributor address:

City: State: Zip Code

P.O. Box 3837, South Padre Island, TX 78597

7 Amount of contribution (\$)

\$200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/7/19

Full name of contributor

☐ out-of-state PAC (ID# _____)

Bill George

Contributor address:

City: State: Zip Code

129-A East Campeche, South Padre Island, TX 78597

Amount of contribution (\$)

\$20.00
Cash

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/26/19

Full name of contributor

☐ out-of-state PAC (ID# _____)

Jason Yetter

Contributor address:

City: State: Zip Code

213 W. Mezquite, South Padre Island, TX 78597

Amount of contribution (\$)

\$100.00
Cash

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/19

Full name of contributor

☐ out-of-state PAC (ID# _____)

Courtney Hayden

Contributor address:

City: State: Zip Code

P.O. Box 3089, South Padre Island, TX 78597

Amount of contribution (\$)

\$100.00

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

748

2 FILER NAME

Darla A. Jones

3 Filer ID (Ethics Commission Filers)

4 Date

3/29/19

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Irvine Downing

6 Contributor address:

City: State: Zip Code

P.O. Box 2865, South Padre Island, TX 78597

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/29/19

Full name of contributor

☐ out-of-state PAC (ID# _____)

Terry J or Corona D. Wolfe

Contributor address:

City: State: Zip Code

15405 9th Ave. N, Plymouth, MN 55447

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/19

Full name of contributor

☐ out-of-state PAC (ID# _____)

James W. Rosa

Contributor address:

City: State: Zip Code

P.O. Box 2341, South Padre Island, TX 78597

Amount of contribution (\$)

\$25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/19

Full name of contributor

☐ out-of-state PAC (ID# _____)

Kay Young Ezell

Contributor address:

City: State: Zip Code

P.O. Box 2035, South Padre Island, TX 78597

Amount of contribution (\$)

\$100.00

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

Page 8

2 FILER NAME

Darla A. Jones

3 Filer ID (Ethics Commission Filers)

4 Date

3/8/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Dan Cocca

7 Amount of contribution (\$)

\$100.00
Cash

6 Contributor address: City: State: Zip Code

3907 Las Palmas Circle, Brownsville, TX 78520

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/1/19

Full name of contributor

☐ out-of-state PAC (ID#:

Troy Giles

Amount of contribution (\$)

\$100.00
Cash

Contributor address: City: State: Zip Code

5813 Padre Blvd., South Padre Island, TX 78597

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address: City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address: City: State: Zip Code

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.

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Darla A. Jones		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 3/1/19	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Darla A. Jones	9 Loan Amount (\$) \$1,000.00
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 110-A E. Mezquite, South Padre Island, TX 78597	10 Interest rate N/A
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	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? Y N	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		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: <i>1 of 4</i>		2 FILER NAME Darla A. Jones		3 Filer ID (Ethics Commission Filers)	
4 Date 3/6/19		5 Payee name Port Isabel South Padre Press			
6 Amount (\$) \$1,242.00		7 Payee address; City; State; Zip Code P.O. Box 308, Port Isabel, TX 78578			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/6/19		Payee name Toucan Graphics			
Amount (\$) \$2,264.59		Payee address; City; State; Zip Code 14725 S. Padre Island, Dr., #4, Corpus Christi, TX 78418			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/6/19		Payee name Port Isabel South Padre Press			
Amount (\$) \$210.00		Payee address; City; State; Zip Code P.O. Box 308, Port Isabel, TX 78578			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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 NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 of 4		2 FILER NAME Darla A. Jones		3 Filer ID (Ethics Commission Filers)	
4 Date 3/7/19		5 Payee name Longboard Bar & Grill			
6 Amount (\$) \$611.05		7 Payee address: City: State: Zip Code P.O. Box 833, Port Isabel, TX 78578			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/11/19		Payee name Port Isabel South Padre Press			
Amount (\$) \$216.00		Payee address: City: State: Zip Code P.O. Box 308, Port Isabel, TX 78578			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/25/19		Payee name Tropical Sunset, LLC			
Amount (\$) \$500.00		Payee address: City: State: Zip Code 104 E. Constellation, South Padre Island, TX 78597			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: <div style="font-size: 1.5em; font-family: cursive;">3044</div>	2 FILER NAME Darla A. Jones	3 Filer ID (Ethics Commission Filers)
4 Date 3/25/19	5 Payee name Port Isabel South Padre Press	
6 Amount (\$) \$499.50	7 Payee address: City: State: Zip Code P.O. Box 308, Port Isabel, TX 78578	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 3/8/19	Candidate / Officeholder name Office sought Office held Padre Island Brewing Co., Inc.	
Amount (\$) \$200.00	Payee address: City: State: Zip Code 3400 Padre Blvd., South Padre Island, TX 78597	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - Reimbursement of Contribution	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 3/29/19	Candidate / Officeholder name Office sought Office held Padre Island Brewing Co., Inc.	
Amount (\$) \$475.00	Payee address: City: State: Zip Code 3400 Padre Blvd., South Padre Island, TX 78597	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: <i>4 of 4</i>	2 FILER NAME Darla A. Jones	3 Filer ID (Ethics Commission Filers)
4 Date 4/1/19	5 Payee name Toucan Graphics	
6 Amount (\$) \$1,098.74	7 Payee address. City: State: Zip Code 14725 S. Padre Island, Dr., #4, Corpus Christi, TX 78418	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<div style="display: flex; justify-content: space-between;"> <div>9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>	
Date 4/1/19	Payee name McCoy's Building Supply	
Amount (\$) \$158.89	Payee address: City: State: Zip Code 5500 South Padre Blvd., Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - Supplies for Signs	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>	
Date 4/2/19	Payee name Tom & Jerry's Beach Club	
Amount (\$) \$50.00	Payee address: City: State: Zip Code 3212 Padre Blvd., South Padre Island, TX 78597	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>	

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