

# 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

MI

Mr.

Pedro

NICKNAME

LAST

SUFFIX

Valencia

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

225 Matlage Way Ste 1012

Sugar Land TX 77487

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 281 )

410-1308

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mr.

Hector

NICKNAME

LAST

SUFFIX

Guzman

7 CAMPAIGN TREASURER ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

600 E. Medical Center Apt. W404

Webster

TX

77598

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 713 )

998-1137

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

Month

Day

Year

12 / 08 / 2025

THROUGH

12 / 31 / 2026

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 03 / 2026

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Fort Bend County Treasurer

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.

COMMITTEE TYPE

COMMITTEE NAME  
Pedro for Fort Bend

Additional Pages

GENERAL

COMMITTEE ADDRESS

225 Matlage Way Ste 1012 Sugar Land, TX 77487

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

Hector Guzman

COMMITTEE CAMPAIGN TREASURER ADDRESS

600 E. Medical Center Apt. W404 Webster, TX 77598

**OFFICE USE ONLY**

Date Received

MAR 31 2025 RCUD

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

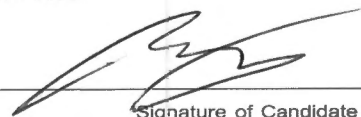
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

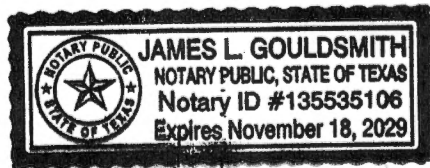
|                                       |   |   |
|---------------------------------------|---|---|
| <b>15 C/OH NAME</b><br>Pedro Valencia |   | <b>16 Filer ID (Ethics Commission Filers)</b> |
| <b>17 CONTRIBUTION TOTALS</b>         | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$  |
|                                       | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 540.00                                     |
| <b>EXPENDITURE TOTALS</b>             | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$  |
|                                       | 4. TOTAL POLITICAL EXPENDITURES   | \$ 4,252.13                                   |
| <b>CONTRIBUTION BALANCE</b>           | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 540.00                                     |
| <b>OUTSTANDING LOAN TOTALS</b>        | 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 / SEAL

Sworn to and subscribed before me by Pedro Valencia this the 31 day of MARCH, 2026, to certify which, witness my hand and seal of office.

[Signature] Printed-name of officer administering oath James L Gouldsmith Title of officer administering oath 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

|  |   |   |
|--|---|---|
| <b>19 FILER NAME</b><br>Pedro Valencia           |   | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                            |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 540.00                                     |
| 2.   | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$  |
| 3.   | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.   | <input checked="" type="checkbox"/> SCHEDULE E: LOANS   | \$ 5000.00                                    |
| 5.   | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$  |
| 6.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 7.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$  |
| 8.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$  |
| 9.   | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS             | \$ 4,252.13                                   |
| 10.  | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$  |
| 11.  | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$  |
| 12.  | <input type="checkbox"/> 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:                          |
| 2 FILER NAME<br>Pedro Valencia  |   | 3 Filer ID (Ethics Commission Filers)               |
| 4 Date  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Tonia Howze</b>         | 7 Amount of contribution (\$)                       |
| 01/03/2026  | 6 Contributor address; City; State; Zip Code<br>2905 Sandcove Ct League City TX 77573                           | \$25.00   |
| 8 Principal occupation / Job title (See Instructions)<br>Regional Director  |   | 9 Employer (See Instructions)<br>USAF               |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Fernando Arriaga</b>      | Amount of contribution (\$)                         |
| 01/29/2026  | Contributor address; City; State; Zip Code<br>14501 Garber Ln Houston TX 77015                                  | \$50.00   |
| Principal occupation / Job title (See Instructions)<br>Diesel Technician  |   | Employer (See Instructions)<br>Ruan Transportation  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jefferson Desiqueira</b>  | Amount of contribution (\$)                         |
| 01/29/2026  | Contributor address; City; State; Zip Code<br>3218 Maxroy St Houston TX 77008                                   | \$50.00   |
| Principal occupation / Job title (See Instructions)<br>Driver   |   | Employer (See Instructions)<br>Uber                 |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Grace Guillen-Trevino</b> | Amount of contribution (\$)                         |
| 01/29/2026  | Contributor address; City; State; Zip Code<br>4606 Verbena Valley Spring TX 77388                               | \$20.00   |
| Principal occupation / Job title (See Instructions)<br>Realtor  |   | Employer (See Instructions)<br>Guillen Realty Group |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |   |   |

