

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 Mr.	FIRST Pedro	MI MI	OFFICE USE ONLY Date Received MAR 31 2026 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME	LAST Valencia	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 225 Matlage Way Ste 1012	APT / SUITE #; Sugar Land	CITY; STATE; ZIP CODE TX 77487	
<input checked="" type="checkbox"/> Change of Address	AREA CODE (281)	PHONE NUMBER 410-1308	EXTENSION	
5 CANDIDATE/ OFFICEHOLDER PHONE	STREET ADDRESS (NO PO BOX PLEASE); 600 E. Medical Center Apt. W404	APT / SUITE #; Webster	CITY; STATE; ZIP CODE TX 77598	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Hector	MI MI	
	NICKNAME	LAST Guzman	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	AREA CODE (713)	PHONE NUMBER 998-1137	EXTENSION	
8 CAMPAIGN TREASURER PHONE	9 REPORT TYPE			
<input 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"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 12 / 08 / 2025	THROUGH	Month Day Year 12 / 31 / 2026	
11 ELECTION	ELECTION DATE Month Day Year 03 / 03 / 2026	ELECTION TYPE <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)	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.			
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME Pedro for Fort Bend		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS 225 Matlage Way Ste 1012 Sugar Land, TX 77487		
	<input checked="" type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME Hector Guzman		
		COMMITTEE CAMPAIGN TREASURER ADDRESS 600 E. Medical Center Apt. W404 Webster, TX 77598		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT


FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Pedro Valencia

16 Filer ID (Ethics Commission Filers)

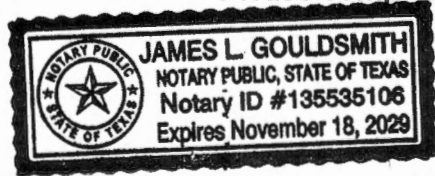
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 740.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5328.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,588.48

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] Signature of officer administering oath
James L. Gouldsmith Printed name of officer administering oath
notary public 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.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 740.00
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	\$ 5,328.48
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 740.00

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K:
2 FILER NAME Pedro Valencia		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	Pedro for Fort Bend	
	6 Address of person from whom amount is received; City; State; Zip Code	
	225 Matlage Way Ste 1012 Sugar Land TX 77487	\$328.48
	7 Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer	
03/31/2026	Expenditure Reimbursement	
Date	Name of person from whom amount is received	Amount (\$)
	Pedro for Fort Bend	
	Address of person from whom amount is received; City; State; Zip Code	
	225 Matlage Way Ste 1012 Sugar Land TX 77487	\$411.52
	Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer	
03/31/2026	Loan Reimbursement	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Pedro Valencia		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tonia Howze	7 Amount of contribution (\$)
01/03/2026	6 Contributor address; City; State; Zip Code 2905 Sandcove Ct League City TX 77573	\$25.00
8 Principal occupation / Job title (See Instructions) Regional Director		9 Employer (See Instructions) USAF
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernando Arriaga	Amount of contribution (\$)
01/29/2026	Contributor address; City; State; Zip Code 14501 Garber Ln Houston TX 77015	\$50.00
Principal occupation / Job title (See Instructions) Diesel Technician		Employer (See Instructions) Ruan Transportation
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jefferson Desiqueira	Amount of contribution (\$)
01/29/2026	Contributor address; City; State; Zip Code 3218 Maxroy St Houston TX 77008	\$50.00
Principal occupation / Job title (See Instructions) Driver		Employer (See Instructions) Uber
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grace Guillen-Trevino	Amount of contribution (\$)
01/29/2026	Contributor address; City; State; Zip Code 4606 Verbena Valley Spring TX 77388	\$20.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Guillen Realty Group
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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 Pedro Valencia		3 Filer ID (Ethics Commission Filers) .
4 Date 01/29/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dinah Smiley 6 Contributor address; City; State; Zip Code 2252 Millville Rd Chesapeake VA 23323	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) IT		9 Employer (See Instructions) Odyssey
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloria Alcala Contributor address; City; State; Zip Code 7546 Imogene St Houston TX 77074	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Lending Assistant		Employer (See Instructions) Bank of Houston
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priscilla Cardenas Contributor address; City; State; Zip Code 12830 Madison Boulder Ln Humble TX 77346	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) MD Anderson
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monica Torres Contributor address; City; State; Zip Code 8206 Golden Shiner Court Richmond TX 77469	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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 Pedro Valencia		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloria Villarreal	7 Amount of contribution (\$)
01/29/2026	6 Contributor address; City; State; Zip Code 5755 Turtle Creek Rd Houston TX 77017	\$20.00
8 Principal occupation / Job title (See Instructions) Logistics Cordinator		9 Employer (See Instructions) SEIU TX
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas McCay	Amount of contribution (\$)
01/30/2026	Contributor address; City; State; Zip Code 5522 Regal Landing Dr Houston TX 77345	\$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlene Navarro	Amount of contribution (\$)
02/03/2026	Contributor address; City; State; Zip Code 5335 Elderberry Arbor Richmond TX 77407	\$50.00
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions) HMH
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esteban Rodriguez	Amount of contribution (\$)
02/03/2026	Contributor address; City; State; Zip Code 11211 Cactus Valley Houston TX 77089	\$100.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Memorial Herman
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 Pedro Valencia		3 Filer ID (Ethics Commission Filers)
4 Date 02/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aaron Stewart <hr/> 6 Contributor address; City; State; Zip Code 2800 Broadway Pearlland TX 77581	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Real Time Operations		9 Employer (See Instructions) Engie
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arturo Rojas <hr/> Contributor address; City; State; Zip Code 2816 Loch Haven Drive Plano TX 75023	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Adjuster		Employer (See Instructions) State Farm
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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If contributor 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	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.

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

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

Date 12/19/2025	Payee name Best Name Badges		
Amount (\$) \$53.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1700 NW 65th Ave, Suite 4 Plantation FL 33313 <input type="checkbox"/> Check if individual's residence address.		
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 expense		
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 | 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.

1 Total pages Schedule G:	2 FILER NAME Pedro Valencia	3 Filer ID (Ethics Commission Filers)
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4 Date 02/03/2026	5 Payee name United States Postal Service
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6 Amount (\$) \$305.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 225 Matlage Way Ste <input type="checkbox"/> Check if individual's residence address.	City; Sugar Land	State; TX	Zip Code 77487
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Postage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/02/2026	Payee name Office Depot
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Amount (\$) \$74.66 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 2602 Eldridge Pkwy Suite C <input type="checkbox"/> Check if individual's residence address.	City; Houston	State; TX	Zip Code 77082
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Office Supplies
	<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	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <input type="checkbox"/> Check if individual's residence address.	City;	State;	Zip Code
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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	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	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.

1 Total pages Schedule G:	2 FILER NAME Pedro Valencia	3 Filer ID (Ethics Commission Filers)
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4 Date 02/10/2026	5 Payee name Shell
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6 Amount (\$) \$305.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 110 Crab River Rd <input type="checkbox"/> Check if individual's residence address.	City; Richmond	State; TX	Zip Code 77469
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Postage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/11/2026	Payee name United States Postal Service
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Amount (\$) \$21.35 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 225 Matlage Way Ste <input type="checkbox"/> Check if individual's residence address.	City; Sugar Land	State; TX	Zip Code 77487
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Postage
	<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	Candidate / Officeholder name	Office sought	Office held
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Date 02/12/2026	Payee name Textla, Inc
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Amount (\$) \$25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 21750 Hardy Oak Blvd <input type="checkbox"/> Check if individual's residence address.	City; San Antonio	State; TX	Zip Code 78258
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description SMS Service
	<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	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	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.

1 Total pages Schedule G:	2 FILER NAME Pedro Valencia	3 Filer ID (Ethics Commission Filers)
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4 Date 02/16/2026	5 Payee name Textla, Inc
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6 Amount (\$) \$400.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 21750 Hardy Oak Blvd <input type="checkbox"/> Check if individual's residence address.	City; San Antonio	State; TX	Zip Code 78258
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description SMS Service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/25/2026	Payee name Textla, Inc
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Amount (\$) \$300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 21750 Hardy Oak Blvd <input type="checkbox"/> Check if individual's residence address.	City; San Antonio	State; TX	Zip Code 78258
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description SMS Service
	<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	Candidate / Officeholder name	Office sought	Office held
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Date 03/15/2026	Payee name Textla, Inc
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Amount (\$) \$25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 21750 Hardy Oak Blvd <input type="checkbox"/> Check if individual's residence address.	City; San Antonio	State; TX	Zip Code 78258
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description SMS Service
	<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	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

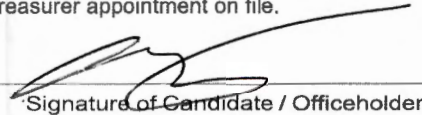
1 C/OH NAME

Pedro Valencia

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**** Complete A & B below only if you are not an officeholder. ****

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate

5 OFFICEHOLDER

**** Complete this section only if you are an officeholder ****

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder