

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="text-align: center; font-size: 24px;">2</div>																				
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 8px;">MS / MRS / MR</td> <td style="width:40%; font-size: 8px;">FIRST <div style="text-align: center; font-size: 24px;">Patricia</div></td> <td style="width:10%; font-size: 8px;">MI <div style="text-align: center; font-size: 24px;">K</div></td> </tr> <tr> <td style="border-top: 1px dotted black; font-size: 8px;">NICKNAME</td> <td style="border-top: 1px dotted black; font-size: 8px;">LAST <div style="text-align: center; font-size: 24px;">Allen</div></td> <td style="border-top: 1px dotted black; font-size: 8px;">SUFFIX</td> </tr> </table>	MS / MRS / MR	FIRST <div style="text-align: center; font-size: 24px;">Patricia</div>	MI <div style="text-align: center; font-size: 24px;">K</div>	NICKNAME	LAST <div style="text-align: center; font-size: 24px;">Allen</div>	SUFFIX	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</th> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Received</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 20px; font-size: 24px;">JAN 08 2026</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Hand-delivered or Date Postmarked</td> </tr> <tr> <td style="width:50%; padding: 5px;">Receipt #</td> <td style="width:50%; padding: 5px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Imaged</td> </tr> </table>		OFFICE USE ONLY		Date Received		JAN 08 2026		Date Hand-delivered or Date Postmarked		Receipt #	Amount \$	Date Processed		Date Imaged	
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12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)																					
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: 8px; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">COMMITTEE TYPE</td> <td style="font-size: 8px;">COMMITTEE NAME</td> </tr> <tr> <td style="font-size: 8px;"><input type="checkbox"/> GENERAL</td> <td style="font-size: 8px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="font-size: 8px;"><input type="checkbox"/> SPECIFIC</td> <td style="font-size: 8px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="font-size: 8px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS												
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GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Patricia K. Allen **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)	\$ <u>Ø</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>Ø</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>Ø</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>Ø</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>Ø</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

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.

Dr. Patricia K. Allen
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, 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

OR

(2) Unsworn Declaration

My name is Patricia Kay Allen, and my date of birth is 09-11-1958.
My address is 5122 Stuyvesant Houston, Houston, Texas 77021, USA.
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of Texas, on the 8th day of January, 2026.
(month) (year)

Dr. Patricia K. Allen
Signature of Candidate/Officeholder (Declarant)