CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	**2** Total pages filed:

OFFICE USE ONLY

Date Received

Date Filed 10-27-26

Date Hand-delivered or Date Postmarked

Rebecca Huerta
City Secretary

Receipt # Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr. | FIRST: Robert | MI: A.

NICKNAME | LAST: Rocha | SUFFIX

4 ORIGINAL REPORT TYPE

- ☐ January 15
- ☐ July 15
- ☐ 30th day before election
- ☑ 8th day before election
- ☐ Runoff
- ☐ Exceeded modified reporting limit
- ☐ 15th day after treasurer appointment (officeholder only)
- ☐ Final report
- Other (specify)

5 ORIGINAL PERIOD COVERED

Month Day Year: 9 / 25 / 26 THROUGH Month Day Year: 10 / 24 / 26

6 EXPLANATION OF CORRECTION

Line 5- Contribution Balance = $ 37,425.37

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☐ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepre-sent the information contained in the report.
- ☑ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Robert A Rocha
Signature of Candidate/Officeholder

MARIAH H RESENDEZ
Notary Public, State of Texas
My Commission Expires
April 14, 2030
NOTARY ID 133689757

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Robert Rocha this the 27th day of October, 2026, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Mariah Resendez — Printed name of officer administering oath | Notary Public — 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 _____ (month), 20_____ (year).

_____
Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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:

OFFICE USE ONLY

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Date Filed 10-27-26

Rebecca Huerta
City Secretary

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr. | FIRST: Robert | MI: A.

NICKNAME | LAST: Rocha | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

5922 Woodmere Dr.
Corpus Christi, TX 78414

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(361) 774-9774

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mrs. | FIRST: Virginia | MI

NICKNAME: Rosie | LAST: Collin | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

5922 Woodmere
Corpus Christi TX 78414

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(361) 695-5123

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15 ☑ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month | Day | Year: 9 / 25 / 26 THROUGH 10 / 24 / 26

11 ELECTION

ELECTION DATE — Month | Day | Year: 11 / 3 / 26

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

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: ☑ GENERAL ☐ SPECIFIC

COMMITTEE NAME: Coastal Bend Coalition

COMMITTEE ADDRESS: 3636 S. Alameda, Suite B #220 CC TX 78411

COMMITTEE CAMPAIGN TREASURER NAME: Olga Kvach

COMMITTEE CAMPAIGN TREASURER ADDRESS: 14493 S. Padre Island Drive CC TX 78418

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	**16** Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 21,615.40
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 2,502.26
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 37,425.37
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

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.

Robert S Rocha

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

MARIAH H RESENDEZ
Notary Public, State of Texas
My Commission Expires
April 14, 2030
NOTARY ID 133689757

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Robert Rocha this the 27th day of October, 20 26 to certify which, witness my hand and seal of office.

Mariah Resendez — Notary Public

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)