# 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:                     |
| 2 FILER NAME<br>Pedro Valencia  |   | 3 Filer ID (Ethics Commission Filers)<br>.     |
| 4 Date  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dinah Smiley     | 7 Amount of contribution (\$)                  |
| 01/29/2026  | 6 Contributor address; City; State; Zip Code<br>2252 Millville Rd Chesapeake VA 23323                 | \$50.00  |
| 8 Principal occupation / Job title (See Instructions)<br>IT   |   | 9 Employer (See Instructions)<br>Odyssey       |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gloria Alcalá      | Amount of contribution (\$)                    |
| 01/29/2026  | Contributor address; City; State; Zip Code<br>7546 Imogene St Houston TX 77074                        | \$50.00  |
| Principal occupation / Job title (See Instructions)<br>Lending Assistant  |   | Employer (See Instructions)<br>Bank of Houston |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Priscilla Cardenas | Amount of contribution (\$)                    |
| 01/29/2026  | Contributor address; City; State; Zip Code<br>12830 Madison Boulder Ln Humble TX 77346                | \$50.00  |
| Principal occupation / Job title (See Instructions)<br>RN   |   | Employer (See Instructions)<br>MD Anderson     |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Monica Torres      | Amount of contribution (\$)                    |
| 01/29/2026  | Contributor address; City; State; Zip Code<br>8206 Golden Shiner Court Richmond TX 77469              | \$50.00  |
| Principal occupation / Job title (See Instructions)<br>Not Employed   |   | Employer (See Instructions)<br>Not Employed    |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |   |  |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|  |  |                               |  |                                       |  |
|--|--|-------------------------------|--|---------------------------------------|--|
| The Instruction Guide explains how to complete this form.  |  |                               |  | 1 Total pages Schedule A1:            |  |
| 2 FILER NAME<br>Pedro Valencia   |  |                               |  | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gloria Villarreal | 7 Amount of contribution (\$) |  |                                       |  |
|  | 6 Contributor address; City; State; Zip Code<br>5755 Turtle Creek Rd Houston TX 77017                  | \$20.00                       |  |                                       |  |
| 8 Principal occupation / Job title (See Instructions)<br>Logistics Cordinator  |  |                               | 9 Employer (See Instructions)<br>SEIU TX       |                                       |  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Thomas McCay        | Amount of contribution (\$)   |  |                                       |  |
|  | Contributor address; City; State; Zip Code<br>5522 Regal Landing Dr Houston TX 77345                   | \$25.00                       |  |                                       |  |
| Principal occupation / Job title (See Instructions)<br>Not Employed  |  |                               | Employer (See Instructions)<br>Not Employed    |                                       |  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Marlene Navarro     | Amount of contribution (\$)   |  |                                       |  |
|  | Contributor address; City; State; Zip Code<br>5335 Elderberry Arbor Richmond TX 77407                  | \$50.00                       |  |                                       |  |
| Principal occupation / Job title (See Instructions)<br>Unknown   |  |                               | Employer (See Instructions)<br>HMH             |                                       |  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Esteban Rodriguez   | Amount of contribution (\$)   |  |                                       |  |
|  | Contributor address; City; State; Zip Code<br>11211 Cactus Valley Houston TX 77089                     | \$100.00                      |  |                                       |  |
| Principal occupation / Job title (See Instructions)<br>RN  |  |                               | Employer (See Instructions)<br>Memorial Herman |                                       |  |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |  |                               |  |                                       |  |

# 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         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|  |   |  |   |  |                            |
|--|---|--|---|--|----------------------------|
| <b>1</b> Total pages Schedule G:   |   | <b>2</b> FILER NAME<br><b>Pedro Valencia</b>   |   | <b>3</b> Filer ID (Ethics Commission Filers) |                            |
| <b>4</b> Date<br><b>12/08/2025</b>   |   | <b>5</b> Payee name<br><b>Fort Bend Democratic Party</b>   |   |  |                            |
| <b>6</b> Amount (\$)<br><b>\$1,250.00</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended |   | <b>7</b> Payee address;<br><b>13515 Southwest Fwy Ste 204</b><br><input type="checkbox"/> Check if individual's residence address. |   | <b>City;</b><br><b>Sugar Land</b>            | <b>State;</b><br><b>TX</b> |
|  |   |  |   | <b>Zip Code</b><br><b>77478</b>              |                            |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>  | <b>(a) Category</b> (See Categories listed at the top of this schedule)<br><b>Fees</b>            |  | <b>(b) Description</b><br><b>Candidate Filing Fee</b>                     |  |                            |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                   |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                            |
| <b>9</b><br>Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |   | <b>Candidate / Officeholder name</b>   |   | <b>Office sought</b>                         |                            |
|  |   |  |   | <b>Office held</b>                           |                            |
| <b>Date</b><br><b>12/15/2025</b>   |   | <b>Payee name</b><br><b>Fort Bend Democratic Party</b>   |   |  |                            |
| <b>Amount (\$)</b><br><b>\$1,500.00</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended   |   | <b>Payee address;</b><br><b>13515 Southwest Fwy Ste 204</b><br><input type="checkbox"/> Check if individual's residence address.   |   | <b>City;</b><br><b>Sugar Land</b>            | <b>State;</b><br><b>TX</b> |
|  |   |  |   | <b>Zip Code</b><br><b>77478</b>              |                            |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>Category</b> (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b> |  | <b>Description</b><br><b>Mailers</b>                                      |  |                            |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                   |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                            |
| <b>Complete ONLY if direct expenditure to benefit C/OH</b>   |   | <b>Candidate / Officeholder name</b>   |   | <b>Office sought</b>                         |                            |
|  |   |  |   | <b>Office held</b>                           |                            |
| <b>Date</b><br><b>12/30/2025</b>   |   | <b>Payee name</b><br><b>Allied Signs</b>   |   |  |                            |
| <b>Amount (\$)</b><br><b>\$985.00</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended     |   | <b>Payee address;</b><br><b>6820 Harwin Dr</b><br><input type="checkbox"/> Check if individual's residence address.                |   | <b>City;</b><br><b>Houston</b>               | <b>State;</b><br><b>TX</b> |
|  |   |  |   | <b>Zip Code</b><br><b>77036</b>              |                            |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>Category</b> (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b> |  | <b>Description</b><br><b>Flyers, Yard Signs</b>                           |  |                            |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                   |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                            |
| <b>Complete ONLY if direct expenditure to benefit C/OH</b>   |   | <b>Candidate / Officeholder name</b>   |   | <b>Office sought</b>                         |                            |
|  |   |  |   | <b>Office held</b>                           |                            |

