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

Date Received

Date Filed 10-26-26

SMP for
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: David | MI:

NICKNAME | LAST: Peña | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

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

1612 Meadowheights Dr.
Corpus Christi, TX 78414

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(361) 765-0388

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Ms. | FIRST: Marielena | MI:

NICKNAME: Mari | LAST: Marlow | SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

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

1412 Airline Rd.
Corpus Christi, TX 78412

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(361) 834-7342

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 / 2026 THROUGH Month | Day | Year: 10 / 24 / 2026

11 ELECTION

ELECTION DATE: Month | Day | Year: 11 / 03 / 2026

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

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known): City Council District 5

14 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.

☐ Additional Pages

COMMITTEE TYPE
☑ GENERAL
☐ SPECIFIC

COMMITTEE NAME: Coastal Bend Coalition

COMMITTEE ADDRESS: 3636 S. Alameda Ste. B #220 Corpus Christi, TX 78411

COMMITTEE CAMPAIGN TREASURER NAME: Olga Kvach

COMMITTEE CAMPAIGN TREASURER ADDRESS: 14493 S. Padre Island Dr. Ste A. PMB 281, Corpus Christi, 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)	$ 12050.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 11588.44
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 16220.80
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.

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 David Peña 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 _____ (month), 20_____ (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)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☑	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 11550.00
2.	☑	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 500.00
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐	SCHEDULE E: LOANS	$
5.	☑	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 11588.44
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
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 this form.

1 Total pages Schedule A1: Itemized

2 FILER NAME David Peña

3 Filer ID (Ethics Commission Filers)

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

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.

2026	David Peña Campaign Fund **Monetary Political Contributions (Schedule A1)**					
Contributer	**Amount**	**Date**	**Address**	**City**	**State**	**Zip**
Corpus Christi Professional Fire Fighters Association	2500.00	9/29/2026	[redacted]	Corpus Christi	TX	78415
Mitchell Engle	500.00	10/4/2026		Corpus Christi	TX	78414
Edward Martin	100.00	10/4/2026		Corpus Christi	TX	78414
Ram Munoz	1000.00	10/6/2026		Corpus Christi	TX	78413
Leah Pagan Olivarri	1000.00	10/7/2026		Corpus Christi	TX	78466
Michelle Nichols	250.00	10/8/2026		Corpus Christi	TX	78418
Christopher Clark	500.00	10/7/2026		Corpus Christi	TX	78408
Al Jones	1000.00	10/6/2026		Corpus Christi	TX	78411
Corpus Christi Police Officers Association	1000.00	10/7/2026		Corpus Christi	TX	78408
Fred Braselton	500.00	9/28/2026		Corpus Christi	TX	78413
TREPAC-Texas Realtors PAC	1500.00	10/16/2026		Austin	TX	78768
Corpus Christi Police Officers Association	1500.00	10/21/2026		Corpus Christi	TX	78408
Cindy Barrera	200.00	10/23/2026		Corpus Christi	TX	78414
Total To Date	11550.00					

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: Itemized
2 FILER NAME David Peña	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____) **7** Contributor address; City; State; Zip Code	**8** Amount of Contribution $	**9** In-kind contribution description ☐ Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		**11** Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		**13** Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) Contributor address; City; State; Zip Code	Amount of Contribution $	In-kind contribution description ☐ Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm 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.

2026	David Peña Campaign Fund			
	In Kind Contributors (Schedule A2)			
Lender	**Amount**	**Date**	**Description**	**Address**
Melody Cooper	500.00	10/16/2026	Meet and Greet	[redacted] Corpus Christi TX 78414
Total To Date	500.00			

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: Itemized	**2** FILER NAME David Peña	**3** Filer ID (Ethics Commission Filers)
4 Date	**5** Payee name	
6 Amount ($)	**7** Payee address; City; State; Zip Code	
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	
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	
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

2026	David Peña Campaign Fund			
	Vendor Expenses (Schedule F1)			
Expenses	**Amount**	**Date**	**Category/Purpose**	**Address**
Texas Food Championships	358.93	9/25/2026	Campaign Expense-Advertising	602 S Shoreline Blvd. Corpus Christi, TX 78401
Lowe's	170.43	9/25/2026	Campaign Expense-Campaign Supplies	1530 Airline Rd. Corpus Christi, TX 78412
Sal's Bronx Pizza	378.88	9/25/2026	Campaign Expense-Meet and Greet	5922 Yorktown Blvd. Ste 106 Corpus Christi, TX 78414
Olive Branch Consulting	1000.00	10/5/2026	Camapign Expense-Consulting	15450 Cruiser St Unit A, Corpus Christi, TX 78418
Snowie Bus	760.95	1013/2026	Campaign Expense-Meet and Greet	6238 St. Denis Park Corpus Christi TX 78414
Neely's Printing	541.25	10/13/2026	Campaign Expense-Printing Expense	1011 Louisiana Ave. Corpus Christi TX 78404
London Business Association	200.00	10/15/2026	Campaign Expense-Membership	2301 Airline Rd. Ste 209, Corpus Christi TX 78414
Gulf Coast Mailing Services	1081.92	10/16/2026	Campaign Expense-Mailers	6901 S. Padre Island Dr. Corpus Christi, TX 78412
Stingers Coffee	38.90	10/16/2026	Campaign Expense-Meet and Greet	7042 S. Staples Suite 106 Corpus Christi, TX 78413
S&S Active Wear	92.05	10/16/2025	Campaign Expense-Campaign Supplies	220 Remington Blvd. Bolingbrook, IL 60440
Coastal Media	2500.00	10/16/2026	Campaign Expense-Consulting	7405 Lake Superior Corpus Christi, TX 78413
Neely's Printing	101.48	10/19/2026	Campaign Expense-Printing Expense	1011 Louisiana Ave. Corpus Christi TX 78404
B By The Bay	122.72	10/19/2026	Campaign Expense-Printing Expense	4307 S Port Ave. Corpus Christi, TX 78415
Campaign Staffing	2000.00	10/20/2026	Campaign Expense-Early Voting Poll Workers	1412 Airline Rd. Corpus Christi, TX 78412
Olive Branch Consulting	1460.93	10/23/2026	Campaign Expense-Advertising	15450 Cruiser St Unit A, Corpus Christi, TX 78418
Olive Branch Consulting	780.00	10/23/2026	Campaign Expense-Advertising	15450 Cruiser St Unit A, Corpus Christi, TX 78418
Total To Date	11588.44			