

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 Files)

2 Total pages filed

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST PEDRO	MI	OFFICE USE ONLY			
	NICKNAME:	LAST VALENCIA	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS (NO BOX)	APT / SUITE #	CITY	STATE	ZIP CODE	JAN 14 2026 RVD	
	14019 SOUTHWEST FWY STE 301-237 SUGAR LAND, TX 77478						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (281)	PHONE NUMBER 410-1308	EXTENSION			Data Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST HECTOR	MI	Receipt # Amount \$			
	NICKNAME:	LAST GUZMAN	SUFFIX	Data Processed			
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY	STATE	ZIP CODE	Data Imaged	
	600 E. MEDICAL CENTER APT. W404 WEBSTER, TX 77598						
8 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 998-1137	EXTENSION				
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input type="checkbox"/> July 15	<input type="checkbox"/> 6th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month 12	Day 8	Year 25	THROUGH	Month 12	Day 31	Year 26
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month 3	Day 3	Year 26	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
				<input type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) FORT BEND COUNTY TREASURER			
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	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					
	<input type="checkbox"/> GENERAL	PEDRO FOR FORT BEND					
	<input checked="" type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS					
		14019 SOUTHWEST FWY. STE 301-237 SUGAR LAND, TX 77478					
	COMMITTEE CAMPAIGN TREASURER NAME						
	HECTOR GUZMAN						
	COMMITTEE CAMPAIGN TREASURER ADDRESS						
	600 E. MEDICAL CENTER APT W404 WEBSTER, TX 77598						

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
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15 C/OH NAME PEDRO VALENCIA		16 Filer ID (Ethics Commission Filer)	
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)	\$	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$	3,872.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	5,000.00

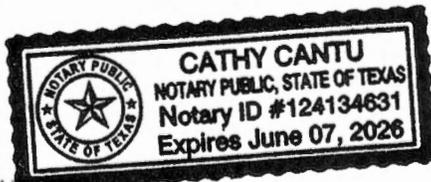
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP

Sworn to and subscribed before me by Pedro Valencia this the 14 day of January

20 26, to certify which, witness my hand and seal of office.

Cathy P. Cantu Cathy P. Cantu Notary
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)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME PEDRO VALENCIA		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	■ SCHEDULE E: LOANS	\$ 5,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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	\$ 3,872.30
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	\$

LOANS

SCHEDULE E

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 E: 1
2 FILER NAME PEDRO VALENCIA		3 Filer ID (Ethics Commission Filer)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12/08/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) PEDRO VALENCIA	9 Loan Amount (\$) 5,000.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address, City, State, Zip Code 225 MATLAGE WAY STE 1012 SUGAR LAND, TX 77487	10 Interest rate 0.00
		11 Maturity date
12 Principal occupation / Job title (See instructions) ENTREPRENEUR		13 Employer (See instructions) SELF
14 Description of Collateral • none		15 Check if personal funds were deposited into political account (See instructions)
16 GUARANTOR INFORMATION • not applicable	17 Name of guarantor 18 Guarantor address, City, State, Zip Code	19 Amount Guaranteed (\$)
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? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address, City, State, Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See instructions)		Employer (See instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor Guarantor address, City, State, Zip Code	Amount Guaranteed (\$)
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 PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The instruction Guide explains how to complete this form.

1 Total pages Schedule G	2 FILER NAME PEDRO VALENCIA	3 Filer ID (Ethics Commission Filers)
4 Date 12/19/2025	5 Payee name BEST NAME BADGES	
6 Amount (\$) 53.17 <small>Reimbursement from political contributions intended</small>	7 Payee address; 1700 NW 65TH AVE, SUITE 4	City; State; Zip Code PLANTATION FL 33313
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description NAME BADGES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expenses	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/31/2025	Payee name BEST NAME BADGES	
Amount (\$) 34.17 <small>Reimbursement from political contributions intended</small>	Payee address; 1700 NW 65TH AVE, SUITE 4	City; State; Zip Code PLANTATION FL 33313
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description NAME BADGES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expenses	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/17/2025	Payee name SG HOSTING INC	
Amount (\$) 49.96 <small>Reimbursement from political contributions intended</small>	Payee address; 700 N. FAIRFAX ST, SUITE 614	City; State; Zip Code ALEXANDRIA VA 22314
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description WEBSITE/EMAIL
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expenses	
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 PERSONAL FUNDS

SCHEDULE **G**

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/Officer/holder/Political Committee Debit Card/Payment	Event Expense Fees Food/Beverage Expense Gifts/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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME PEDRO VALENCIA	3 Filer ID (Ethics Commission Filers)
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4 Date 12/30/2025	5 Payee name ALLIED SIGNS
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6 Amount (\$) 985.00 <small>Reimbursement from political contributions intended</small>	7 Payee address: 6820 HARWIN DR	City: HOUSTON	State: TX	Zip Code 77036
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description FLYERS, YARD SIGNS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I	<input type="checkbox"/> Check if Austin, TX, off/holder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officer/holder name	Office sought	Office held
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Date 12/15/2025	Payee name FORT BEND DEMOCRATIC PARTY
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Amount (\$) 1,500.00 <small>Reimbursement from political contributions intended</small>	Payee address: 13515 SOUTHWEST FWY STE 204	City: SUGAR LAND	State: TX	Zip Code 77478
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description MAILERS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I	<input type="checkbox"/> Check if Austin, TX, off/holder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officer/holder name	Office sought	Office held
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Date 12/08/2025	Payee name FORT BEND DEMOCRATIC PARTY
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Amount (\$) 1,250.00 <small>Reimbursement from political contributions intended</small>	Payee address: 13515 SOUTHWEST FWY STE 204	City: SUGAR LAND	State: TX	Zip Code 77478
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description CANDIDATE FILING FEE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I	<input type="checkbox"/> Check if Austin, TX, off/holder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officer/holder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED