FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00037628 53 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mrs. Sandra J. NAME Date Received **ELECTRONICALLY FILED** 07/15/2019 NICKNAME LAST **SUFFIX** Peake CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 201 Caroline MAILING Amount Receipt # **ADDRESS** 16th Floor Change of Address Houston, TX 77002-0000 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. David G. NAME NICKNAME LAST **SUFFIX** Peake STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE: **TREASURER** 9660 Hillcroft, Ste. 430 **ADDRESS** (Residence or Business) Houston, TX 77096 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 723-5082 **PHONE** REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) Х PERIOD Month Day Month Day Year Year

01/01/2019

Day

11/07/2018

OFFICE HELD (if any)

Month

ELECTION DATE

Year

Family District Court Judge District 257 Harris

COVERED

10 ELECTION

11 OFFICE

THROUGH

Primary

χ General

06/30/2019

12 OFFICE SOUGHT (if known)

Other

Family District Court Judge District 257

ELECTION TYPE

Runoff

Special

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 53

| 13 C / OH NAME | Peake, Sandra J. (M | rs.) | 14 Filer ID 00037628 | (Ethics Commission Filers) | | | | | |
|--|--|---|-----------------------------|----------------------------|--|--|--|--|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | the candidate's or office | ommittees to support the eholder's knowledge or stice of such expenditures. | | | | | | | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | | | | | |
| | GENERAL | | | | | | | | |
| | | COMMITTEE ADDRESS | | | | | | | |
| | SPECIFIC | | | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRES | SS | | | | | | |
| 16 CONTIBUTION TOTALS | | AL CONTRIBUTIONS OF \$50 OR LESS (OTHER TAXANTEES OF LOANS), UNLESS ITEMIZED | THAN PLEDGES, | \$ 0.00 | | | | | |
| | | TICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS | S) | \$ 40,822.97 | | | | | |
| EXPENDITURE TOTALS | ` | AL EXPENDITURES OF \$100 OR LESS, UNLESS | , | \$ 0.00 | | | | | |
| | 4. TOTAL POLIT | | \$ 17,719.01 | | | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PI | AST DAY OF THE | \$ 26,925.67 | | | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCII OF THE REPOR | PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD | OF THE LAST DAY | \$ 0.00 | | | | | |
| 17 AFFADAVIT | | | | | | | | | |
| | | I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code. | | | | | | | |
| | | Mrs. | Sandra J. Peake | | | | | | |
| | | Signature of | Candidate or Officehol | der | | | | | |
| AFFIX NOT | TARY STAMP / SEAL AE | OVE | | | | | | | |
| Sworn to and subsc | cribed before me, by the | aid | , this the | day | | | | | |
| of | , 20, to c | ertify which, witness my hand and seal of office. | | | | | | | |
| Signature of offic | Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | | | | | |

SUBTOTALS - JC/OH

FORM JC/OH **COVER SHEET PG 3**

| | | | | 3 of 53 |
|----------------------------------|--|-----------------------------|------------------|------------|
| 18 FILER NAME Peake, Sand | łra J. (Mrs.) | 19 Filer ID 00037628 | (Ethics Commissi | on Filers) |
| 20 SCHEDULE S NAME OF SCI | | | SUBTOTAL | AMOUNT |
| 1. X S | CHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | | \$ | 35,944.49 |
| 2. X S | CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 4,878.48 |
| 3. S | CHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | | \$ | |
| 4. X S | CHEDULE E(J): LOANS (JUDICIAL) | | \$ | 0.00 |
| 5. X S | CHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION: | S | \$ | 17,220.27 |
| 6. S | CHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 7. S | CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 8. S | CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | |
| 9. X S | CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | 498.74 |
| 10. S | CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | |
| 11. S | CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| | CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS OF FILER | RETURNED | \$ | |
| | | | • | |

| MONE ⁻ | TARY POLITICAL CONTRIBUTION | ONS | SCHEDULE A(J)1 |
|------------------------------|--|--------------------------------|--|
| The Instru | uction Guide explains how to complete this | form. | 1 Total pages Schedule A(J)1: Sch: 1/25 Rpt: 4/53 |
| 2 FILER NAME Peake, Sar | ≣ ndra J. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00037628 |
| 4 Date 02/01/2019 | 5 Full name of contributor out-of-state PAC (ID#:) | | 7 Amount of Contribution (\$) \$200.00 |
| | Houston, TX 77098 | | |
| 8 Contributor's | Principal Occupation | 9 Contributor's Job Title | |
| Attorney | | Attorney at Law | |
| 10 Contributor's | employer/law firm | 11 Law firm of contributor's s | pouse (if any) |
| The Alsand | lor Law Firm | n/a | |
| 12 If contributor n/a | is a child, law firm of parent(s) (if any) | n/a | |
| | I fall a second described as I | | T Amount of Contribution (A) |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 03/06/2019 | Arteaga, Laura Contributor address; City; State; Zip Code | \$500.00 | |
| | Houston, TX 77036-0000 | | |
| Contributor's | Principal Occupation | Contributor's Job Title | 1 |
| Attorney | | Attorney at Law | |
| Contributor's self | employer/law firm | Law firm of contributor's s | pouse (if any) |
| If contributor | is a child, law firm of parent(s) (if any) | <u> </u> | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 01/29/2019 | Bates, Nicole | | \$250.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77007-0000 | | ·- |
| Contributor's | L Principal Occupation | Contributor's Job Title | 1 |
| attorney | The second secon | attorney | |
| | employer/law firm | Law firm of contributor's s | nouse (if any) |
| self | composition and | n/a | ouse (ii uiiy) |
| If contributor | is a child, law firm of parent(s) (if any) | • | |
| n/a | | n/a | |
| n/a | | n/a | |

| | MONET | ARY POLITICAL CONTRIBU | UTIC | DNS | | SCHEDULE A(J)1 |
|----|---------------------------|--|-----------|---------------------------------|----------|--|
| | The Instru | ction Guide explains how to complete | this f | orm. | 1 | Total pages Schedule A(J)1: Sch: 2/25 Rpt: 5/53 |
| 2 | FILER NAME Peake, Sand | | | | 3 | Filer ID (Ethics Commission Filers) 00037628 |
| 4 | Date 01/19/2019 | 5 Full name of contributor out-of-state PA Billings, Patricia 6 Contributor address; City; State; Zip Code Humble, TX 77338-0000 | AC (ID#:_ |) | 7 | Amount of Contribution (\$) \$1,500.00 |
| 8 | Contributor's F | rincipal Occupation | | 9 Contributor's Job Title | <u> </u> | |
| | Attorney | | | Attorney at Law | | |
| 10 | Contributor's e | employer/law firm | | 11 Law firm of contributor's sp | oous | se (if any) |
| 12 | If contributor is | s a child, law firm of parent(s) (if any) | | | | |
| | Date | Full name of contributor out-of-state PA | AC (ID#: |) | Π | Amount of Contribution (\$) |
| | 03/06/2019 | Boudreaux, Rogers (Mr.) Contributor address; City; State; Zip Code Pearland, TX 77584-0000 | | | | \$500.00 |
| | Contributor's I | Principal Occupation | | Contributor's Job Title | <u> </u> | |
| | Attorney | The Cosspans | | Attorney at Law | | |
| | | employer/law firm | | Law firm of contributor's sp | oous | se (if any) |
| | self | , , | | n/a | | |
| | If contributor is | s a child, law firm of parent(s) (if any) | | | | |
| | n/a | | | n/a | | |
| | Date | Full name of contributor ut-of-state PA | AC (ID#: |) | Г | Amount of Contribution (\$) |
| | 01/27/2019 | Brentwood Baptist Church Credit Union Contributor address; City; State; Zip Code Houston, TX 77245-0206 | | | • | \$100.00 |
| | Contributor's I | Principal Occupation | | Contributor's Job Title | | |
| | Contributor's | employer/law firm | | Law firm of contributor's sp | oous | se (if any) |
| | If contributor is | s a child, law firm of parent(s) (if any) | | I | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | SCHEDULE A(J)1 |
|----|--------------------------|---|--------------------------------|--|
| | The Instru | ction Guide explains how to complete this | form. | 1 Total pages Schedule A(J)1: Sch: 3/25 Rpt: 6/53 |
| 2 | FILER NAME Peake, San | | | 3 Filer ID (Ethics Commission Filers) 00037628 |
| 4 | Date 02/22/2019 | | | 7 Amount of Contribution (\$) \$200.00 |
| | | Houston, TX 77070-4677 | | |
| 8 | Contributor's | Principal Occupation | 9 Contributor's Job Title | • |
| | Attorney at I | _aw | attorney | |
| 10 | Contributor's | employer/law firm | 11 Law firm of contributor's s | oouse (if any) |
| | self | | n/a | |
| 12 | If contributor in/a | is a child, law firm of parent(s) (if any) | n/a | |
| | Date | Full name of contributor |) | Amount of Contribution (\$) |
| | 01/29/2019 | Burgower, Wendy (Ms.) | | \$500.00 |
| | | Contributor address; City; State; Zip Code Houston, TX 77098-0000 | | |
| | Contributor's | I Principal Occupation | Contributor's Job Title | 1 |
| | Attorney | | Attorney at Law | |
| | Contributor's | employer/law firm | Law firm of contributor's s | pouse (if any) |
| | If contributor i | is a child, law firm of parent(s) (if any) | <u> </u> | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 01/29/2019 | Canales, Claudia | | \$500.00 |
| | | Contributor address; City; State; Zip Code Pearland, TX 77581-0000 | | |
| | Contributor's | Principal Occupation | Contributor's Job Title | |
| | Attorney | r incipal Occupation | Attorney at Law | |
| | | employer/law firm | Law firm of contributor's s | nouse (if any) |
| | Self | | | (i. u.i.y) |
| | If contributor i | is a child, law firm of parent(s) (if any) | • | |
| | | | | |

| | MONET | ARY POLITICAL CONTRIBU | JTIC | DNS | | SCHEDULE A(J)1 |
|----|----------------------------|---|----------|---------------------------------|-----|--|
| | The Instru | ction Guide explains how to complete t | his f | orm. | 1 | Total pages Schedule A(J)1: Sch: 4/25 Rpt: 7/53 |
| | FILER NAME Peake, Sand | łra J. (Mrs.) | | | 3 | Filer ID (Ethics Commission Filers) 00037628 |
| 4 | Date 01/29/2019 | 5 Full name of contributor out-of-state PAC Cardenas, Robert 6 Contributor address; City; State; Zip Code Houston, TX 77074-0000 | C (ID#:_ | | 7 | Amount of Contribution (\$) \$500.00 |
| 8 | Contributor's I | Principal Occupation | | 9 Contributor's Job Title | | |
| | Attorney | Thomas Goodpation | | Attorney at Law | | |
| 10 | Contributor's | employer/law firm f Robert Cardenas | | 11 Law firm of contributor's sp | ous | se (if any) |
| 12 | If contributor is | s a child, law firm of parent(s) (if any) | | | | |
| | Date | Full name of contributor out-of-state PAC | C (ID#:_ |) | | Amount of Contribution (\$) |
| | 01/29/2019 | Cardenas, Rose | ` - | | | \$250.00 |
| | | Contributor address; City; State; Zip Code Houston, TX 77074-6425 | | | | |
| | Contributor's I | Principal Occupation | | Contributor's Job Title | | |
| | Attorney at L | | | Attrorney | | |
| | | employer/law firm | | Law firm of contributor's sp | ous | se (if any) |
| | self | | | n/a | | |
| | If contributor is | s a child, law firm of parent(s) (if any) | | l | | |
| | n/a | | | n/a | | |
| | Date 01/22/2019 | Full name of contributor out-of-state PAC | C (ID#:_ | | | Amount of Contribution (\$) \$250.00 |
| | | Contributor address; City; State; Zip Code Houston, TX 77002-0000 | | | | |
| | Contributor's I | Principal Occupation | | Contributor's Job Title | | |
| | Attorney | | | Attorney | | |
| | Contributor's Carlin Law F | employer/law firm Firm | | Law firm of contributor's sp | ous | se (if any) |
| | | s a child, law firm of parent(s) (if any) | | | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | SCHEDULE A(J)1 |
|----|---------------------------|--|---------------------------------|--|
| | The Instru | ction Guide explains how to complete this | form. | 1 Total pages Schedule A(J)1: Sch: 5/25 Rpt: 8/53 |
| 2 | FILER NAME Peake, Sand | dra J. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00037628 |
| 4 | Date 01/29/2019 | Full name of contributor out-of-state PAC (ID#: Childs, Eraka Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) \$1,000.00 |
| | | Houston, TX 77054-0000 | | |
| 8 | | Principal Occupation | 9 Contributor's Job Title | |
| | Attorney at L | | Attorney | |
| 10 | Contributor's e | employer/law firm | 11 Law firm of contributor's sp | pouse (if any) |
| 12 | ! If contributor is | s a child, law firm of parent(s) (if any) | 1 | |
| - | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 02/28/2019 | Clay, Michael (Mr.) | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | |
| | | Houston, TX 77004-0000 | | |
| | Contributor's F | Principal Occupation | Contributor's Job Title | |
| | Attorney at L | aw | Attorney at Law | |
| | | employer/law firm | Law firm of contributor's sp | pouse (if any) |
| | self | s a child, law firm of parent(s) (if any) | n/a | |
| | n/a | s a clinu, law litti of pateril(s) (ii arry) | n/a | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 01/29/2019 | Clevenger, George | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | |
| | | Houston, TX 77069-0000 | | |
| | | Principal Occupation | Contributor's Job Title | |
| | Attorney | | Attorney at Law | |
| | Contributor's e | employer/law firm | Law firm of contributor's sp | oouse (if any) |
| | If contributor is | s a child, law firm of parent(s) (if any) | 1 | |
| | | | | |

| | MONET | ARY POLITICAL C | ONTRIBUTIO | ONS | SCHEDULE A(J)1 |
|----|---------------------------|---|-------------------------|---------------------------------------|--|
| | The Instru | ction Guide explains how | to complete this f | orm. | 1 Total pages Schedule A(J)1: Sch: 6/25 Rpt: 9/53 |
| 2 | FILER NAME Peake, Sand | | | | 3 Filer ID (Ethics Commission Filers) 00037628 |
| 4 | Date 01/29/2019 | 5 Full name of contributor out-of-state PAC (ID#:) Coleman, Kristen 6 Contributor address; City; State; Zip Code Katy, TX 77493-0000 | | 7 Amount of Contribution (\$) \$50.00 | |
| 8 | Contributor's I | Principal Occupation | | 9 Contributor's Job Title | 1 |
| | Attorney | | | Attorney at Law | |
| 10 | Contributor's o | employer/law firm / Firm | | 11 Law firm of contributor's sp | pouse (if any) |
| 12 | If contributor i | s a child, law firm of parent(s) (if a | ny) | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| | 02/14/2019 | Coole, Cary Contributor address; City; Sta Houston, TX 77063-0000 | | | \$250.00 |
| | Contributor's I | Principal Occupation | | Contributor's Job Title | |
| | consultant | · · · · · · · · · · · · · · · · · · · | | Real Estate Consultant | 1 |
| | | employer/law firm | | Law firm of contributor's sp | |
| | n/a | , | | n/a | |
| | If contributor i | s a child, law firm of parent(s) (if a | ıv) | | |
| | n/a | | , | n/a | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| | 02/22/2019 | Davis, Edward (Mr.) Contributor address; City; Sta Houston, TX 77079-0000 | | | \$100.00 |
| | Contributor's I | Principal Occupation | | Contributor's Job Title | |
| | attorney | | | Attorney at Law | |
| | | employer/law firm | | Law firm of contributor's sp | pouse (if any) |
| | self employe | ed | | n/a | |
| | | s a child, law firm of parent(s) (if a | ny) | | |
| | n/a | | | n/a | |
| | | | | | |

| MONET | ARY POLITICAL CONTRIBUT | IONS | SCHEDULE A(J)1 |
|---------------------------------|--|---|--|
| The Instru | ction Guide explains how to complete this | 1 Total pages Schedule A(J)1: Sch: 7/25 Rpt: 10/53 | |
| 2 FILER NAME Peake, Sand | dra J. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00037628 |
| 4 Date 02/22/2019 | Date 5 Full name of contributor out-of-state PAC (ID#: | | 7 Amount of Contribution (\$) \$100.00 |
| | Houston, TX 77021-0000 | | |
| 8 Contributor's F Attorney | Principal Occupation | 9 Contributor's Job Title Attorney at Law | |
| 10 Contributor's e | | 11 Law firm of contributor's s | pouse (if any) |
| 12 If contributor is n/a | s a child, law firm of parent(s) (if any) | n/a | |
| Date 01/29/2019 | Full name of contributor out-of-state PAC (ID Dougherty, Judy Contributor address; City; State; Zip Code | D#:) | Amount of Contribution (\$) \$100.00 |
| Contributor's F | Houston, TX 77007-0000 Principal Occupation | Contributor's Job Title | |
| Attorney | · | Attorney at Law | |
| Contributor's e | employer/law firm | Law firm of contributor's s | pouse (if any) |
| If contributor is | s a child, law firm of parent(s) (if any) | | |
| Date 01/27/2019 | Full name of contributor out-of-state PAC (IDEVERSON, DONNA Contributor address; City; State; Zip Code HOUSTON, TX 77089-0000 | | Amount of Contribution (\$) \$500.00 |
| Contributor's F | I Principal Occupation | Contributor's Job Title | |
| ATTORNEY | AT LAW | ATTORNEY | |
| Contributor's e self employe | employer/law firm ed | Law firm of contributor's s | pouse (if any) |
| If contributor is | s a child, law firm of parent(s) (if any) | • | |
| | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | DNS | SCHEDULE A(J)1 |
|----|---------------------------------|---|---------------------------------|---|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A(J)1: Sch: 8/25 Rpt: 11/53 |
| | FILER NAME Peake, Sand | | | 3 Filer ID (Ethics Commission Filers) 00037628 |
| | Date 02/17/2019 | 5 Full name of contributor out-of-state PAC (ID#:_Eaglin, Shandale 6 Contributor address; City; State; Zip Code Houston, TX 77070-0000 | | 7 Amount of Contribution (\$) \$25.00 |
| 8 | Contributor's I | I Principal Occupation | 9 Contributor's Job Title | <u> </u> |
| | Broker/owne | er | realtor | |
| | Contributor's e Eaglin Realt | employer/law firm Y | 11 Law firm of contributor's sp | ouse (if any) |
| 12 | If contributor is | s a child, law firm of parent(s) (if any) | • | |
| | n/a | | n/a | |
| | Date | Full name of contributor ut-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| | 01/29/2019 | Fitch, Bonnie | | \$500.00 |
| | | Contributor address; City; State; Zip Code Houston, TX 77021-0000 | | |
| | Contributor's I | Principal Occupation | Contributor's Job Title | |
| | Attorney at L | aw | Attorney | |
| | Contributor's e | employer/law firm | Law firm of contributor's sp | ouse (if any) |
| | If contributor is | s a child, law firm of parent(s) (if any) | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| | 01/29/2019 | Franco, Laura | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code Katy, TX 77450-0000 | | |
| | Contributor's I | rincipal Occupation | Contributor's Job Title | L |
| | attorney | | Attorney at Law | |
| | Contributor's | employer/law firm | Law firm of contributor's sp | ouse (if any) |
| | self | | n/a | |
| | If contributor is | s a child, law firm of parent(s) (if any) | | |
| | | | | |

| | MONET | ARY POLITICAL CONTRIB | UTIC | DNS | | SCHEDULE A(J)1 |
|----|---------------------------|--|------------|---------------------------------|--|---|
| | The Instru | ction Guide explains how to complete | e this f | orm. | 1 | Total pages Schedule A(J)1: Sch: 9/25 Rpt: 12/53 |
| 2 | FILER NAME Peake, Sand | | | 3 | Filer ID (Ethics Commission Filers) 00037628 | |
| 4 | Date 01/29/2019 | Full name of contributor | PAC (ID#:_ | | 7 | Amount of Contribution (\$) \$500.00 |
| | | Houston, TX 77027-0000 | | | | |
| 8 | Contributor's F | Principal Occupation | | 9 Contributor's Job Title | | |
| 10 | Contributor's 6 | employer/law firm | | 11 Law firm of contributor's sp | oous | se (if any) |
| 12 | If contributor is | s a child, law firm of parent(s) (if any) | | | | |
| | Date | Full name of contributor out-of-state P | PAC (ID#:_ |) | Т | Amount of Contribution (\$) |
| | 02/18/2019 | Fuller, Lanease | ` - | | | \$250.00 |
| | | Contributor address; City; State; Zip Code Houston, TX 77027-0000 | | | | |
| | Contributor's F | Principal Occupation | | Contributor's Job Title | <u> </u> | |
| | Attorney | The part occupation | | Attorney at Law | | |
| | | employer/law firm | | Law firm of contributor's sp | oous | se (if any) |
| | self employe | | | n/a | | |
| | If contributor is | s a child, law firm of parent(s) (if any) | | | | |
| | n/a | | | n/a | | |
| | Date 01/29/2019 | Full name of contributor out-of-state P | PAC (ID#:_ | | | Amount of Contribution (\$) \$400.00 |
| | | Contributor address; City; State; Zip Code HOUSTON, TX 77041-0000 | | | | |
| | Contributor's F | Principal Occupation | | Contributor's Job Title | | |
| | ATTORNEY | AT LAW | | ATTORNEY | | |
| | Contributor's 6 | employer/law firm | | Law firm of contributor's sp | oous | se (if any) |
| | Gregory Law | PLLC | | | | |
| | If contributor is | s a child, law firm of parent(s) (if any) | | | | |
| | | | | | | |

| | MONET | ARY POLITICAL C | CONTRIBUTIO | DNS | SCHEDULE A | \(J)1 |
|----|---------------------------|---|-------------------------|---------------------------------|--|-----------|
| | The Instru | ction Guide explains how | to complete this f | orm. | 1 Total pages Schedule A(J)1: Sch: 10/25 Rpt: 13/53 | |
| 2 | FILER NAME Peake, Sand | | | | 3 Filer ID (Ethics Commission 00037628 | n Filers) |
| 4 | Date 01/25/2019 | 5 Full name of contributorGill & Revack6 Contributor address; City; StatesHouston, TX 77401-3604 | out-of-state PAC (ID#:_ | | 7 Amount of Contribution (\$) | \$500.00 |
| 8 | Contributor's I | Principal Occupation | | 9 Contributor's Job Title | 1 | |
| 10 | Contributor's e | employer/law firm | | 11 Law firm of contributor's sp | pouse (if any) | |
| 12 | ! If contributor is | s a child, law firm of parent(s) (if a | ny) | | | |
| | Date 01/29/2019 | Full name of contributor Gjenbo, Anne Contributor address; City; Sta Houston, TX 77074-0000 | out-of-state PAC (ID#:_ | | Amount of Contribution (\$) | \$350.00 |
| | Contributor's F | Principal Occupation | | Contributor's Job Title | | |
| | Attorney | ····o.pai o coapation | | Attorney at Law | | |
| | self | employer/law firm s a child, law firm of parent(s) (if a | nv) | Law firm of contributor's sp | pouse (if any) | |
| | oonanaata | o a oa, ia.i o. pa.o(o) (a | , | | | |
| | Date 02/13/2019 | Full name of contributor Golda Jacobs and Assoc. Contributor address; City; Sta | ate; Zip Code | | Amount of Contribution (\$) | \$500.00 |
| | Contributor's I | Principal Occupation | | Contributor's Job Title | 1 | |
| | Contributor's e | employer/law firm | | Law firm of contributor's sp | pouse (if any) | |
| | If contributor is | s a child, law firm of parent(s) (if a | ny) | | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUT | TIONS | SCHEDULE A(J)1 |
|--|---|--|--------------------------------|--|
| | The Instru | ction Guide explains how to complete thi | s form. | 1 Total pages Schedule A(J)1: Sch: 11/25 Rpt: 14/53 |
| 2 | FILER NAME Peake, Sand | | | 3 Filer ID (Ethics Commission Filers) 00037628 |
| 4 | Date 01/29/2019 5 Full name of contributor out-of-state PAC (ID#:) Gray, Daniel 6 Contributor address; City; State; Zip Code Bellaire, TX 77401-5316 | | | 7 Amount of Contribution (\$) \$300.00 |
| 8 | Contributor's I | Principal Occupation | 9 Contributor's Job Title | |
| | Attorney/Me | diator | Attorney at Law | |
| 10 | Contributor's e | employer/law firm | 11 Law firm of contributor's s | pouse (if any) |
| 12 | If contributor is | s a child, law firm of parent(s) (if any) | | |
| | Date | Full name of contributor out-of-state PAC (II | D#:) | Amount of Contribution (\$) |
| | 01/29/2019 Gray, Reed & McGraw, LLP Contributor address; City; State; Zip Code Houston, TX 77056-0000 | | | . \$1,000.00 |
| | Contributor's I | I Principal Occupation | Contributor's Job Title | |
| | | | | |
| | Contributor's 6 | employer/law firm | Law firm of contributor's s | pouse (if any) |
| | If contributor is | s a child, law firm of parent(s) (if any) | | |
| | Date | Full name of contributor out-of-state PAC (II | D#:) | Amount of Contribution (\$) |
| | O1/29/2019 Guidry, Myrna (Ms.) Contributor address; City; State; Zip Code Houston, TX 77098 | | | \$150.00 |
| Contributor's Principal Occupation Contributor's Job Title | | | • | |
| Attorney at Law | | | | |
| Contributor's employer/law firm Law firm of contributor's sp | | | oouse (if any) | |
| self none | | | | |
| | If contributor is | s a child, law firm of parent(s) (if any) | | |
| | | | | |

| | MONET | ARY POLITICAL CONTI | RIBUTIC | ONS | | SCHEDULE | A(J)1 |
|----|---------------------------|--|------------------|---------------------------------|-------------|--|-------------|
| | The Instru | ction Guide explains how to com | plete this f | orm. | | pages Schedule A(J): 12/25 Rpt: 15/53 | 1: |
| 2 | FILER NAME Peake, Sand | dra J. (Mrs.) | | | 3 Filer II | C (Ethics Commiss 7628 | ion Filers) |
| 4 | Date 01/19/2019 | | state PAC (ID#:_ |) | 7 Amoui | nt of Contribution (\$) | \$50.00 |
| 8 | Contributor's F | Principal Occupation | | 9 Contributor's Job Title | | | |
| | home inspec | ctor | | home inspector | | | |
| 10 | Contributor's 6 | employer/law firm | | 11 Law firm of contributor's sp | ouse (if an | ıy) | |
| | n/a | | | n/a | | | |
| 12 | If contributor is | s a child, law firm of parent(s) (if any) | | | | | |
| | Date | Full name of contributor out-of-s | state PAC (ID#:_ |) | Amoui | nt of Contribution (\$) | |
| | 02/22/2019 | Hemby, William Contributor address; City; State; Zip Co Stafford, TX 77477-0000 | ode | | | | \$250.00 |
| | Contributor's F | I Principal Occupation | | Contributor's Job Title | <u> </u> | | |
| | Attorney | • | | Attorney at Law | | | |
| | Contributor's 6 | employer/law firm | | Law firm of contributor's sp | ouse (if an | ıv) | |
| | | f William Hemby, Jr. | | n/a | · | | |
| | If contributor is | s a child, law firm of parent(s) (if any) | | | | | |
| | n/a | | | n/a | | | |
| | Date | Full name of contributor out-of- | state PAC (ID#:_ |) | Amoui | nt of Contribution (\$) | |
| | 01/29/2019 | Holmes, Diggs Eames & Sadler Contributor address; City; State; Zip Co | ode | | | | \$1,000.00 |
| | Contributor's F | Principal Occupation | | Contributor's Job Title | l | | |
| | Contributor's e | employer/law firm | | Law firm of contributor's sp | ouse (if an | у) | |
| | If contributor is | s a child, law firm of parent(s) (if any) | | | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | DNS | SCHEDULE A(J)1 |
|--|---|--|--|--|
| | The Instru | ction Guide explains how to complete this f | 1 Total pages Schedule A(J)1: Sch: 13/25 Rpt: 16/53 | |
| 2 | FILER NAME Peake, Sand | | | 3 Filer ID (Ethics Commission Filers) 00037628 |
| 4 | Date 01/29/2019 | Full name of contributor out-of-state PAC (ID#:_ Hurst, Elizabeth Contributor address; City; State; Zip Code Houston, TX 77055-0000 | 7 Amount of Contribution (\$) \$250.00 | |
| 8 | Contributor's I | Principal Occupation | 9 Contributor's Job Title | |
| | attorney | | attorney | |
| 10 | Contributor's 6 | employer/law firm urst | 11 Law firm of contributor's sp | ouse (if any) |
| 12 | If contributor is | s a child, law firm of parent(s) (if any) | I | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 01/11/2019 IBEW PAC VOLUNTARY FUND Contributor address; City; State; Zip Code | | | \$750.00 | |
| | Contributor's F | Washington, DC 20001-0000 Principal Occupation | Contributor's Job Title | |
| | | · · · · · · · · · · · · · · · · · · · | | |
| | Contributor's | employer/law firm | Law firm of contributor's sp | ouse (if any) |
| | If contributor is | s a child, law firm of parent(s) (if any) | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| | 01/29/2019 James, Anna (Ms.) Contributor address; City; State; Zip Code Spring, TX 77391-0000 | | | \$50.00 |
| | Contributor's I | Principal Occupation | Contributor's Job Title | |
| retired n/a | | | | |
| | Contributor's e | employer/law firm | Law firm of contributor's sp | ouse (if any) |
| | If contributor is | s a child, law firm of parent(s) (if any) | | |
| | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | SCHEDULE A(J)1 |
|----|---------------------------|--|---------------------------------|--|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A(J)1: Sch: 14/25 Rpt: 17/53 |
| | FILER NAME Peake, Sand | | | 3 Filer ID (Ethics Commission Filers) 00037628 |
| 4 | Date 01/29/2019 | 5 Full name of contributor out-of-state PAC (ID#:) 7 | | 7 Amount of Contribution (\$) \$300.00 |
| 0 | Contributor's I | Houston, TX 77046-0000 Principal Occupation | 9 Contributor's Job Title | |
| | Attorney at L | | Attorney at Law | |
| | | employer/law firm | 11 Law firm of contributor's sp | ouse (if any) |
| | Jenkins & Ka | | n/a | ouse (ii uriy) |
| 12 | If contributor is | s a child, law firm of parent(s) (if any) | | |
| | n/a | | n/a | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| | 01/29/2019 | Kritzer, Elena Halachian | | \$200.00 |
| | | Contributor address; City; State; Zip Code Houston, TX 77015-0000 | | |
| | Contributor's F | Principal Occupation | Contributor's Job Title | |
| | Attorney | | Attorney at Law | |
| | | employer/law firm | Law firm of contributor's sp | ouse (if any) |
| | self | · · | n/a | |
| | If contributor is | s a child, law firm of parent(s) (if any) | | |
| | n/a | | n/a | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| | 01/29/2019 | Kuteyi & Mokolo Attorneys at Law | | \$250.00 |
| | | Contributor address; City; State; Zip Code Houston, TX 77036-2131 | | |
| | Contributor's I | Principal Occupation | Contributor's Job Title | |
| | Contributor 3 i | тиора Оссаранот | Contributor 3 300 Title | |
| | Contributor's | employer/law firm | Law firm of contributor's sp | ouse (if any) |
| | If contributor is | s a child, law firm of parent(s) (if any) | | |
| | | | | |

| l | MONET | ARY POLITICAL CONTR | RIBUTIO | DNS | SCHEDULE A(J)1 |
|------|---------------------------|---|---|---------------------------------|--|
| 7 | The Instru | ction Guide explains how to comp | plete this f | orm. | 1 Total pages Schedule A(J)1: Sch: 15/25 Rpt: 18/53 |
| | FILER NAME Peake, Sand | Ira J. (Mrs.) | | | 3 Filer ID (Ethics Commission Filers) 00037628 |
| 4 [| | | Full name of contributor out-of-state PAC (ID#:) _AW OFFICE OF NANCY BOLER | | 7 Amount of Contribution (\$) \$250.00 |
| | | Bellaire, TX 77401-0000 | | | |
| 8 (| Contributor's F | Principal Occupation | | 9 Contributor's Job Title | |
| 10 (| Contributor's 6 | employer/law firm | | 11 Law firm of contributor's sp | pouse (if any) |
| 12 | f contributor is | s a child, law firm of parent(s) (if any) | | | |
| [| Date | Full name of contributor out-of-s | tate PAC (ID#:_ |) | Amount of Contribution (\$) |
| (| 03/06/2019 | Lee, Chung (Mr.) | | | \$250.00 |
| | | Contributor address; City; State; Zip Co | de | | |
| | Contributor's F | Principal Occupation | | Contributor's Job Title | 1 |
| | Attorney | • | | Attorney at Law | |
| (| Contributor's e | employer/law firm | | Law firm of contributor's sp | pouse (if any) |
| (| C.Y. Lee Le | gal Group PLLC | | n/a | |
| ľ | f contributor is | s a child, law firm of parent(s) (if any) | | | |
| r | n/a | | | n/a | |
| | Date 01/29/2019 | Full name of contributor out-of-sinder, Gerald | state PAC (ID#:_ |) | Amount of Contribution (\$) \$100.00 |
| | | Contributor address; City; State; Zip Co Bellaire, TX 77401-0000 | de | | |
| | Contributor's I | Principal Occupation | | Contributor's Job Title | |
| | Attorney | Tilicipal Occupation | | Attorney at Law | |
| | | employer/law firm | | Law firm of contributor's sp | pouse (if any) |
| | self | | | · | |
| ľ | f contributor is | s a child, law firm of parent(s) (if any) | | | |
| | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | SCHEDULE A(J)1 |
|---|---------------------------|---|--|--|
| | The Instru | ction Guide explains how to complete this | 1 Total pages Schedule A(J)1: Sch: 16/25 Rpt: 19/53 | |
| 2 | FILER NAME Peake, Sand | | | 3 Filer ID (Ethics Commission Filers) 00037628 |
| 4 Date 02/20/2019 5 Full name of contributor out-of-state PAC (ID#: | | | | 7 Amount of Contribution (\$) \$500.00 |
| | | Houston, TX 77084-0000 | | |
| 8 | Contributor's | Principal Occupation | 9 Contributor's Job Title | |
| | Divorce and | litigation trial lawyer | Attorney at Law | |
| 10 | Contributor's | employer/law firm | 11 Law firm of contributor's s | pouse (if any) |
| | Self - Reid N | <i>I</i> /cInvale | n/a | |
| 12 | If contributor i | s a child, law firm of parent(s) (if any) | • | |
| | n/a | | n/a | |
| | Date | Full name of contributor out-of-state PAC (ID#: | :) | Amount of Contribution (\$) |
| | 01/29/2019 | Mcnamara Law Office PLLC | | \$500.00 |
| | | Contributor address; City; State; Zip Code | | |
| | | Kingwood, TX 77339-0000 | 1 | |
| | Contributor's | Principal Occupation | Contributor's Job Title | |
| | Contributor's | employer/law firm | Law firm of contributor's s | pouse (if any) |
| | If contributor i | s a child, law firm of parent(s) (if any) | 1 | |
| | Date | Full name of contributor out-of-state PAC (ID#: | :) | Amount of Contribution (\$) |
| | 01/29/2019 | Merchant, Shelley | | \$1,000.00 |
| Contributor address; City; State; Zip Code | | | | |
| | | Deer Park, TX 77536-0000 | | |
| | Contributor's | Principal Occupation | Contributor's Job Title | |
| Attorney Attorney at Law | | | | |
| | Contributor's | employer/law firm | Law firm of contributor's s | pouse (if any) |
| | self | | | |
| | If contributor i | s a child, law firm of parent(s) (if any) | | |
| | | | | |

| | MONET | ARY POLITICAL CON | ITRIBUTIC | ONS | SCHEDULE / | A(J)1 |
|---|---|--|-----------------------------------|---------------------------------|--|------------|
| | The Instru | ction Guide explains how to c | omplete this f | orm. | 1 Total pages Schedule A(J)1: Sch: 17/25 Rpt: 20/53 | |
| 2 | FILER NAME Peake, Sand | | | | 3 Filer ID (Ethics Commission 00037628 | n Filers) |
| 4 | Date 02/27/2019 | Full name of contributor on Moon, Tammy (Mrs.) Contributor address; City; State; Z Houston, TX 77004-0000 | ut-of-state PAC (ID#:_ ip Code | | 7 Amount of Contribution (\$) | \$1,919.49 |
| 8 | Contributor's F | I Principal Occupation | | 9 Contributor's Job Title | | |
| | Attorney | | | Attorney at Law | | |
| 10 | Contributor's e | employer/law firm | | 11 Law firm of contributor's sp | pouse (if any) | |
| 12 | If contributor is | s a child, law firm of parent(s) (if any) | | | | |
| | Date | Full name of contributor | it-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| Date Full name of contributor out-of-state PAC (ID#:) 02/15/2019 Moore, Vlahakos,Sydow Contributor address; City; State; Zip Code Houston, TX 77046-0000 | | | | \$500.00 | | |
| | Contributor's F | Principal Occupation | | Contributor's Job Title | | |
| | | | | | | |
| | Contributor's e | employer/law firm | | Law firm of contributor's sp | pouse (if any) | |
| | If contributor is | s a child, law firm of parent(s) (if any) | | | | |
| | Date | Full name of contributor o | ut-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| | 01/29/2019 Morris, Adam Contributor address; City; State; Zip Code Houston, TX 77096-1402 | | | | \$500.00 | |
| | Contributor's F | Principal Occupation | | Contributor's Job Title | | |
| Attorney Attorney at Law | | | | | | |
| Contributor's employer/law firm Law firm of contributor's sp | | | pouse (if any) | | | |
| | Carter Morris | | | | | |
| | If contributor is | s a child, law firm of parent(s) (if any) | | | | |
| | | | | | | |

| MONE | TARY POLITICAL CONTRIB | UTIONS | SCHEDULE A(J)1 |
|---|---|--|--|
| The Instru | uction Guide explains how to complete | this form. | 1 Total pages Schedule A(J)1: Sch: 18/25 Rpt: 21/53 |
| 2 FILER NAMI Peake, Sar | E ndra J. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00037628 |
| 4 Date 01/27/2019 | | | 7 Amount of Contribution (\$) \$50.00 |
| | Houston, TX 77071-2424 | | |
| 8 Contributor's | Principal Occupation | 9 Contributor's Job Title | |
| 10 Contributor's | employer/law firm | 11 Law firm of contributor's | spouse (if any) |
| 12 If contributor | is a child, law firm of parent(s) (if any) | | |
| Date O2/22/2019 Full name of contributor out-of-state PAC (ID#: Parker, Leniece (Ms.) Contributor address; City; State; Zip Code | | AC (ID#:) | Amount of Contribution (\$) \$250.00 |
| | Houston, TX 77074-0000 | | |
| | Principal Occupation | Contributor's Job Title | |
| attorney Contributor's | employer/law firm | Attorney at Law Law firm of contributor's | enouse (if any) |
| Parker Law | | n/a | spouse (ii aily) |
| If contributor | is a child, law firm of parent(s) (if any) | | |
| n/a | | n/a | |
| Date 01/29/2019 | Full name of contributor out-of-state PA Perry, Ashleigh Contributor address; City; State; Zip Code | AC (ID#:) | Amount of Contribution (\$) \$50.00 |
| | Houston, TX 77067-0000 | | |
| | Principal Occupation | Contributor's Job Title | |
| Attorney | | Attorney at Law | |
| Contributor's self | employer/law firm | Law firm of contributor's s | spouse (if any) |
| If contributor | is a child, law firm of parent(s) (if any) | l | |
| | | | |

| | MONET | ARY POLITICAL CONTRIB | UTIC | ONS | | SCHEDULE A(J)1 |
|--|--|---|-------------|---------------------------------|------------|--|
| | The Instru | ction Guide explains how to complete | e this f | orm. | 1 | Total pages Schedule A(J)1: Sch: 19/25 Rpt: 22/53 |
| 2 | FILER NAME Peake, Sand | | | | 3 | Filer ID (Ethics Commission Filers) 00037628 |
| 4 | Date 01/29/2019 | Full name of contributor out-of-state P Phea, Angela Contributor address; City; State; Zip Code Houston, TX 77021-1107 | PAC (ID#:_ |) | 7 | Amount of Contribution (\$) \$250.00 |
| 8 | Contributor's I | I Principal Occupation | | 9 Contributor's Job Title | | |
| | attorney | | | Attorrney at Law | | |
| 10 | Contributor's e | employer/law firm | | 11 Law firm of contributor's sp | ous | ee (if any) |
| 12 | If contributor is | s a child, law firm of parent(s) (if any) | | | | |
| | Date | Full name of contributor out-of-state P | PAC (ID#: |) | | Amount of Contribution (\$) |
| 01/08/2019 Pipefitters Local 211 Contributor address; City; State; Zip Code | | | | \$2,000.00 | | |
| | Contributor's I | Deer Park, TX 77536-0000 Principal Occupation | | Contributor's Job Title | | |
| | Continuator 3 i | Thicipal Occupation | | Contributor 3 305 Title | | |
| | Contributor's | employer/law firm | | Law firm of contributor's sp | ous | se (if any) |
| | If contributor is | s a child, law firm of parent(s) (if any) | | | | |
| | Date | Full name of contributor out-of-state P | PAC (ID#:_ |) | | Amount of Contribution (\$) |
| | 01/29/2019 Placzek, Michelle Contributor address; City; State; Zip Code Houston, TX 77007-5221 | | | | \$1,000.00 | |
| | Contributor's F | I Principal Occupation | | Contributor's Job Title | | |
| Attorney Attorney at Law | | | | | | |
| Contributor's employer/law firm Law firm of contributor's sp | | ous | se (if any) | | | |
| Morais Kim Law | | | | | | |
| | If contributor is | s a child, law firm of parent(s) (if any) | | | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIE | BUTIC | DNS | | SCHEDULE A(J)1 |
|----|--|--|------------|---------------------------------|---|--|
| | The Instruction Guide explains how to complete this form. | | | | | Total pages Schedule A(J)1: Sch: 20/25 Rpt: 23/53 |
| 2 | FILER NAME Peake, Sand | | | | 3 | Filer ID (Ethics Commission Filers) 00037628 |
| 4 | Date 01/29/2019 | 5 Full name of contributor out-of-state | PAC (ID#:_ | | 7 | Amount of Contribution (\$) \$250.00 |
| 8 | Contributor's I | rincipal Occupation | | 9 Contributor's Job Title | | |
| | Attorney self | employed | | Attorney at Law | | |
| 10 | Contributor's e | employer/law firm Law | | 11 Law firm of contributor's sp | ous | e (if any) |
| 12 | If contributor is | s a child, law firm of parent(s) (if any) | | | | |
| | Date | Full name of contributor out-of-state | PAC (ID#: |) | | Amount of Contribution (\$) |
| | Date Full name of contributor out-of-state PAC (ID#:) 02/04/2019 Runge, Barbara Contributor address; City; State; Zip Code Houston, TX 77005-0000 | | | | \$250.00 | |
| | Contributor's F | I Principal Occupation | | Contributor's Job Title | | |
| | Attorney | | | self | | |
| | | employer/law firm | | Law firm of contributor's sp | ous | ee (if any) |
| | If contributor is | s a child, law firm of parent(s) (if any) | | | | |
| | Date | Full name of contributor out-of-state | PAC (ID#: |) | | Amount of Contribution (\$) |
| | 01/29/2019 | Schalnger, Silver, Barg & Paine, LLP Contributor address; City; State; Zip Code Houston, TX 77024-0000 | | | | \$1,000.00 |
| | Contributor's I | Principal Occupation | | Contributor's Job Title | <u> </u> | |
| | Contributor's | employer/law firm | | Law firm of contributor's sp | ous | ee (if any) |
| | If contributor is | s a child, law firm of parent(s) (if any) | | | | |
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| | MONET | ARY POLITICAL CONTRIBUTION | ONS | SCHEDULE A(J)1 |
|----|------------------|---|--|---------------------------------------|
| | The Instru | ction Guide explains how to complete this f | 1 Total pages Schedule A(J)1: Sch: 21/25 Rpt: 24/53 | |
| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | Peake, San | dra J. (Mrs.) | | 00037628 |
| 4 | Date | 5 Full name of contributor ut-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| | 01/29/2019 | Slate, Dennis | | \$3,000.00 |
| | | 6 Contributor address; City; State; Zip Code | | |
| | | Deer Park, TX 77536-4110 | | |
| 8 | Contributor's | Principal Occupation | 9 Contributor's Job Title | |
| | Attorney | | Attorney at Law | |
| 10 | Contributor's | employer/law firm | 11 Law firm of contributor's s | pouse (if any) |
| | self | | | |
| 12 | If contributor i | is a child, law firm of parent(s) (if any) | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 01/27/2019 | Smith, Meghann | | \$200.00 |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | | | |
| | | Houston, TX 77006-0000 | | |
| | Contributor's | Principal Occupation | Contributor's Job Title | |
| | Attorney | | Attorney | |
| | Contributor's | employer/law firm | Law firm of contributor's s | pouse (if any) |
| | self | | | |
| | If contributor | s a child, law firm of parent(s) (if any) | 1 | |
| L | | | | |
| | Date 01/29/2019 | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) \$100.00 |
| | 01/29/2019 | Sterling, Jon Karen | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | Rosenberg, TX 77471-6715 | | |
| | Contributor's | Principal Occupation | Contributor's Job Title | |
| | retired | Finicipal Occupation | n/a | |
| _ | | employer/law firm | Law firm of contributor's s | nouse (if any) |
| | none | employemaw iiim | none | pouse (ii arry) |
| _ | | is a child, law firm of parent(s) (if any) | Hone | |
| | ii continutori | s a clinu, law litti of parefit(s) (ii arry) | | |
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| | MONET | ARY POLITICAL | CONTRIBUTION | ONS | SCHEDULE A(J)1 |
|----|------------------|---------------------------------------|--|--------------------------------|---------------------------------------|
| | The Instru | ction Guide explains ho | 1 Total pages Schedule A(J)1: Sch: 22/25 Rpt: 25/53 | | |
| 2 | FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| | Peake, San | dra J. (Mrs.) | | | 00037628 |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| | 01/29/2019 | Sumers, Jean P | | | \$50.00 |
| | | 6 Contributor address; City; | State; Zip Code | | |
| | | Houston, TX 77494-000 | 00 | | |
| 8 | Contributor's | Principal Occupation | | 9 Contributor's Job Title | |
| | attorney | | | Attorney at Law | |
| 10 |) Contributor's | employer/law firm | | 11 Law firm of contributor's s | pouse (if any) |
| | The Springe | r Law Firm | | | |
| 12 | If contributor i | s a child, law firm of parent(s) (| if any) | | |
| F | Date | Full name of contributor | out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 01/28/2019 | TRAN, THOA T | | | \$500.00 |
| | | Contributor address; City; | State; Zip Code | | ··· |
| | | | | | |
| | | | | | |
| | | HOUSTON, TX 77023- | 3024 | | |
| | Contributor's | Principal Occupation | | Contributor's Job Title | 1 |
| | ATTORNEY | | | ATTORNEY AT LAW | |
| | Contributor's | employer/law firm | | Law firm of contributor's s | pouse (if any) |
| | self | | | | |
| | If contributor | s a child, law firm of parent(s) (| if any) | • | |
| F | Date | Full name of contributor | out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 03/01/2019 | Taylor, Nina (Ms.) | | | \$50.00 |
| | | Contributor address; City; | State: Zip Code | | ··· <mark>·</mark> |
| | | , , , , , , , , , , , , , , , , , , , | , p | | |
| | | Houston, TX 77045 | | | |
| | Contributor's | Principal Occupation | | Contributor's Job Title | • |
| | Attorney at I | _aw | | Attorney at Law | |
| | Contributor's | employer/law firm | | Law firm of contributor's s | pouse (if any) |
| | The Law Of | fice of Nina J Taylor, PLLC | | | |
| | If contributor | s a child, law firm of parent(s) (| if any) | | |
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| MONETARY POLITICAL CONTRIBUTIONS | | | | | | SCHEDULE A | A(J)1 |
|---|--|---|------------------------------|---------------------------------|-----------------------------|---|------------|
| | The Instru | The Instruction Guide explains how to complete this form. | | | 1 | Total pages Schedule A(J)1 Sch: 23/25 Rpt: 26/53 | : |
| 2 | FILER NAME Peake, Sand | FILER NAME Peake, Sandra J. (Mrs.) | | | 3 | Filer ID (Ethics Commission 00037628 | on Filers) |
| 4 | Date 01/29/2019 | | |) | 7 | Amount of Contribution (\$) | \$250.00 |
| 8 | Contributor's f | Houston, TX 77060-5915 Principal Occupation | | 9 Contributor's Job Title | | | |
| 10 | Contributor's e | employer/law firm | | 11 Law firm of contributor's sp | oous | se (if any) | |
| 12 | 12 If contributor is a child, law firm of parent(s) (if any) | | | | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 1/29/2019 The Kuehm Law Firm Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$500.00 | |
| Houston, TX 77017-0000 Contributor's Principal Occupation Contributor's Job Title | | | Contributor's Job Title | | | | |
| Contributor's employer/law firm Law firm of contribute | | | Law firm of contributor's sp | oous | se (if any) | | |
| | If contributor is | s a child, law firm of parent(s) (if any) | | <u> </u> | | | |
| | Date 01/27/2019 Full name of contributor out-of-state PAC (ID#:) The Torres Law Group Contributor address; City; State; Zip Code Houston, TX 77018-0000 | | | | Amount of Contribution (\$) | \$500.00 | |
| Contributor's Principal Occupation Contributor's Job Title | | | <u> </u> | | | | |
| Contributor's employer/law firm | | | Law firm of contributor's sp | ous | se (if any) | | |
| | If contributor is | s a child, law firm of parent(s) (if any) | | | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | SCHEDULE A(J)1 | | |
|---|---|---|--------------------------------|--|--|
| | The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A(J)1: Sch: 24/25 Rpt: 27/53 | |
| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | |
| | Peake, San | dra J. (Mrs.) | | 00037628 | |
| 4 | Date | 5 Full name of contributor ut-of-state PAC (ID#: | | 7 Amount of Contribution (\$) | |
| | 01/29/2019 | Thrash, Christine | | \$1,000.00 | |
| | | 6 Contributor address; City; State; Zip Code | | | |
| Ļ | Caratrila stania | Pearland, TX 77584-0000 | Contributorio lob Titlo | | |
| 8 | Attorney | Principal Occupation | 9 Contributor's Job Title | | |
| 46 | | and a self of the | Attorney at Law | Ct and | |
| 10 | self | employer/law firm | 11 Law firm of contributor's s | pouse (ii any) | |
| 12 | | s a child, law firm of parent(s) (if any) | | | |
| | - II contributor | s a sima, law limi or parent(s) (ii arry) | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: | , | Amount of Contribution (\$) | |
| | 01/29/2019 | Valdez, Stacy Holley | | \$500.00 | |
| | | Contributor address; City; State; Zip Code | | ·· · | |
| | | | | | |
| | | | | | |
| | | Webster, TX 77598-0000 | | | |
| | Contributor's | Principal Occupation | Contributor's Job Title | 1 | |
| | Attorney | | Attorney at Law | | |
| | Contributor's | employer/law firm | Law firm of contributor's s | pouse (if any) | |
| | Self | | | | |
| | If contributor i | is a child, law firm of parent(s) (if any) | | | |
| H | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| | 03/02/2019 | Wade, Tiffany (Ms.) | | \$250.00 | |
| | | Contributor address; City; State; Zip Code | | ·· · | |
| | | | | | |
| | | | | | |
| | | Houston, TX 77234-0000 | | | |
| | Contributor's | Principal Occupation | Contributor's Job Title | 1 | |
| Attorney Attorney at Law | | Attorney at Law | | | |
| Contributor's employer/law firm Law firm of contributor | | Law firm of contributor's s | pouse (if any) | | |
| | The Wade C | Office | | | |
| | If contributor | s a child, law firm of parent(s) (if any) | | | |
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| MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDULE A(J)1 | | |
|---|---|--|------------------------------|---------------------------------|---|------------------------|-----------|
| | The Instruction Guide explains how to complete this form. | | | 1 | ages Schedule A(J)1: 5/25 Rpt: 28/53 | | |
| 2 | FILER NAME Peake, Sand | | | | 3 Filer ID 000376 | (Ethics Commissio | n Filers) |
| 4 | Date 01/28/2019 | | | 7 Amount | t of Contribution (\$) | \$500.00 | |
| 8 | Contributor's I | I Principal Occupation | | 9 Contributor's Job Title | | | |
| 10 | Contributor's 6 | employer/law firm | | 11 Law firm of contributor's sp | oouse (if any |) | |
| 12 | If contributor is | s a child, law firm of parent(s) (if any) | | | | | |
| Date O3/06/2019 Full name of contributor out-of-state PAC (ID#: | |) | Amount | t of Contribution (\$) | \$250.00 | | |
| | Houston, TX 77002-0000 Contributor's Principal Occupation Contributor's Job Title | | Contributor's Job Title | | | | |
| | Attorney | -ппсіраї Оссираціон | | Attorney at Law | | | |
| | | employer/law firm | | Law firm of contributor's sp | ouse (if any |) | |
| | | f Teresa J Waldrop PC | | n/a | , | , | |
| | | s a child, law firm of parent(s) (if any) | | | | | |
| | n/a | | | n/a | | | |
| | Date 01/29/2019 | Full name of contributor Walters Gilbreath PLLC | out-of-state PAC (ID#:_ |) | Amount | t of Contribution (\$) | \$500.00 |
| | 01/20/2010 | Contributor address; City; State; Houston, TX 77002-0000 | ; Zip Code | | | | 4000.00 |
| | Contributor's I | Principal Occupation | | Contributor's Job Title | | | |
| Contributor's employer/law firm | | | Law firm of contributor's sp | ouse (if any |) | | |
| | If contributor is | s a child, law firm of parent(s) (if any) | | | | | |
| | | | | | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | The Instru | ection Guide explains how to complete this f | orm | 1 Total pages Schedule A2: | | |
|---|--|---|-------------------------------|---|----|--|
| | THE IIISHU | iction Gaide explains now to complete this i | Sch: 1/2 Rpt: 29/53 | | | |
| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | |
| | Peake, San | dra J. (Mrs.) | | 00037628 | | |
| 4 | TOTAL OF | UNITEMIZED IN-KIND POLITICAL CONTRIB | UTIONS | \$ | | |
| 5 | Date | 6 Full name of contributor ut-of-state PAC (ID#: |) | 8 Amount of 9 In-kind contribution | | |
| | 01/28/2019 | Diggs, Cheryl | | contribution (\$) description \$200.00 flowers and cake for | | |
| | | 7 Contributor address; City; State; Zip Code | | investiture | | |
| | | | | į | | |
| | | Houston, TX 77027-0000 | | l 🗖 | _ | |
| 10 | Principal occi | upation / Job title (FOR NON-JUDICIAL) (See instructions) | 11 Employer (FOR NON | Check if travel outside of Texas. Complete Schedule JUDICIAL) (See instructions) | Т. | |
| | | | II Employer (Fortwork | OODION IL) | | |
| 12 | | principal occupation (FOR JUDICIAL) | 13 Contributor's job title | (FOR JUDICIAL) (See instructions) | | |
| | Attorney | | Attorney at Law | | | |
| 14 | | employer/law firm (FOR JUDICIAL) | 15 Law firm of contributo | or's spouse (if any) (FOR JUDICIAL) | | |
| 16 | Diggs Law F | | | | | |
| 10 | ii contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | |
| | Date | Full name of contributor Out-of-state PAC (ID#: |) | Amount of In-kind contribution | | |
| | 02/04/2019 | Indelicato, Joseph | contribution (\$) description | | | |
| | | Contributor address; City; State; Zip Code | | \$494.62 Contribution towards LaGriglia fundraiser | | |
| | | | | | | |
| | | | | | | |
| <u> </u> | | | | Check if travel outside of Texas. Complete Schedule -JUDICIAL) (See instructions) | T. | |
| | Principal occi | upation / Job title (FOR NON-JUDICIAL) (See instructions) | Employer (FOR NON | -JODICIAL) (See instructions) | | |
| | Contributor's | principal occupation (FOR JUDICIAL) | Contributor's job title | (FOR JUDICIAL) (See instructions) | | |
| | Attorney | | Attorney at Law | | | |
| Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) | | | | | | |
| | Joe Indelica | | | | | |
| | If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | |
| | Data | | | L American L 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | _ | |
| | Date 02/04/2019 | Full name of contributor out-of-state PAC (ID#: Keuhm, Robert |) | Amount of In-kind contribution contribution (\$) description | | |
| | 02/04/2019 | Contributor address: City: State; Zip Code | | \$494.62 contribution towards | | |
| | | Contributor address, City, State, 21p Code | | LaGriglia fundraiser | | |
| | | | | | | |
| | | Houston, TX 77017-0000 | | Check if travel outside of Texas. Complete Schedule | т. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions) | | | | -JUDICIAL) (See instructions) | | |
| | Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) | | | | | |
| | Attorney | | | | | |
| | Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) | | | | | |
| | Kuehm Law | , , | | , , , , , , | | |
| | If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | |
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| ТІ | The Instruction Guide explains how to complete this form. | | | | 1 Total pages Schedule A2: Sch: 2/2 Rpt: 30/53 | | |
|---|---|---|--|--|--|--|--|
| | LER NAME eake, San | dra J. (Mrs.) | | 3 Filer ID (Ethi 00037628 | cs Commission Filers) | | |
| 4 T(| OTAL OF | UNITEMIZED IN-KIND POLITICAL CONTRIB | UTIONS | \$ | | | |
| | Date 01/28/2019 6 Full name of contributor out-of-state PAC (ID#:) Mintz, Sylvia 7 Contributor address; City; State; Zip Code | | | 8 Amount of contribution (\$) \$2,700.00 | 9 In-kind contribution description lfood and catering for invesitute | | |
| | | Houston, TX 77011-0000 | | Check if travel | l outside of Texas. Complete Schedule T. | | |
| 10 Pr | incipal occi | upation / Job title (FOR NON-JUDICIAL) (See instructions) | 11 Employer (FOR NON | I-JUDICIAL) (See | instructions) | | |
| 12 Co | ontributor's | principal occupation (FOR JUDICIAL) | 13 Contributor's job title | (FOR JUDICIAL) | (See instructions) | | |
| At | ttorney | | Attorney at Law | | | | |
| 14 Co | ontributor's | employer/law firm (FOR JUDICIAL) | 15 Law firm of contributo | or's spouse (if any) | (FOR JUDICIAL) | | |
| se | elf | | n/a | | | | |
| 16 If on the normal n | | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | n/a | | | | |
| Date Full name of contributor out-of-state PAC (ID#: | | |) | Amount of contribution (\$, \$494.62 | In-kind contribution description Contribution towards LaGriglia fundraiser expense | | |
| | | Houston, TX 77007-0000 | | Check if travel | I outside of Texas. Complete Schedule T. | | |
| Pr | incipal occi | upation / Job title (FOR NON-JUDICIAL) (See instructions) | Employer (FOR NON | I-JUDICIAL) (See | instructions) | | |
| | ontributor's torney | principal occupation (FOR JUDICIAL) | Contributor's job title (FOR JUDICIAL) (See instructions) Attorney at Law | | | | |
| | | employer/law firm (FOR JUDICIAL) Smith & Associates | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | | | | |
| If (| contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | |
| Date 02/04/2019 Full name of contributor out-of-state PAC (ID#: Yates III, Sam "Trey" Contributor address; City; State; Zip Code | | | Amount of contribution (\$) \$494.62 | In-kind contribution description contribution towards expenses of LaGriglia fundraiser | | | |
| Houston, TX 77027-0000 | | | | Check if travel | outside of Texas. Complete Schedule T. | | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions) | | | | | | | |
| Contributor's principal occupation (FOR JUDICIAL) Attorney | | | Contributor's job title Attorney at Law | (FOR JUDICIAL) | (See instructions) | | |
| Co Se | | employer/law firm (FOR JUDICIAL) | Law firm of contributo | or's spouse (if any) | (FOR JUDICIAL) | | |
| lf (| contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | |
| | | | | | | | |

