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:

OFFICE USE ONLY

Date Received: FILED 5:08 o'clock P.M. Date 07/17/2026
NORMA G. EDISON
Elections Administrator Goliad County Texas
By: Madison Deputy

RECEIVED
JUL 17 2026
By: Madison Email

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: Mr. FIRST: Corey MI: F
NICKNAME: LAST: Pedeville SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX: [redacted] Lake APT / SUITE #: CITY: Goliad STATE: TX ZIP CODE: 77963

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: ([redacted] PHONE NUMBER: [redacted] EXTENSION:

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: Mrs FIRST: Erica MI: L
NICKNAME: LAST: Pedeville SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE): [redacted] APT / SUITE #: CITY: Goliad STATE: TX ZIP CODE: 77963

8 CAMPAIGN TREASURER PHONE
AREA CODE: PHONE NUMBER: [redacted] EXTENSION:

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: 12 / 5 / 25 THROUGH Month / Day / Year: 7 / 15 / 26

11 ELECTION
ELECTION DATE: Month / Day / Year: 05 / 26 / 26
ELECTION TYPE: ☒ Primary ☒ Runoff ☐ Other Description ☐ General ☐ Special

12 OFFICE
OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): County Judge

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.

☐ Additional Pages

COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC
COMMITTEE NAME:
COMMITTEE ADDRESS:
COMMITTEE CAMPAIGN TREASURER NAME: N/A
COMMITTEE CAMPAIGN TREASURER ADDRESS:

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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)	$ 0
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 0
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 0
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 0
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

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.

Corey Pedeville
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

HEATHER KORICANEK NOTARY PUBLIC STATE OF TEXAS ID 12958350 EXP 12-06-2029

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Corey Pedeville this the 10 day of July, 20 26, 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
	Heather Koricanek	Bookkeeper

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 _____ (month), 20_____ (year).

_____
Signature of Candidate/Officeholder (Declarant)