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

The Instruction Guide explains how to complete this form.

|   |  |   |  |   |                            |
|---|--|---|--|---|----------------------------|
| <b>1</b> Total pages Schedule G:  |  | <b>2</b> FILER NAME<br><b>Pedro Valencia</b>  |  | <b>3</b> Filer ID (Ethics Commission Filers)                              |                            |
| <b>4</b> Date<br><b>12/17/2025</b>  |  | <b>5</b> Payee name<br><b>SG HOSTING INC</b>  |  |   |                            |
| <b>6</b> Amount (\$)<br><b>\$49.96</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended |  | <b>7</b> Payee address:<br><b>700 N. Fairfax St, Suite 614</b>  |  | <b>City;</b><br><b>Alexandria</b>   | <b>State;</b><br><b>VA</b> |
|   |  |   |  | <b>Zip Code</b><br><b>22314</b>   |                            |
| <b>8</b> <b>PURPOSE OF EXPENDITURE</b>  |  | <b>(a) Category</b> (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b> |  | <b>(b) Description</b><br><b>Website / Email</b>                          |                            |
|   |  | <input type="checkbox"/> Check if individual's residence address.                                     |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                            |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought   |                            |
|   |  |   |  | Office held   |                            |
| <b>Date</b><br><b>12/31/2025</b>  |  | <b>Payee name</b><br><b>Best Name Badges</b>  |  |   |                            |
| <b>Amount (\$)</b><br><b>\$34.17</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended   |  | <b>Payee address;</b><br><b>1700 NW 65th Ave, Suite 4</b>   |  | <b>City;</b><br><b>Plantation</b>   | <b>State;</b><br><b>FL</b> |
|   |  |   |  | <b>Zip Code</b><br><b>33313</b>   |                            |
| <b>PURPOSE OF EXPENDITURE</b>   |  | <b>Category</b> (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>     |  | <b>Description</b><br><b>Name Badges</b>                                  |                            |
|   |  | <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.                       |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                            |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought   |                            |
|   |  |   |  | Office held   |                            |
| <b>Date</b><br><b>12/19/2025</b>  |  | <b>Payee name</b><br><b>Best Name Badges</b>  |  |   |                            |
| <b>Amount (\$)</b><br><b>\$53.17</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended   |  | <b>Payee address;</b><br><b>1700 NW 65th Ave, Suite 4</b>   |  | <b>City;</b><br><b>Plantation</b>   | <b>State;</b><br><b>FL</b> |
|   |  |   |  | <b>Zip Code</b><br><b>33313</b>   |                            |
| <b>PURPOSE OF EXPENDITURE</b>   |  | <b>Category</b> (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>     |  | <b>Description</b><br><b>Name Badges</b>                                  |                            |
|   |  | <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.                       |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                            |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought   |                            |
|   |  |   |  | Office held   |                            |

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# 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/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.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule G:   | <b>2</b> FILER NAME<br><b>Pedro Valencia</b>   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br><b>02/03/2026</b>   | <b>5</b> Payee name<br><b>United States Postal Service</b>   |  |
| <b>6</b> Amount (\$)<br><b>\$305.17</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br><b>225 Matlage Way Ste Sugar Land TX 77487</b><br><input type="checkbox"/> Check if individual's residence address. |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>  | <b>(b)</b> Description<br><b>Postage</b>     |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held     |  |  |
| Date<br><b>02/02/2026</b>  | Payee name<br><b>Office Depot</b>  |  |
| Amount (\$)<br><b>\$74.66</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended           | Payee address; City; State; Zip Code<br><b>2602 Eldridge Pkwy Suite C Houston TX 77082</b><br><input type="checkbox"/> Check if individual's residence address.      |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>   | Description<br><b>Office Supplies</b>        |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held              |  |  |
| Date   | Payee name   |  |
| Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended  | Payee address; City; State; Zip Code<br><input type="checkbox"/> Check if individual's residence address.  |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)   | Description                                  |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held              |  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED