

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1 Filer ID (Ethics Commission Filers) 00037628		2 Total pages filed: 23		<b>OFFICE USE ONLY</b>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Sandra J.		MI	ELECTRONICALLY FILED 10/15/2018	
	NICKNAME	LAST Peake		SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)			
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit				
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)				
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
		07/01/2018	THROUGH		10/09/2018	

6 EXPLANATION OF CORRECTION

I switched from using Paypal to using Raise the Money, Inc. Paypal sends email notification when contributions are received. Raise the Money Inc., does not. I went to my bank today and request a printout and discovered that I had transactions that had not been reported.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

**Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mrs. Sandra J. Peake  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**  
COVER SHEET PG 1

<b>The JC/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00037628	<b>2</b> Total pages filed:  23	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Sandra J.	MI	<b>OFFICE USE ONLY</b>
	NICKNAME	LAST Peake	SUFFIX	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 9660 Hillcroft St., Ste. 435  Houston, TX 77096			Date Hand-delivered or Date Postmarked
				Receipt #      Amount
				Date Processed
				Date Imaged
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST David G.	MI	
	NICKNAME	LAST Peake	SUFFIX	
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9660 Hillcroft, Ste. 435  Houston, TX 77096			
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(713)	723-5082		
<b>8</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
<b>9</b> PERIOD COVERED	Month    Day    Year 07/01/2018	THROUGH	Month    Day    Year 10/09/2018	
<b>10</b> ELECTION	ELECTION DATE Month    Day    Year 11/06/2018		ELECTION TYPE	
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>11</b> OFFICE	OFFICE HELD (if any) None Harris		<b>12</b> OFFICE SOUGHT (if known) Family District Court Judge District 257th	

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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

3 of 23

**13** C / OH NAME Peake, Sandra J. (Mrs.) **14** Filer ID (Ethics Commission Filers)  
00037628

**15** NOTICE FROM POLITICAL COMMITTEE(S)  
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

Additional Pages

<b>COMMITTEE TYPE</b> <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
	<b>COMMITTEE ADDRESS</b>
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>16</b> CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,170.99
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 12,300.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,475.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00

**17** AFFIDAVIT

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

Mrs. Sandra J. Peake  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**SUBTOTALS - JC/OH**

<b>18 FILER NAME</b> Peake, Sandra J. (Mrs.)		<b>19 Filer ID</b> 00037628	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	8,170.99
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	<input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	5,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	11,400.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	100.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	800.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	125.40
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/9 Rpt: 5/23
<b>2</b> FILER NAME Peake, Sandra J. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00037628
<b>4</b> Date 07/19/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Sally	<b>7</b> Amount of Contribution (\$)  \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77057-2130	
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm self		<b>11</b> Law firm of contributor's spouse (if any) n/a
<b>12</b> If contributor is a child, law firm of parent(s) (if any) n/a		
Date 08/16/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anunobi, Chidi (Mr.)	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Houston, TX 77008-0000	
Contributor's Principal Occupation Attorney at Law		Contributor's Job Title Attorney
Contributor's employer/law firm self		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a		
Date 08/27/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anunobi, Chidi (Mr.)	Amount of Contribution (\$)  \$150.00
	Contributor address; City; State; Zip Code  Houston, TX 77008-0000	
Contributor's Principal Occupation Attorney at Law		Contributor's Job Title Attorney
Contributor's employer/law firm self		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/9 Rpt: 6/23
<b>2</b> FILER NAME Peake, Sandra J. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00037628
<b>4</b> Date 07/02/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boudloche, Mike (Mr.)	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413		
<b>8</b> Contributor's Principal Occupation Attorney/Bankruptcy Trustee		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm self		<b>11</b> Law firm of contributor's spouse (if any) n/a
<b>12</b> If contributor is a child, law firm of parent(s) (if any) n/a		
Date 09/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce, LaShon Fleming (Ms.)	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Houston, TX 77070-4677		
Contributor's Principal Occupation Attorney at Law		Contributor's Job Title Attorney
Contributor's employer/law firm Fleming-Bruce Firm		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a		
Date 07/31/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgower, Wendy (Ms.)	Amount of Contribution (\$)  \$500.00
Contributor address; City; State; Zip Code  Houston, TX 77098-0000		
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm self		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 3/9 Rpt: 7/23
<b>2</b> FILER NAME Peake, Sandra J. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00037628
<b>4</b> Date 09/29/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cusic, Dessiray (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77060-5915	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Contributor's Principal Occupation Attorney at Law		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm The Cusic Law Firm, PC		<b>11</b> Law firm of contributor's spouse (if any) n/a
<b>12</b> If contributor is a child, law firm of parent(s) (if any) n/a		
Date 09/17/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizalde, Laura (Ms.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007-0000	Amount of Contribution (\$)  \$400.00
Contributor's Principal Occupation Attorney at Law		Contributor's Job Title Attorney
Contributor's employer/law firm self		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a		
Date 07/02/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Family Lawyers for Good Judges <hr/> Contributor address; City; State; Zip Code  Webster, TX 77598-0000	Amount of Contribution (\$)  \$670.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 4/9 Rpt: 8/23
<b>2</b> FILER NAME Peake, Sandra J. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00037628
<b>4</b> Date 09/10/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hirsch, Patricia (Ms.)	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$250.00</span>
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77027-0000		
<b>8</b> Contributor's Principal Occupation Attorney at Law		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Schlanger Silver Barg & Paine, LLP		<b>11</b> Law firm of contributor's spouse (if any) n/a
<b>12</b> If contributor is a child, law firm of parent(s) (if any) n/a <span style="float:right">n/a</span>		
Date 09/27/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jeter, Cheryl (Ms.)	Amount of Contribution (\$) <span style="float:right">\$500.00</span>
Contributor address; City; State; Zip Code  Houston, TX 77027-0000		
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm self		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a <span style="float:right">n/a</span>		
Date 07/23/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Donna	Amount of Contribution (\$) <span style="float:right">\$75.00</span>
Contributor address; City; State; Zip Code  Houston, TX 77071-0000		
Contributor's Principal Occupation hair stylist		Contributor's Job Title
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 5/9 Rpt: 9/23
<b>2</b> FILER NAME Peake, Sandra J. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00037628
<b>4</b> Date 07/18/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lundin, Keith (Mr.)	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>6</b> Contributor address; City; State; Zip Code  Pittsburgh, PA 15243-0000		
<b>8</b> Contributor's Principal Occupation retired		<b>9</b> Contributor's Job Title retired
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any) n/a
<b>12</b> If contributor is a child, law firm of parent(s) (if any) n/a		
Date 10/05/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangaroo, Jewellean (Ms.)	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Houston, TX 77056-0000		
Contributor's Principal Occupation business owner		Contributor's Job Title
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a		
Date 07/23/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moon, Tammy (Mrs.)	Amount of Contribution (\$)  \$500.00
Contributor address; City; State; Zip Code  Houston, TX 77004-0000		
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 6/9 Rpt: 10/23
2 FILER NAME Peake, Sandra J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 09/06/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newton, Charles (Mr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code  The Woodlands, TX 77382-0000	
8 Contributor's Principal Occupation Attorney at Law		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Charles Newton & Assoc.		11 Law firm of contributor's spouse (if any) Charles Newton & Assoc.
12 If contributor is a child, law firm of parent(s) (if any) n/a n/a		
Date 09/28/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poerschke, Randall (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Houston, TX 77007-0000	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Poerschke Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pottinger, Alecia (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Bellaire, TX 77401-0000	
Contributor's Principal Occupation Chemical dependency counselor		Contributor's Job Title Attorney at Law
Contributor's employer/law firm Allecia Lindsey Pottinger Law Firm		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a n/a		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 7/9 Rpt: 11/23
<b>2</b> FILER NAME Peake, Sandra J. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00037628
<b>4</b> Date 07/25/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jacqueline (Ms.)	<b>7</b> Amount of Contribution (\$)  \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77040-0000	
<b>8</b> Contributor's Principal Occupation attorney		<b>9</b> Contributor's Job Title attorney
<b>10</b> Contributor's employer/law firm Jacqueline Smith and Associates		<b>11</b> Law firm of contributor's spouse (if any) n/a
<b>12</b> If contributor is a child, law firm of parent(s) (if any) n/a		
Date 09/25/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Larry (Mr.)	Amount of Contribution (\$)  \$300.00
	Contributor address; City; State; Zip Code  Houston, TX 77096	
Contributor's Principal Occupation Attorney - self employed		Contributor's Job Title Attorney
Contributor's employer/law firm self		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a		
Date 09/27/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stagg, R Nicole (Mrs.)	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Houston, TX 77002-0000	
Contributor's Principal Occupation Attorney at Law		Contributor's Job Title Attorney
Contributor's employer/law firm Law Offices of James and Stagg, PLLC		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 8/9 Rpt: 12/23
2 FILER NAME Peake, Sandra J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 10/09/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Barbara (Ms.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77015-0000	
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title n/a
10 Contributor's employer/law firm n/a		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any) n/a		
Date 07/14/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varnado, Cynthia (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Aubrey, TX 76227-0000	
Contributor's Principal Occupation Accountant		Contributor's Job Title Accountant
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a		
Date 09/13/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wicoff, Patsy (Ms.)	Amount of Contribution (\$) \$500.99
	Contributor address; City; State; Zip Code  Houston, TX 77046-0000	
Contributor's Principal Occupation Attorney at Law		Contributor's Job Title Attorney
Contributor's employer/law firm Jenkins & Kamin		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 9/9 Rpt: 13/23
<b>2</b> FILER NAME Peake, Sandra J. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00037628
<b>4</b> Date 07/07/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Winnecour, Ronda (Ms.) <hr style="border-top: 1px dotted black;"/> <b>6</b> Contributor address; City; State; Zip Code  Pittsburgh, PA 15243-0000	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Contributor's Principal Occupation Bankruptcy Trustee		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm self		<b>11</b> Law firm of contributor's spouse (if any) n/a
<b>12</b> If contributor is a child, law firm of parent(s) (if any) n/a		
Date 09/14/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zimmerman, Marcia (Ms.) <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code  Houston, TX 77004-0000	Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation Attorney at Law		Contributor's Job Title Attorney
Contributor's employer/law firm ZimmermanLutterbie, LLP		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a		

# LOANS (JUDICIAL)

# SCHEDULE E(J)

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 1/1 Rpt: 14/23
<b>2</b> FILER NAME Peake, Sandra J. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00037628
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 10/05/2018	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra, Peake	<b>9</b> Loan Amount (\$) \$5,000.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  HOUSTON, TX 77071-0000	<b>10</b> Interest Rate
		<b>11</b> Maturity Date 12/31/2018
<b>12</b> Lender's Principal Occupation Lawyer		<b>13</b> Lender's Job Title Attorney at Law
<b>14</b> Lender's Employer/Law Firm Law Offices of David Peake & Sandra Peake, PC		<b>15</b> Law Firm of lender's spouse (if any) n/a
<b>16</b> If lender is child, law firm of parent(s) (if any) n/a		n/a
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>19</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>20</b> Name of guarantor	
	<b>21</b> Guarantor address; City; State; Zip Code	
<b>22</b> Amount Guaranteed (\$)		
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is child, law firm of parent(s) (if any)		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/3 Rpt: 15/23	<b>2</b> FILER NAME Peake, Sandra J. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00037628
<b>4</b> Date 09/24/2018	<b>5</b> Payee name Bullard, Joshua (Mr.)	
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code P. O. Box 667481  Houston, TX 77266-0000	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution toward GOTV efforts
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2018	Payee name HARRIS COUNTY DEMOCRATIC PARTY 2018 CAMPAIGN	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 1445 N. Loop West, Suite 110  Houston, TX 77008	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coordinated campaign expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/18/2018	Payee name HARRIS COUNTY DEMOCRATIC PARTY 2018 CAMPAIGN	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1445 N. Loop West, Suite 110  Houston, TX 77008	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coordinated campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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.

<b>1</b> Total pages Schedule F1: Sch: 2/3 Rpt: 16/23	<b>2</b> FILER NAME Peake, Sandra J. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00037628
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<b>4</b> Date 07/25/2018	<b>5</b> Payee name HARRIS COUNTY DEMOCRATIC PARTY 2018 CAMPAIGN
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<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 1445 N. Loop West, Suite 110  Houston, TX 77008
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution towards coordinated campaign
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/31/2018	Payee name HARRIS COUNTY DEMOCRATIC PARTY 2018 CAMPAIGN
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1445 N. Loop West, Suite 110  Houston, TX 77008
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense coordinated campaign contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/05/2018	Payee name JPBE CONSULTING
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Amount (\$) \$4,500.00	Payee address; City; State; Zip Code P. O. Box 14226  Houston, TX 77221-0000
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting and advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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.

<b>1</b>	Total pages Schedule F1: Sch: 3/3 Rpt: 17/23	<b>2</b>	FILER NAME Peake, Sandra J. (Mrs.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00037628
<b>4</b>	Date 09/14/2018	<b>5</b>	Payee name Northeast Baptist Ministers Alliance		
<b>6</b>	Amount (\$) \$500.00	<b>7</b>	Payee address; City; State; Zip Code Pleasant Hill Baptist Association 5000 Cruse Houston, TX 77016-0000		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV efforts at polling locations		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/25/2018		Payee name Print N Sign		
	Amount (\$) \$1,050.00		Payee address; City; State; Zip Code 7350 Harwin Dr. Suite 316 A Houston, TX 77036-0000		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense yard signs		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/20/2018		Payee name Renee's on the Bayou		
	Amount (\$) \$100.00		Payee address; City; State; Zip Code 2541 N. McGregor Way  Houston, TX 77004-0000		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense deposit for fundraiser venue		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 1/1 Rpt: 18/23	<b>2</b> FILER NAME Peake, Sandra J. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00037628
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date 08/02/2018	<b>6</b> Payee name Run Sister Run PAC	
<b>7</b> Amount (\$) \$100.00	<b>8</b> Payee address; City; State; Zip Code P. O. Box 66470  Houston, TX 77266-0000	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reception 9/8/18
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought <span style="float: right;">Office held</span>

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 1/1 Rpt: 19/23	<b>2</b> FILER NAME Peake, Sandra J. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00037628
<b>4</b> Date 07/31/2018	<b>5</b> Payee name HARRIS COUNTY DEMOCRATIC PARTY 2018 CAMPAIGN	
<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 1445 N. Loop West, Suite 110  Houston, TX 77008	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coordinated campaign expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 07/31/2018	Payee name Print N Sign	
Amount (\$) \$190.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7350 Harwin Dr. Suite 316 A Houston, TX 77036-0000	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sign
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 10/05/2018	Payee name Print N Sign	
Amount (\$) \$110.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7350 Harwin Dr. Suite 316 A Houston, TX 77036-0000	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/3 Rpt:	2 FILER NAME Peake, Sandra J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 07/31/2018	5 Payee name Bank of America	
6 Amount (\$)  16.00	7 Payee Address; City; State; Zip P. O. Box 25118  Tampa, FL 33622-5118	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b) Description</b> (See instructions regarding type of information required.) Monthly service fee
Date 08/01/2018	Payee name Bank of America	
Amount (\$)  16.00	Payee Address; City; State; Zip P. O. Box 25118  Tampa, FL 33622-5118	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b) Description</b> (See instructions regarding type of information required.) Monthly maintenance fee
Date 07/14/2018	Payee name Paypal	
Amount (\$)  6.20	Payee Address; City; State; Zip 2211 N. First Street  San Jose, CA 95131-0000	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b) Description</b> (See instructions regarding type of information required.) processing fee
Date 07/31/2018	Payee name Paypal	
Amount (\$)  14.80	Payee Address; City; State; Zip 2211 N. First Street  San Jose, CA 95131-0000	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b) Description</b> (See instructions regarding type of information required.) processing fee

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 2/3 Rpt:	<b>2</b> FILER NAME Peake, Sandra J. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00037628
<b>4</b> Date 08/16/2018	<b>5</b> Payee name Paypal	
<b>6</b> Amount (\$) 6.20	<b>7</b> Payee Address; City; State; Zip 2211 N. First Street  San Jose, CA 95131-0000	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) processing fee
Date 09/06/2018	Payee name Paypal	
Amount (\$) 6.40	Payee Address; City; State; Zip 2211 N. First Street  San Jose, CA 95131-0000	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) processing fee
Date 10/05/2018	Payee name Raise the Money, Inc.	
Amount (\$) 5.15	Payee Address; City; State; Zip P. O. Box 26466  Little Rock, AR 72221-0000	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) processing fee
Date 10/02/2018	Payee name Raise the Money, Inc.	
Amount (\$) 24.75	Payee Address; City; State; Zip P. O. Box 26466  Little Rock, AR 72221-0000	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) processing fee

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 3/3 Rpt:	<b>2</b> FILER NAME Peake, Sandra J. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00037628
<b>4</b> Date 10/01/2018	<b>5</b> Payee name Raise the Money, Inc.	
<b>6</b> Amount (\$) 29.90	<b>7</b> Payee Address; City; State; Zip P. O. Box 26466  Little Rock, AR 72221-0000	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) processing fee

# OUTSTANDING LOANS

## SCHEDULE L

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule L: Sch: 1/1 Rpt: 23/23
<b>2</b> FILER NAME Peake, Sandra J. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00037628
LENDER INFORMATION	<b>4</b> Name of lender Peake, David (Mr.)	
	<b>5</b> Lender address; City; State; Zip Code  Houston, TX 77071-0000	
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>6</b> Name of guarantor	
	<b>7</b> Guarantor address; City; State; Zip Code	