

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |   |  |  |                |                |                                  |                   |                                   |                                   |  |                                      |
|---|---|--|--|----------------|----------------|----------------------------------|-------------------|-----------------------------------|-----------------------------------|--|--------------------------------------|
| <p>The C/OH Instruction Guide explains how to complete this form.</p>                               |   | <p>1 Filer ID (Ethics Commission Filers)</p> | <p>2 Total pages filed:</p>  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <p>3 CANDIDATE / OFFICEHOLDER NAME</p>  | <p>MS / MRS / <u>MR</u> FIRST <u>Pedro</u> MI <u>V.</u></p> <p>NICKNAME <u>Pete</u> LAST <u>Morales</u> SUFFIX</p>  |  | <p><b>OFFICE USE ONLY</b></p> <p>Date Received</p> <div style="border: 2px solid blue; padding: 5px; display: inline-block;"> <p style="color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="color: red; font-weight: bold; font-size: 1.1em;">JAN 18 2026</p> <p style="color: blue; font-weight: bold;">BY: <u>[Signature]</u> @ 4:39pm</p> </div> <p>Date Hand-delivered or Date Postmarked</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table> | Receipt #      | Amount \$      | Date Processed                   |                   | Date Imaged                       |                                   |  |                                      |
| Receipt #   | Amount \$   |  |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| Date Processed  |   |  |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| Date Imaged   |   |  |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p> | <p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p><u>473 King James Dr.</u> <u>Alamo</u> <u>Tx</u> <u>78512</u></p>  |  |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <p>5 CANDIDATE / OFFICEHOLDER PHONE</p>   | <p>AREA CODE PHONE NUMBER EXTENSION</p> <p><u>(956)</u> <u>223-7859</u></p>   |  |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <p>6 CAMPAIGN TREASURER NAME</p>  | <p>MS / <u>MRS</u> / MR FIRST <u>Juanita</u> MI</p> <p>NICKNAME LAST <u>Morales</u> SUFFIX</p>  |  |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <p>7 CAMPAIGN TREASURER ADDRESS</p> <p>(Residence or Business)</p>                                  | <p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p><u>473 King James Dr.</u> <u>Alamo</u> <u>Tx</u> <u>78516</u></p>   |  |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <p>8 CAMPAIGN TREASURER PHONE</p>   | <p>AREA CODE PHONE NUMBER EXTENSION</p> <p><u>(956)</u> <u>784-6960</u></p>   |  |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <p>9 REPORT TYPE</p>  | <p> <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)         </p> <p> <input type="checkbox"/> July 15                <input type="checkbox"/> 8th day before election                <input type="checkbox"/> Exceeded Modified Reporting Limit                <input type="checkbox"/> Final Report (Attach C/OH - FR)         </p>   |  |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <p>10 PERIOD COVERED</p>  | <p>Month Day Year    THROUGH    Month Day Year</p> <p><u>7 / 15 / 25</u>    <u>1 / 15 / 26</u></p>  |  |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <p>11 ELECTION</p>  | <p>ELECTION DATE    ELECTION TYPE</p> <p>Month Day Year    <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description</p> <p><u>  /  /  </u>    <input type="checkbox"/> General    <input type="checkbox"/> Special    <u>                    </u></p>  |  |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <p>12 OFFICE</p>  | <p>OFFICE HELD (if any)    13 OFFICE SOUGHT (if known)</p> <p><u>Commissioner A12</u></p>   |  |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <p>14 NOTICE FROM POLITICAL COMMITTEE(S)</p> <p><input type="checkbox"/> Additional Pages</p>       | <p>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 border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>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 |
| 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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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

|                                |   |   |
|--------------------------------|---|---|
| <b>15 C/OH NAME</b>            |   | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <u>          </u>                          |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <u>          </u>                          |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ <u>          </u>                          |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>          </u>                          |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <u>          </u>                          |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ <u>          </u>                          |

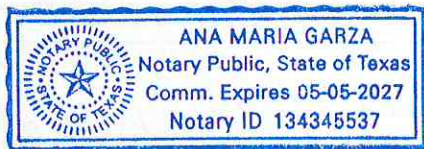
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



**NOTARY STAMP/SEAL**

Sworn to and subscribed before me by Pedro Morales this the 16<sup>th</sup> day of January, 2026, to certify which, witness my hand and seal of office.

*[Signature]* *[Signature]* *[Signature]*  
 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)