| LOANS (JUDICIAL) | | | | | SCHEDULE E(J) | | |
|---|--|--|-------------------------------------|----------------|--------------------------------------|----------|--|
| | The Instruction | on Guide explains how to complete this | s form. | 1 | ages Schedule E(J): /1 Rpt: 31/53 | | |
| 2 | FILER NAME Peake, Sandra | J. (Mrs.) | | | (Ethics Commission | Filers) | |
| 4 | TOTAL OF UN | NITEMIZED LOANS | | · | \$ | 0.00 | |
| 5 | Date of loan | 7 Name of lender out-of-state | PAC (ID#: |) | 9 Loan Amount (\$) | | |
| 6 | Is lender a 8 Lender address; City; State; Zip Code financial institution? | | | | 10 Interest Rate | | |
| | | | | | 11 Maturity Date | | |
| 12 | 2 Lender's Principal | Cocupation | 13 Lender's Job Title | | 1 | | |
| 14 | Lender's Employe | er/Law Firm | 15 Law Firm of lender's spou | se (if any) | | | |
| 16 | If lender is child, la | aw firm of parent(s) (if any) | | | | | |
| 17 Description of Collateral 18 Check i | | | 18 Check if personal funds w | ere deposite | d into political account | | |
| | None | | | • | (See Instructions | | |
| 19 | GUARANTOR INFORMATION | 20 Name of guarantor | 22 Amount Guaranteed (\$) | | | eed (\$) | |
| not applicable 21 Guarantor address; City; Stat | | 21 Guarantor address; City; State; | Zip Code | | | | |
| 23 | 3 Guarantor's Princi | ipal Occupation | 24 Guarantor's Job Title | | | | |
| 25 Guarantor's Employer/Law Firm | | | 26 Law Firm of guarantor's sp | oouse (if any) |) | | |
| 27 | 27 If guarantor is child, law firm of parent(s) (if any) | | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| | Candidate/Officeholder/Politica | The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 1/20 Rpt: 32/53 | Peake, Sandra J. (Mrs.) 00037628 |
| 4 | Date | 5 Payee name |
| | 03/21/2019 | Aubrey Taylor Communications |
| 6 | Amount (\$) \$2,500.00 | 7 Payee address; City; State; Zip Code 957 Nasa Parkway Suite 251 Houston, TX 77058 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 01/22/2019 | Bank of America |
| | Amount (\$) \$16.00 | Payee address; City; State; Zip Code P. O. Box 25118 Tampa, FL 33622-5118 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense monthly fee |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 01/02/2019 | Payee name Bank of America |
| | Amount (\$) \$350.00 | Payee address; City; State; Zip Code P. O. Box 25118 |
| | | Tampa, FL 33622-5118 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Charge back - returned item |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Travel Out of District OTHER (enter a category not listed above) |
|---|--|--|--|
| _ | T | · · · · · · · · · · · · · · · · · · · | 9 E'l 19 (Elliss Ossaciados Ellos) |
| 1 | Total pages Schedule F1: Sch: 2/20 Rpt: 33/53 | Peake, Sandra J. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00037628 |
| 4 | Date | 5 Payee name | |
| | 01/02/2019 | Bank of America | |
| 6 | Amount (\$) \$12.00 | 7 Payee address; City; State; Zip Code P. O. Box 25118 Tampa, FL 33633-5118 | |
| _ | DUDD005 | · · · · · · · · · · · · · · · · · · · | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | 7 to counting/Baritang | utside of Texas. Complete Schedule T. TX, officeholder living expense ned item |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 02/28/2019 | Baptist Mission District General Assoc. | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$50.00 | C/O 4300 Noble | |
| | | Houston, TX 77020-0000 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Event Expense | utside of Texas. Complete Schedule T. |
| | | Scholarship lu | TX, officeholder living expense |
| | | Scholarship iu | ncheon |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 03/18/2019 | Bloome, Sara (Ms.) | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$100.00 | 3730 Kirby | |
| | | Suite 1200 | |
| | | Houston, TX 77098-0000 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | contribution returned to donor | utside of Texas. Complete Schedule T. |
| | EXPENDITORE | | TX, officeholder living expense |
| | | received after | deadline of 3/6/2019 |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | 1 | |
| | | | |
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SCHEDULE F1

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)

| | Credit Card Payment | The Instruction Guide explains how to complete | this form. |
|---|---|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 3/20 Rpt: 34/53 | Peake, Sandra J. (Mrs.) | 00037628 |
| 4 | Date | 5 Payee name | |
| | 03/04/2019 | Bullard, Joshua (Mr.) | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$175.00 | P. O. Box 667481 | |
| | | | |
| | | Houston, TX 77266-0000 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Do | escription |
| | OF EXPENDITURE | Advertising Expense | Check if travel outside of Texas. Complete Schedule T. |
| | | l L | Check if Austin, TX, officeholder living expense dvertising |
| | | | avortioning |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | | |
| _ | Date | Payee name | |
| | 04/20/2019 | Burchett, Lynda | |
| _ | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$300.00 | 11826 Moorcreek | |
| | φοσο.σσ | 11020 Middle Gok | |
| | | Houston, TX 77070-0000 | |
| | PURPOSE | | escription |
| | OF | (a) Category (See Categories listed at the top of this schedule) Event Expense | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Event Expense | Check if Austin, TX, officeholder living expense |
| | | 2 | tickets @150.00 each Johnson Rayburn dinner |
| | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | experiditure to benefit C/Oi | | |
| | Date | Payee name | |
| | 02/14/2019 | Evans, Jim | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$250.00 | 201 Caroline - 15th f'loor | |
| | | | |
| | | Houston, TX 77002-0000 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) D | escription |
| | OF EXPENDITURE | Event Expense | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | IRC Gala 1 ticket |
| | | | into Guid I donot |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | | |
| | | | |
| | | | |
| ı | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 4/20 Rpt: 35/53 | Peake, Sandra J. (Mrs.) 00037628 |
| 4 | Date | 5 Payee name |
| | 01/16/2019 | HALL, TERRANCE |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$100.00 | 4305 Engleford |
| | | |
| | | Houston, TX 77026-0000 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Ticket for MLK Frontier's Breakfast |
| | | Tioner of MERT Formation of Broadhadt |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| | Date | Payee name |
| | 01/17/2019 | HALL, TERRANCE |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$50.00 | 4305 Engleford |
| | | |
| | | Houston, TX 77026-0000 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense MLK misc. |
| | | INEXT IIIOSI |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 03/29/2019 | HBAD |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$100.00 | P. O. Box 2352 |
| | Ψ100.00 | 1 . O. Box 2002 |
| | | Houston, TX 77253-0000 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Membership fee Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Houston Black American Democrats |
| | Complete ONLY if direct | Candidate/Officeholder name Office cought Office hold |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outer a category pet listed above)

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 5/20 Rpt: 36/53 | Peake, Sandra J. (Mrs.) 00037628 |
| 4 | Date | 5 Payee name |
| | 02/14/2019 | Houston Chronicle |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$136.95 | 4747 Southwest Freeway |
| | | |
| | | Houston, TX 77027-0000 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense subscription |
| | | Subscription |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| _ | <u> </u> | |
| | Date | Payee name |
| | 03/01/2019 | Interiorscapes of Houston, INC |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$308.51 | P. O. Box 218023 |
| | | |
| | | Houston, TX 77218-0000 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | quarterly payment for plant maintenance |
| | | (courtrooms, chambers) |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| - | Data | David and the second se |
| | Date 01/31/2019 | Payee name |
| | | Interiorscapes of Houston, INC |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$620.00 | P.O. Box 218023 |
| | | |
| | | Houston, TX 77218-0000 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | plant deposit Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | deposit on plants/containers |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/OH | |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 6/20 Rpt: 37/53 | Peake, Sandra J. (Mrs.) 00037628 |
| 4 | Date | 5 Payee name |
| | 02/07/2019 | Interiorscapes of Houston, INC |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$153.99 | P. O. Box 218023 |
| | | |
| | | Houston, TX 77218-0000 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense balance due on plants and containers |
| | | bulance due on plants and containers |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| H | Date | Payee name |
| | 06/18/2019 | Interiorscapes of Houston, INC |
| | | • |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$308.31 | P. O. Box 218023 |
| | | |
| | | Houston, TX 77218-0000 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | | Check if Austin, TX, officeholder living expense |
| | | quarterly plant mainteance |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | - · · · · · · · · · · · · · · · · · · · |
| | | |
| | Date | Payee name |
| | 02/06/2019 | Kingdom Builders Center |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$125.00 | 4305 Engleford |
| | | |
| | | Houston, TX 77026-0000 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense |
| | ZA ZHOHORZ | Check if Austin, TX, officeholder living expense |
| | | ad |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense E Accounting/Banking E Consulting Expense E Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica | | | Legal Services | ais Expense | Salaries/V | | se s/Contract Labor | | OTHER (enter a | a category not listed abo | ve) |
|---|--|-----|-------------------|-----------------------|---|-----------------|------|------------------------|-------|--------------------|---------------------------|-----------|
| | Credit Card Payment | | | The Instruction | Guide explain | s how to co | mple | ete this form. | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commission | n Filers) |
| | Sch: 7/20 Rpt: 38/53 | | Peake, Sand | dra J. (Mrs.) | | | | | | 00037628 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 04/16/2019 | | Kingdom Bu | ilders Center | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | Stat | e; Zip Co | de | | | | | |
| | \$50.00 | | 4305 Englef | ord | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Houston, TX | 77026-0000 | | | | | | | | |
| 8 | PURPOSE | (a) | | e Categories listed a | | a la a alcola N | (b) | Description | | | | |
| | OF | (", | | 'Memorials Ex | | cnedule) | (~) | | outsi | de of Texas. Con | nplete Schedule T. | |
| | EXPENDITURE | | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | Check if Austin, | , TX, | officeholder livin | g expense | |
| | | | | | | | | church contrib | but | ion | | |
| | | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Offic | eholder name | | Office sou | ght | | | Office h | eld | |
| | expenditure to benefit C/Oi | П | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 05/29/2019 | | Kingdom Bu | ilders Center | | | | | | | | |
| | Amount (\$) | Г | Payee addres | ss; City; | Stat | e; Zip Co | de | | | | | |
| | \$50.00 | | 4305 Englef | ord | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Houston, TX | 77026-0000 | | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed a | at the top of this s | chedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Event Exper | | , | , | | | | | nplete Schedule T. | |
| | EXI ENDITORE | | | | | | | ш | | officeholder livin | g expense | |
| | | | | | | | | awards lunch | eoi | 1/au | | |
| | Complete ONLY if direct | L_ | Canadidate /Offic | | | Office | | | | Office b | ald | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Offic | enoluer name | | Office sou | gnı | | | Office h | eiu | |
| | · | _ | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 01/25/2019 | | Mahdi, Saad | lia | | | | | | | | |
| | Amount (\$) | | Payee addres | | Stat | e; Zip Co | de | | | | | |
| | \$500.00 | | 63 Twin Vall | ey Drive | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Sugarland, 7 | ΓX 77479-000 | 00 | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed a | at the top of this s | chedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Event Exper | nse | | | | | | | nplete Schedule T. | |
| | | | | | | | | Photographer | | officeholder livin | | |
| | | | | | | | | . Hotographer | 0 | . investitute | • | |
| _ | Complete ONLY if direct | Ц, | Candidate/Offic | eholder name | | Office sou | aht | | | Office h | eld | |
| | expenditure to benefit C/OI | | Janunaie/OIII | cholder Haille | | JIIICE SUU | Aiir | | | Onice II | Ciu | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 8/20 Rpt: 39/53 | Peake, Sandra J. (Mrs.) 00037628 |
| 4 | Date | 5 Payee name |
| | 03/15/2019 | Peake, Sandra |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$5,000.00 | 12038 E Circle |
| | | |
| | | Houston, TX 77071-0000 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | 10/05/2018 loan matured 12/31/2018. |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | the state of the s |
| _ | Date | Payoo namo |
| | 02/28/2019 | Payee name Peake, Sandra |
| | | |
| | Amount (\$) \$238.74 | Payee address; City; State; Zip Code 12038 E Circle |
| | \$238.74 | 12038 E Circle |
| | | |
| | | Houston, TX 77071-0000 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Robe fabric (118.74, additional robe 120.00) |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| _ | Date | Payee name |
| | 02/18/2019 | Peake, Sandra |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$260.00 | 9660 Hillcroft, Ste. 430 |
| | Ψ200.00 | 3000 Filliofolt, Stc. 400 |
| | | Houston, TX 77096-0000 |
| | DUDDOCE | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Salaries/ wages/Contract Labor Check if Austin, TX, officeholder living expense |
| | | Two Men & Truck: moving expense from 9660 |
| | | Hillcroft to 201 Caroline. |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | | |
| | | |
| 1 | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| | Candidate/Officeholder/Politica Credit Card Payment | | mmittee | Legal Services | · | | /ages | /Contract Labor | | OTHER (enter a | category not listed above) |
|----------|---|----------|-----------------|------------------------|----------------------|------------|-------|--------------------|--------|---------------------|----------------------------|
| | · | | | The Instruction G | uide explains h | now to co | mple | te this form. | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 9/20 Rpt: 40/53 | | Peake, San | dra J. (Mrs.) | | | | | | 00037628 | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 03/29/2019 | | Peake, Sand | dra | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State; | Zip Co | de | | | | |
| | \$680.77 | | 201 Caroline | e - Judge Peak | е | | | | | | |
| | | | 16th floor | | | | | | | | |
| | | | Houston, TX | 77002 | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | e Categories listed at | the top of this sche | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | | nent - office pic | | | | Check if travel of | outsio | de of Texas. Com | plete Schedule T. |
| | EXPENDITORE | | | | | | | — | | officeholder living | |
| | | | | | | | | | | | checks drawn on |
| | | | | | | | | campaign acc | Jou | 111 | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Offic | eholder name | 0 | office sou | ght | | | Office he | eld |
| | | _ | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 06/13/2019 | | Peake, San | dra | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State; | Zip Co | de | | | | |
| | \$451.45 | | 201 Caroline | e - Judge Peak | е | | | | | | |
| | | | 16th floor | | | | | | | | |
| | | | Houston, TX | 77002 | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed at | the top of this sche | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | | nead/Rental Ex | | | | = | | | plete Schedule T. |
| | ZA ZADITORZ | | | | | | | _ | | officeholder living | |
| | | | | | | | | Commission f | IIai | ning, mank | you carus |
| _ | Complete ONLY if direct | <u> </u> | Candidate/Offic | soholdor namo | | office sou | aht | | | Office he | old. |
| | expenditure to benefit C/OI | | Sandidate/Onic | enoluei name | O | ince sou | yııı | | | Office fit | siu |
| _ | Data | _ | | | | | | | | | |
| | Date | | Payee name | dro | | | | | | | |
| | 06/13/2019 | | Peake, Sand | | | -: - | | | | | |
| | Amount (\$) | | Payee addres | | State; | Zip Co | de | | | | |
| | \$235.36 | | 201 Caroline | 9 | | | | | | | |
| | | | 16th floor | | | | | | | | |
| | | | Houston, TX | 77002-0000 | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed at | the top of this sche | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | Food/Bevera | age Expense | | | | ш | | | plete Schedule T. |
| | | | | | | | | _ | | officeholder living | uity -Weights and |
| | | | | | | | | Measures | | ing and grat | anty Weights and |
| \vdash | Complete ONLY if direct | L(| Candidate/Offic | ceholder name | <u> </u> | office sou | aht | | | Office he | eld |
| | expenditure to benefit C/OI | | | | Ü | | J. 10 | | | 211100 110 | - |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

| | Credit Card Payment | The Instruction Guide explains how to co | mple | ete this form. | | | | |
|---|---|--|-----------|---|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 10/20 Rpt: 41/53 | Peake, Sandra J. (Mrs.) | | 00037628 | | | | |
| 4 | Date | 5 Payee name | | <u> </u> | | | | |
| | 01/22/2019 | Pink, Vicky (Ms.) | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Co | ode | | | | | |
| | \$300.00 | P.O. Box 88416 | | | | | | |
| | | | | | | | | |
| | | Houston, TX 77286-0000 | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | Event Expense | | Check if travel outside of Texas. Complete Schedule T. | | | | |
| | | | | Check if Austin, TX, officeholder living expense | | | | |
| | | | | Photographer - fundraiser | | | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sou | l abt | Office hold | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | igni | Office held | | | | |
| _ | Data | | | | | | | |
| | Date | Payee name | | | | | | |
| | 01/22/2019 | Print N Sign | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Co | ode | | | | | |
| | \$211.08 | 7350 Harwin Dr. | | | | | | |
| | | Suite 316 A | | | | | | |
| | | Houston, TX 77036-0000 | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | Event Expense | | Check if travel outside of Texas. Complete Schedule T. | | | | |
| | | | | Check if Austin, TX, officeholder living expense Investiture | | | | |
| | | | | Investitute | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sou | l laht | Office held | | | | |
| | expenditure to benefit C/OI | | 9 | | | | | |
| - | Date | Payee name | | | | | | |
| | 01/22/2019 | Raise the Money, Inc. | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Co | nde | | | | | |
| | \$12.50 | P.O. Box 26466 | Juc | | | | | |
| | Ψ12.50 | 1.0. Box 20400 | | | | | | |
| | | Little Rock, AR 72205-0000 | | | | | | |
| | PURPOSE | | (h) | Description | | | | |
| | OF | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (0) | Description Check if travel outside of Texas. Complete Schedule T. | | | | |
| | EXPENDITURE | Accounting/Banking | | Check if Austin, TX, officeholder living expense | | | | |
| | | | | processing fee | | | | |
| | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sou | ight | Office held | | | | |
| | expenditure to benefit C/OH | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE F1

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

| | | The instruction Guide explains now to complete this form. | | | | | |
|---|---|--|---|--|--|--|--|
| 1 | Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) | | | | |
| Ļ | Sch: 11/20 Rpt: 42/53 | Peake, Sandra J. (Mrs.) | 00037628 | | | | |
| 4 | Date 01/29/2019 | 5 Payee name Raise the Money, Inc. | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | |
| | \$163.20 | P.O. Box 26466 | | | | | |
| | | Little Rock, AR 72205-0000 | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| | OF EXPENDITURE | Accounting/Banking Check if trav | el outside of Texas. Complete Schedule T. | | | | |
| | EXI ENDITORE | Check if Aus | tin, TX, officeholder living expense | | | | |
| | | processing | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | |
| | expenditure to benefit C/OI | | | | | | |
| | Date | Payee name | | | | | |
| | 02/01/2019 | Raise the Money, Inc. | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$10.05 | P. O. Box 26466 | | | | | |
| | | | | | | | |
| | | Little Rock, AR 72205-0000 | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if tray | el outside of Texas. Complete Schedule T. | | | | |
| | EXPENDITURE | / Accounting/Banking | tin, TX, officeholder living expense | | | | |
| | | processing | fee | | | | |
| | Operation ONLY if allower | On the Coffee halden and the Coffee halden a | Office health | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held | | | | |
| - | Date | Payee name | | | | | |
| | 02/13/2019 | Raise the Money, Inc. | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$12.50 | P.O. Box 26466 | | | | | |
| | | | | | | | |
| | | Little Rock, AR 72205-0000 | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| | EXPENDITURE | Accounting/Banking | el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense | | | | |
| | | processing | | | | | |
| | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comn

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. | | | | | | |
|---|--|---|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | |
| | Sch: 12/20 Rpt: 43/53 | Peake, Sandra J. (Mrs.) 00037628 | | | | | | |
| 4 | Date | 5 Payee name | | | | | | |
| | 02/18/2019 | Raise the Money, Inc. | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | |
| | \$12.50 | P.O. Box 26466 | | | | | | |
| | | | | | | | | |
| | | Little Rock, AR 72205-0000 | | | | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | |
| | | processing fee | | | | | | |
| | | | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| | expenditure to benefit C/O | | | | | | | |
| | Date | Payee name | | | | | | |
| | 02/22/2019 | Raise the Money, Inc. | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$55.40 | Raise the Money, Inc. | | | | | | |
| | | P. O. Box 26466 | | | | | | |
| | | Little Rock, AR 22205-0000 | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. | | | | | | |
| | | Check if Austin, TX, officeholder living expense Processing fee | | | | | | |
| | | 1 Toccssing icc | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| | expenditure to benefit C/O | | | | | | | |
| | Date | Payee name | | | | | | |
| | 03/07/2019 | Raise the Money, Inc. | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$5.15 | P.O. Box 26466 | | | | | | |
| | | | | | | | | |
| | | Little Rock, AR 72205-0000 | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. | | | | | | |
| | | Check if Austin, TX, officeholder living expense processing fee | | | | | | |
| | | processing ree | | | | | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| | expenditure to benefit C/O | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 13/20 Rpt: 44/53 | Peake, Sandra J. (Mrs.) 00037628 |
| 4 | Date | 5 Payee name |
| | 02/28/2019 | Raise the Money, Inc. |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$12.50 | P.O. Box 26466 |
| | | |
| | | Little Rock, AR 72205-0000 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense processing fee |
| | | processing rec |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| | D : | |
| | Date | Payee name |
| | 01/30/2019 | Raise the Money, Inc. |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$12.50 | P.O. Box 26466 |
| | | |
| | | Little Rock, AR 72205-0000 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | processing fee |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | y |
| | | |
| | Date | Payee name |
| | 03/06/2019 | Raise the Money, Inc. |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$74.50 | P.O. Box 26466 |
| | | |
| | | Little Rock, AR 72205-0000 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. |
| | - | Check if Austin, TX, officeholder living expense processing fee |
| | | processing ree |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| | Credit Card Payment The Instruction Guide explains how to complete this form. | | | | | |
|---|--|--|----------|--|---------------------|----------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 14/20 Rpt: 45/53 | Peake, Sandra J. (Mrs.) | | (| 00037628 | |
| 4 | Date | 5 Payee name | | • | | |
| | 01/30/2019 | Raise the Money, Inc. | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | ; | | | |
| | \$12.50 | P.O. Box 26466 | | | | |
| | | | | | | |
| | | Little Rock, AR 72205-0000 | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) |) Desc | cription | | |
| | OF EXPENDITURE | Accounting/Banking | | heck if travel outside | | |
| | | | | theck if Austin, TX, on the community of | officenolaer living | expense |
| | | | proc | coomig rec | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | t | | Office he | eld |
| | expenditure to benefit C/OI | | • | | 000 | |
| | Date | Payee name | | | | |
| | 01/28/2019 | Raise the Money, Inc. | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | 1 | | | |
| | \$24.75 | P.O. Box 26466 | | | | |
| | Ψ2 σ | 1.0.26825165 | | | | |
| | | Little Rock, AR 72205-0000 | | | | |
| | PURPOSE | |) Desc | crintion | | |
| | OF | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | heck if travel outside | e of Texas. Com | plete Schedule T. |
| | EXPENDITURE | , 1835 anting Danking | CI | heck if Austin, TX, o | officeholder living | expense |
| | | | proc | essing fee | | |
| | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | t | | Office he | eld |
| | | | | | | |
| | Date | Payee name | | | | |
| | 01/30/2019 | Raise the Money, Inc. | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | : | | | |
| | \$12.50 | P.O. Box 26466 | | | | |
| | | | | | | |
| | | Little Rock, AR 72205-0000 | | | | |
| | PURPOSE OF | , - |) Desc | | . | |
| | EXPENDITURE | Accounting/Banking | | heck if travel outside heck if Austin, TX, o | | |
| | | | ш | essing fee | Jinganalaa iiviilg | СПР |
| | | | = | - | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | t | | Office he | eld |
| | expenditure to benefit C/OI | 4 | | | | |
| _ | | | | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|---|
| 1 | Total pages Schedule F1: | |
| | Sch: 15/20 Rpt: 46/53 | Peake, Sandra J. (Mrs.) 00037628 |
| 4 | Date | 5 Payee name |
| | 01/20/2019 | Raise the Money, Inc. |
| 6 | Amount (\$) \$24.75 | 7 Payee address; City; State; Zip Code P.O. Box 26466 |
| | φ24.75 | F.O. Bux 20400 |
| | | Little Rock, AR 72205-0000 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. |
| | _, _, _, _, _, _, _, _, _, _, _, _, _, _ | Check if Austin, TX, officeholder living expense processing fee |
| | | processing rec |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 02/17/2019 | Raise the Money, Inc. |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1.48 | P.O. Box 26466 |
| | | Little Deel, AD 70005 0000 |
| | PURPOSE | Little Rock, AR 72205-0000 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | processing fee |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Date | Payee name |
| | 03/01/2019 | Raise the Money, Inc. |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$47.30 | P.O. Box 26466 |
| | | |
| | | Little Rock, AR 72205-0000 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | processing fee |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/OH | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 16/20 Rpt: 47/53 | Peake, Sandra J. (Mrs.) 00037628 |
| 4 | Date | 5 Payee name |
| | 03/02/2019 | Raise the Money, Inc. |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$12.50 | P.O. Box 26466 |
| | | |
| | | Little Rock, AR 72205-0000 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Processing fee |
| | | T rocessing rec |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/OI | |
| H | Date | Payee name |
| | 01/28/2019 | Raise the Money, Inc. |
| ┝ | Amount (\$) | Payee address; City; State; Zip Code |
| | \$24.75 | P.O. Box 26466 |
| | Ψ24.10 | 1.0. Box 20400 |
| | | Little Rock, AR 72205-0000 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense processing fee |
| | | processing for |
| ┢ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| F | Date | Payee name |
| | 01/30/2019 | Raise the Money, Inc. |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$12.50 | P.O. Box 26466 |
| | | |
| | | Little Rock, AR 72205-0000 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense processing fee |
| | | processing rec |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| \vdash | | |
| | | |
| | | |

SCHEDULE F1

rettising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| | Credit Card Payment | The Instruction Guide explains how to comple | ete this form. |
|---|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 17/20 Rpt: 48/53 | Peake, Sandra J. (Mrs.) | 00037628 |
| 4 | Date | 5 Payee name | |
| | 05/02/2019 | Run Sister Run PAC | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$175.00 | P. O. Box 66470 | |
| | | | |
| | | Houston, TX 77266-0000 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| | OF EXPENDITURE | Contributions/Donations Made By | Check if travel outside of Texas. Complete Schedule T. |
| | - | Candidate/Officeholder/Political Committee | Check if Austin, TX, officeholder living expense |
| | | | contribution toward sustaining organization |
| _ | 0 1: 0 1: 0 | | 000 |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| | | | |
| | Date | Payee name | |
| | 01/20/2019 | T-Mobile | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$148.28 | 11200 Fondren | |
| | ! | Suite 200 | |
| | ! | Houston, TX 77096-5508 | |
| | PURPOSE | | |
| | OF | 1 | Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Credit Card Payment | Check if Austin, TX, officeholder living expense |
| | ! | | purchase of mobile hot spot, additional cable |
| | ! | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | | |
| H | Date | Payee name | |
| | 02/26/2019 | Taylor, Barbara (Mrs.) | |
| | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$500.00 | 1238 Magnolia Dale | |
| | | | |
| | | Fresno, TX 77545-0000 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | Check if travel outside of Texas. Complete Schedule T. |
| | LAFENDITORE | | Check if Austin, TX, officeholder living expense |
| | | | Help supervise office closing and moving |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | 1 | |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Credit Card Payment The Instruction Guide explains how to complete this form. | | | | | | |
|--|---------|--|--|--|--|--|
| 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission | Filers) | | | | | |
| Sch: 18/20 Rpt: 49/53 | | | | | | |
| 4 Date 5 Payee name | | | | | | |
| 02/22/2019 Texas Assoc. of District Judges | | | | | | |
| 6 Amount (\$) 7 Payee address; City; State; Zip Code | | | | | | |
| \$20.00 P. O. Box 1748 | | | | | | |
| | | | | | | |
| Austin, TX 78767-0000 | | | | | | |
| 8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| OF EXPENDITURE Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. | | | | | | |
| Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense membership fee | | | | | | |
| membership lee | | | | | | |
| Office and ideas (Office helder name) | | | | | | |
| 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | |
| | | | | | | |
| Date Payee name | | | | | | |
| 04/16/2019 The Caucus | | | | | | |
| Amount (\$) Payee address; City; State; Zip Code | | | | | | |
| \$250.00 P. O. Box 66664 | | | | | | |
| | | | | | | |
| Houston, TX 77266-6664 | | | | | | |
| PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxas Complete Schedule T | | | | | | |
| EVENT Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | |
| Spring Fling | | | | | | |
| Spring i ing | | | | | | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | | | | |
| Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | |
| 5. T - | | | | | | |
| Date Payee name | | | | | | |
| 01/15/2019 Tru Insight | | | | | | |
| Amount (\$) Payee address; City; State; Zip Code | | | | | | |
| \$300.00 6122 Grey Oaks | | | | | | |
| | | | | | | |
| Houston, TX 77050-0000 | | | | | | |
| PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. | | | | | | |
| Check if Austin, 11X, officenoider living expense | | | | | | |
| Web maintenance | | | | | | |
| Complete ONLY if direct Condidate/Officeholder name Office assists Office assists | | | | | | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | |
| · | | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. | | | | | |
|---|--|---|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | |
| | Sch: 19/20 Rpt: 50/53 | Peake, Sandra J. (Mrs.) 00037628 | | | | | |
| 4 | Date | 5 Payee name | | | | | |
| | 02/07/2019 | Tru Insight | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | |
| | \$600.00 | 6122 Grey Oaks | | | | | |
| | | | | | | | |
| | | Houston, TX 77050-0000 | | | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| | EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| | | web maintenance Feb and March | | | | | |
| | | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| | expenditure to benefit C/OI | 1 | | | | | |
| | Date | Payee name | | | | | |
| | 02/26/2019 | Tru Insight | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$300.00 | 6122 Grey Oaks | | | | | |
| | | | | | | | |
| | | Houston, TX 77050-0000 | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| EXPENDITURE | | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| | | Web/event | | | | | |
| | | | | | | | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | | | | | |
| | expenditure to benefit C/OH | | | | | | |
| | Date | Payee name | | | | | |
| | 04/08/2019 | Tru Insight | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$300.00 | 6122 Grey Oaks | | | | | |
| | | | | | | | |
| | | Houston, TX 77050-0000 | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. | | | | | |
| | | Check if Austin, TX, officeholder living expense Web maintenance | | | | | |
| | | web mantenance | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| | expenditure to benefit C/OH | | | | | | |
| | | | | | | | |
| | | | | | | | |
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor

| Candidate/Officeholder/Political Committee Credit Card Payment | | | nmittee | Legal Services The Instruction | Guide explains l | | ages | /Contract Labor | | OTHER (enter a | category not listed above) | | |
|--|---|-----|---------------------|---------------------------------|------------------------|--|---------------------|-----------------|---|---------------------|----------------------------|--|--|
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commission Filers) | | |
| | Sch: 20/20 Rpt: 51/53 | | Peake, San | dra J. (Mrs.) | | | | | | 00037628 | | | |
| 4 | Date | 5 | Payee name | | | | | | | | | | |
| | 05/21/2019 | | Tru Insight | | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State; | Zip Co | de | | | | | | |
| | \$300.00 | | 6122 Grey (| Daks | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | Houston, T | < 77050-0000 | | | | | | | | | |
| 8 | PURPOSE OF | (a) | Category (Se | e Categories listed | at the top of this sch | edule) | (b) | Description | | | | | |
| | EXPENDITURE | | Advertising | Expense | | | | <u> </u> | avel outside of Texas. Complete Schedule T. | | | | |
| | | | | | | | | Social media | | officeholder living | expense | | |
| | | | | | | | | Social Illeula | | | | | |
| | | | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | candidate/Offic | ceholder name | C | Office sou(| ght | | | Office he | eld | | |
| | Date | | Payee name | | | | | | | | | | |
| | 06/26/2019 | | Tru Insight | | | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State; | Zip Co | de | | | | | | |
| | \$150.00 | | 6122 Grey (| Daks | | | | | | | | | |
| | | | , | | | | | | | | | | |
| | | | Houston, T | < 77050-0000 | | | | | | | | | |
| | PURPOSE | (a) | Category (Se | ee Categories listed | at the top of this sch | edule) | (b) | Description | | | | | |
| OF EXPENDITURE | | | Advertising Expense | | | Check if travel outside of Texas. Complete Schedule T. | | | | | | | |
| | | | | | _ | | officeholder living | expense | | | | | |
| | | | | | | | | Web commur | IICc | ations | | | |
| | | L | | | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | | candidate/Office | ceholder name | C | Office sou | ght | | | Office he | eld | | |
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| | Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor | | | Transportation Equipment & Related Expense Travel in District OTHER (enter a category not listed above) | | | | |
|------------------------------------|--|--|---|----------|---|----------------------------------|--|--|--|
| L | The Instruction Guide explains how to complete this form. | | | | | | | | |
| 1 | Total pages Schedule G: | 2 FILER NAME | | | | | Filer ID (Ethics Commission Filers) | | |
| | Sch: 1/1 Rpt: 52/53 | Peake, Sar | ndra J. (Mrs.) | | | | 00037628 | | |
| 4 | Date | 5 Payee name | | | | | | | |
| | 02/04/2019 | | Choir Robe Creations | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ess; City; State | ; Zip Co | ode | | | | |
| | \$120.00 | 3804 Popla | ır | | | | | | |
| | Reimbursement from | | | | | | | | |
| | X political contributions intended | Houston, TX 77087-0000 | | | | | | | |
| 8 | PURPOSE OF | (a) Category (S | Dry (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Sc | | | | | | |
| | OF EXPENDITURE | dress make | er for judicial robe | | L | Ch | eck if Austin, TX, officeholder living expense | | |
| | - | | | | black robe | | | | |
| | | | | | | | | | |
| 9 | expenditure to benefit | Candidate/Office | holder name | | Office sought | | Office held | | |
| | C/OH | | | | | | | | |
| | Date | Payee name | | | | | | | |
| | 01/30/2019 | High Fashi | | | | | | | |
| | Amount (\$) | Payee addre | | ; Zip Co | ode | | | | |
| | \$118.74 | | | | | | | | |
| | • | | | | | | | | |
| | x political contributions intended | | | | | | | | |
| | PURPOSE | Category (S | see Categories listed at the top of this sch | nedule) | Description | Ch | eck if travel outside of Texas. Complete Schedule T. | | |
| OF EXPENDITURE | | fabric and buttons for robe | | | Check if Austin, TX, officeholder living expense | | | | |
| | LAI LIDITORE | | | | black robe (fabric | ic and robe reimbursed to SPeake | | | |
| | | | | | | | | | |
| | | Candidate/Officeholder name | | | Office sought Office held | | | | |
| | expenditure to benefit C/OH | | | | | | | | |
| | | | | | | | | | |
| | Date | Payee name | | | | | | | |
| L | 01/11/2019 | Law Offices | s of David G and Sandra J F | Peake | | | | | |
| | Amount (\$) | Payee addre | ess; City; State | ; Zip Co | ode | | | | |
| | \$260.00 | 9660 Hillor | oft | | | | | | |
| | Reimbursement from | Suite 435 | | | | | | | |
| x political contributions intended | | Houston, TX 77096 | | | | | | | |
| | PURPOSE | Category (S | see Categories listed at the top of this sch | nedule) | Description | Ch | eck if travel outside of Texas. Complete Schedule T. | | |
| OF EXPENDITURE | | Office Overhead/Rental Expense | | | Check if Austin, TX, officeholder living expense | | | | |
| | LAFLINDITORE | | | | moving expense | - Pa | ayment made to Two Men & Truck | | |
| | | | | | | | | | |
| | | Candidate/Office | holder name | | Office sought | | Office held | | |
| | expenditure to benefit C/OH | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| TEXT ANNOTATION | |
|---|--|
| | Sch: 1/1 Rpt: 53/53 |
| FILER NAME Peake, Sandra J. (Mrs.) | Filer ID (Ethics Commission Filers) 00037628 |
| Schedule A2 | |
| Information entered by filer as a memo: | |
| _aGriglia fundraiser co-sponsor | |
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