# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

### FORM JCOR-C/OH

		ics Commission Filers)	2 Total pages filed:			OFFICE	USE ONLY
	00037628		23			Date Received	
	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONIC	ALLY FILED
	OFFICEHOLDER NAME	Mrs.	Sandra J.			10/15/2018	
		NICKNAME	LAST		SUFFIX	·· <b>·</b>	
			Peake			Date Hand-delivered	or Data Doctmarked
	ORIGINAL	January 15	Runoff	Other (s	pecify)	Date Hand-delivered (	oi Date Postiliarkeu
	REPORT TYPE	July 15	Exceeded \$500 lim	it —		Receipt #	Amount
		X 30th day before election	15th day after cam			-	
		8th day before election	appointment (office	• • •		Date Processed	
	ODICINIAL DEDICE		<u> </u>		V	_	
	ORIGINAL PERIOD COVERED	Month Day Yea 07/01/2018	THROUGH	Month Day 10/09/2018	Year	Date Imaged	
_	EVEL ANIATION OF C			10/09/2018			
	EXPLANATION OF C	Paypal to using Raise the	Manay Inc. December	undo omail matititi	whon something	Hono ore resetted	Doing the Marie 1
	AFFIDAVIT						
	AFFIDAVIT			ear, or affirm, under p correct.	enalty of perjur	y, that this correcte	ed report is true
	AFFIDAVIT		and				ed report is true
	AFFIDAVIT		and	correct.	and all applicas: I swear, or	able statements: r affirm that the orig t an intent to mislea	ginal report
	AFFIDAVIT		and	correct.  ck the box next to any  Semiannual report was made in good for	and all applica s: I swear, or aith and without ormation contain swear, or affirm the 14th busing ginally filed is int any error or or	able statements:  r affirm that the orig t an intent to mislea ined in the report.  I, that I am filing this ess day after the da naccurate or incom	ginal report ad or to s corrected ate I learned uplete. I
	AFFIDAVIT		and Che	correct.  ck the box next to any  Semiannual report was made in good fa misrepresent the infi  Other reports: I s report not later than that the report as ori swear, or affirm, tha filed was made in go	and all applica s: I swear, or aith and without ormation contain swear, or affirm the 14th busing ginally filed is int any error or or	able statements:  r affirm that the original tan intent to misleatined in the report.  I, that I am filing this ess day after the danaccurate or incommission in the report	ginal report ad or to s corrected ate I learned uplete. I
	AFFIDAVIT		and Che	correct.  ck the box next to any  Semiannual report was made in good fa misrepresent the info  Other reports: I s report not later than that the report as ori swear, or affirm, tha filed was made in go	e and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in any error or or ood faith.	able statements:  r affirm that the original tan intent to misleatined in the report.  I, that I am filing this ess day after the danaccurate or incommission in the report	ginal report ad or to s corrected ate I learned uplete. I
		AMP / SEAL ABOVE	and Che	correct.  ck the box next to any  Semiannual report was made in good fa misrepresent the info  Other reports: I s report not later than that the report as ori swear, or affirm, tha filed was made in go	e and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in any error or or ood faith.	able statements:  r affirm that the origing tan intent to misleatined in the report.  I, that I am filing this less day after the danaccurate or incommission in the report.  J. Peake	ginal report ad or to s corrected ate I learned uplete. I
	AFFIX NOTARY ST	AMP / SEAL ABOVE	and Che	correct.  ck the box next to any  Semiannual report was made in good fa misrepresent the infi  Other reports: I se report not later than that the report as or swear, or affirm, tha filed was made in go  Signatu	e and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in any error or or ood faith.	able statements:  r affirm that the original tan intent to misleat in the report.  I, that I am filing this ess day after the danaccurate or incommission in the report.  J. Peake  e or Officeholder	ginal report ad or to s corrected ate I learned plete. I rt as originally
	AFFIX NOTARY ST Sworn to and subsc		and Che	Semiannual report was made in good fa misrepresent the infi  Other reports: I sereport not later than that the report as or swear, or affirm, that filed was made in good Signature.	and all applica s: I swear, or aith and without brmation contai swear, or affirm the 14th busine ginally filed is in t any error or or ood faith.  Mrs. Sandra ire of Candidate	able statements:  r affirm that the original tan intent to misleat in the report.  I, that I am filing this ess day after the danaccurate or incommission in the report.  J. Peake  e or Officeholder	ginal report ad or to s corrected ate I learned plete. I rt as originally
	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the sai	and Che	Semiannual report was made in good fa misrepresent the infi  Other reports: I sereport not later than that the report as or swear, or affirm, that filed was made in good Signature.	and all applica s: I swear, or aith and without brmation contai swear, or affirm the 14th busine ginally filed is in t any error or or ood faith.  Mrs. Sandra ire of Candidate	able statements:  r affirm that the original tan intent to misleat in the report.  I, that I am filing this ess day after the danaccurate or incommission in the report.  J. Peake  e or Officeholder	ginal report ad or to s corrected ate I learned plete. I rt as originally

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

#### 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 23 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mrs. Sandra J. NAME Date Received **ELECTRONICALLY FILED** 10/15/2018 NICKNAME LAST **SUFFIX** Peake CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 9660 Hillcroft St., Ste. 435 MAILING Amount Receipt # **ADDRESS** Change of Address Houston, TX 77096 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. 435 **ADDRESS** (Residence or Business) Houston, TX 77096 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 723-5082 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 X appointment (officeholder only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2018 10/09/2018 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other

11 OFFICE

11/06/2018

OFFICE HELD (if any)

None Harris

X General

Special

12 OFFICE SOUGHT (if known)

Family District Court Judge District 257th

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

3 of 23

13 C / OH NAME	Peake, Sandra J. (M	rs.)	<b>14</b> Filer ID (00037628	(Ethics Commission Filers)
This box is for notice of political contributions accepted or political expenditures made by political committees to support candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.				eholder's knowledge or
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 T ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$ 0.00
		TICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	6)	\$ 8,170.99
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLESS	ITEMIZED	\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 12,300.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	AL CONTRIBUTIONS MAINTAINED AS OF THE LA ERIOD	AST DAY OF THE	<b>\$</b> 1,475.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIL OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 5,000.00
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 s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of offic	eer administering oath	Printed name of officer administering oath	Title of officer	administering oath

### **SUBTOTALS - JC/OH**

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

					4 of 23
	ER NAM	9 Filer ID 00037628	(Ethio	cs Commission Filers)	
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	8,170.99
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	5,000.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	11,400.00
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	100.00
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	800.00
10		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS O	F C/OH	\$	
11	X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$	125.40
12		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RITO FILER	ETURNED	\$	
	_				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this f	form.	Total pages Schedule A(J)1:     Sch: 1/9 Rpt: 5/23
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 (\$)
	07/19/2018	Andrews, Sally			\$100.00
		6 Contributor address; City;	State; Zip Code		
		Houston TV 77057 213	20		
Ļ	Canaturila uta ula	Houston, TX 77057-213	50	O Combrido do do Tiblo	
8		Principal Occupation		9 Contributor's Job Title	
10	Attorney	o ma mila va mila va firma		Attorney	
10	self	employer/law firm		11 Law firm of contributor's s	pouse (if any)
11		in a shild law firm of narant(a) (	if any)	11/4	
12	n/a	s a child, law firm of parent(s) (	ii ariy)	n/a	
		T = 0			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	08/16/2018	Anunobi, Chidi (Mr.)			\$100.00
		Contributor address; City;	State; Zip Code		
		TV 77000 000	20		
		Houston, TX 77008-000	JU	T - "	
		Principal Occupation		Contributor's Job Title	
	Attorney at I			Attorney	
		employer/law firm		Law firm of contributor's s	pouse (if any)
	self			n/a	
		s a child, law firm of parent(s) (	it any)	nlo	
	n/a			n/a 	
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	08/27/2018	Anunobi, Chidi (Mr.)			\$150.00
		Contributor address; City;	State; Zip Code		
		Houston, TX 77008-000	00		
		Principal Occupation		Contributor's Job Title	
	Attorney at I	_aw		Attorney	
		employer/law firm		Law firm of contributor's s	pouse (if any)
	self			n/a	
		is a child, law firm of parent(s) (	if any)		
	n/a			n/a	

	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: 2/9 Rpt: 6/23
2	FILER NAME Peake, Sand			3 Filer ID (Ethics Commission Filers) 00037628
4	Date 07/02/2018	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_Boudloche, Mike (Mr.)</li> <li>6 Contributor address; City; State; Zip Code</li> <li>Corpus Christi, TX 78413</li> </ul>	)	7 Amount of Contribution (\$) \$1,000.00
8	Contributor's I	I Principal Occupation	9 Contributor's Job Title	
		nkruptcy Trustee	Attorney	
10	Contributor's	employer/law firm	11 Law firm of contributor's sp	ouse (if any)
	self	, ,	n/a	, , ,
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 (\$)
	09/06/2018	Bruce, LaShon Fleming (Ms.)  Contributor address; City; State; Zip Code  Houston, TX 77070-4677		\$100.00
	Contributor's I	I Principal Occupation	Contributor's Job Title	
	Attorney at L		Attorney	
	Contributor's	employer/law firm	Law firm of contributor's sp	ouse (if any)
	Fleming-Bru	ce Firm	n/a	
	If contributor is	s a child, law firm of parent(s) (if any)		
	n/a		n/a	
	Date	Full name of contributor	)	Amount of Contribution (\$)
	07/31/2018	Burgower, Wendy (Ms.)  Contributor address; City; State; Zip Code  Houston, TX 77098-0000		\$500.00
		Principal Occupation	Contributor's Job Title	
	Attorney		Attorney	
		employer/law firm	Law firm of contributor's sp	ouse (if any)
	self		n/a	
		s a child, law firm of parent(s) (if any)		
	n/a		n/a	

