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:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: JEN | MI

NICKNAME | LAST: ALLENDE | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE: 1602 AYERS CORPUS CHRISTI TX 78404

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (361) | PHONE NUMBER: 402-9550 | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: JOE | MI

NICKNAME | LAST: KRAMER | SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; | STATE; | ZIP CODE: 6342 HAWICK DR CORPUS CHRISTI 78417

8 CAMPAIGN TREASURER PHONE

AREA CODE: (361) | PHONE NUMBER: 960-1081 | EXTENSION

OFFICE USE ONLY

Date Received

Date Filed 10·26·26

for

Rebecca Huerta

City Secretary

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

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: 09 / 25 / 26 THROUGH 10 / 25 / 26

11 ELECTION

ELECTION DATE: Month / Day / Year: 11 / 03 / 26

ELECTION TYPE:

- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ■ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known): CORPUS CHRISTI CITY COUNCIL D-2

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

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

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

17 CONTRIBUTION TOTALS	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)	$ 3,215.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 2,803.65
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 10,049.40
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 15,000.00

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
	Mariah Resendez	Notary Public

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	20 Filer ID (Ethics Commission Filers)
JEN ALLENDE	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 3,215.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0
4.	SCHEDULE E: LOANS	$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 2,803.65
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0

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 this form.

1 Total pages Schedule A1: 1

2 FILER NAME
JEN ALLENDE

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor out-of-state PAC (ID#:_____) SEE ATTACHED **6** Contributor address; City; State; Zip Code	**7** Amount of contribution ($)
8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)	

Date	Full name of contributor out-of-state PAC (ID#:_____) Contributor address; City; State; Zip Code	Amount of contribution ($)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor out-of-state PAC (ID#:_____) Contributor address; City; State; Zip Code	Amount of contribution ($)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor out-of-state PAC (ID#:_____) Contributor address; City; State; Zip Code	Amount of contribution ($)
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.

CONTRIBUTIONS

Jen Allende | Corpus Christi City Council District 2 | Sep 25 - Oct 24, 2026

Date received	Contributor name	Contributor mailing address	Amount ($)
10/06/2026	S. Preston Douglass Jr.	[redacted] PORT ARANSAS 78373	2500.00
10/20/2026	Javid Motaghi	[redacted] CORPUS CHRISTI TX 78404	100.00
10/22/2026	Art Guard	[redacted] CORPUS CHRISTI TX 78401	350.00
10/22/2026	Patricia Adams	[redacted] ORANGE GROVE TX 78372	100.00
10/22/2026	Ruth Trevino	[redacted] CORPUS CHRISTI TX 78416	30.00
10/22/2026	Cecilia Cruz	[redacted] CORPUS CHRISTI TX 78404	10.00
10/22/2026	Rosemary Evans	[redacted] CORPUS CHRISTI TX 78412	5.00
10/23/2026	Criselda Castillo	[redacted] CORPUS CHRISTI TX 78412	20.00
10/23/2026	Deborah Hammond	[redacted] CORPUS CHRISTI TX 78404	100.00

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 JEN Allende	**3** Filer ID (Ethics Commission Filers)
4 Date	**5** Payee name	
6 Amount ($)	**7** Payee address; City; State; Zip Code Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule)	**(b)** Description
	(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

Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code Check if individual's residence address.	
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 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 Check if individual's residence address.	
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 expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES

Jen Allende | Corpus Christi City Council District 2 | Sep 25 - Oct 24, 2026

Date	Payee / recipient	Mailing address	Amount ($)	Purpose / category
10/11	Radio /Marketing LOPEZ BOARDCASTING	2209 N.SPID CORPUS CHRISTI TX 78408	500.00	MEDIA
10/08	Mr. Lopez - radio	2209 N.SPID CORPUS CHRISTI TX 78408	40.00	MEDIA
10/08	V.A EVENT DONATION	12030 LEPORARD ST CORPUS CHRISTI TX 78410	65.00	CONTRIBUTION
10/09	TARGET	5425 SOID CORPUS CHRISTI TX 78411	24.00	SUPPLIES
10/13	JOSH HATLEY PHOTOGRAPHY	7101 FORT COLLINS DRIVE	950.00	MEDIA
10/13	WALMART	4109 S STAPLES CORPUS CHROST TX 78411	50.00	EVENT
10/13	St. John Baptist VENDOR COST	5445 GREENWOOD CORPUS CHRISTI TX 78417	101.00	VENDOR/COST
10/13	HOME DEPOT	5041 S. STAPLES CORPUS CHRISTI TX 78411	200.00	SUPPLIES
10/14	GULF COAST MAILING SERVIES	6901 SPID CORPUS CHRISTI 78411	60.00	MAILING CARDS
10/14	HOME DEPOT	5041 S. STAPLES CORPUS CHRISTI TX 78411	72.94	SUPPLIES
10/15	CANVA	3212 E CESAR CHAVEZ ST BUILDING 1 SUITE 1300	70.00	SIGNS
10/15	GATE'S DONUTS	4417 S ALEMEDA ST CORPUS CHRISTI TX 78411	15.00	MEET/GREET
10/16	NINJA TRANSFERS	2727 COMMERENCE WAY SUITE 101	300.00	PUSH CARDS
10/19	GATE'S DONUTS	4417 S ALEMEDA ST CORPUS CHRISTI TX 78411	11.46	MEET/GREET
10/21	MY FAVORITE MUFFINS	3264 ALEMEDA CORPUS CHRISTI 78404	14.20	MEET /GREET
10/21	V/A RAFFLE TICKETS	12030 LEPORD ST CORPUS CHRISTI 78410	23.82	D/O
10/21	LOWES	1530 ARLINE RD CORPUS CHRISTI 78411	50.00	SCREWS WASHERS ECT
10/22	HEB	4320 S ALEMEDA CORPUS CHRISTI 78412	48.05	STAMPS
10/22	Ali's Cafe	2929 NORTON ST CORPUS CHRISTI TX 78415	42.62	VOLUNTEER LUNCH
10/22	Herrejon's Bakery	3829 CROSSWAY EXPRESS CORPUS CHRISTI TX 78416	15.92	MEET GREET
10/23	Mochi Cafe	6181 SARATOGA CORPUS CHRISTI TX 78414	4.60	MEET GREET
10/23	LOWES	1530 ARLINE RD CORPUS CHRISTI 78411	100.00	STAKES
10/23	DOLLAR TREE	3217 S ALAMEDA CORPUS CHRISTI TX 78404	5.00	RUBBER BANDS
10/24	CANVA	3212 E CESAR CHAVEZ ST BUILDING 1 SUITE 1300	35.04	CARDS