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 3/9 Rpt: 7/23
2	FILER NAME Peake, Sand	e, Sandra J. (Mrs.)		3	Filer ID (Ethics Commission Filers) 00037628	
4	Date 09/29/2018	<ul><li>5 Full name of contributor Cusic, Dessiray (Ms.)</li><li>6 Contributor address; City; S</li></ul>			7	Amount of Contribution (\$) \$250.00
		Houston, TX 77060-5915		•		
8		Principal Occupation		9 Contributor's Job Title		
	Attorney at L			Attorney		
10		employer/law firm		11 Law firm of contributor's sp	oou	se (if any)
11	The Cusic La			II/a		
12	n/a	s a child, law firm of parent(s) (if a	any)	n/a		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)
	09/17/2018	Elizalde, Laura (Ms.)  Contributor address; City; S  Houston, TX 77007-0000				\$400.00
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney at L			Attorney		
		employer/law firm		Law firm of contributor's sp	oou	se (if any)
	self			n/a		
	If contributor is	s a child, law firm of parent(s) (if a	any)			
	n/a			n/a		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	07/02/2018	Family Lawyers for Good  Contributor address; City; S	tate; Zip Code			\$670.00
	Contributorio [	Webster, TX 77598-0000 Principal Occupation		Contributor's Job Title		
	Continuators	-ппстраг Оссираціон		Continuator's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 4/9 Rpt: 8/23
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 (\$)
	09/10/2018	Hirsch, Patricia (Ms.)			\$250.00
		6 Contributor address; City;	State; Zip Code		"
		Houston, TX 77027-000	00		
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	pouse (if any)
		silver Barg & Paine, LLP		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 (\$)
	09/27/2018	Jeter, Cheryl (Ms.)	<b>—</b> (		\$500.00
		Contributor address; City;	State: Zip Code		··· <mark>·</mark>
		, , , , , , , , , , , , , , , , , , , ,			
		Houston, TX 77027-000	00		
	Contributor's	I Principal Occupation		Contributor's Job Title	_ <b>L</b>
	Attorney			Attorney at Law	
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
	self			n/a	
	If contributor	is 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 (\$)
	07/23/2018	Jones, Donna			\$75.00
		Contributor address; City;	State: Zip Code		··· <mark>·</mark>
		, , , , , , , , , , , , , , , , , , , ,	.,		
		Houston, TX 77071-000	00		
	Contributor's	I Principal Occupation		Contributor's Job Title	<u> </u>
	hair stylist				
		employer/law firm		Law firm of contributor's s	pouse (if any)
	n/a	, ,		n/a	
	If contributor i	s a child, law firm of parent(s) (	if any)		
	n/a		• ,		

	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: 5/9 Rpt: 9/23
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 (\$)
	07/18/2018	Lundin, Keith (Mr.)		\$500.00
		6 Contributor address; City; State; Zip Code		
		Pittsburgh, PA 15243-0000		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	retired		retired	
10	) Contributor's	employer/law firm	11 Law firm of contributor's s	pouse (if any)
_	n/a	omprojement iiii	n/a	(i. ay)
12		is a child, law firm of parent(s) (if any)		
	n/a		n/a	
H	Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of Contribution (\$)
	10/05/2018	Mangaroo, Jewellean (Ms.)		\$25.00
Contributor address; City; State; Zip Code			4	
		Containation addresses, Only, States, Exp Code		
		Houston, TX 77056-0000		
	Contributor's	Principal Occupation	Contributor's Job Title	
	business ow			
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	n/a	, ,	n/a	
	If contributor i	is a child, law firm of parent(s) (if any)	l	
	n/a	, , , , , , , , , , , , , , , , , , , ,	n/a	
F	Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of Contribution (\$)
	07/23/2018	Moon, Tammy (Mrs.)		\$500.00
		Contributor address; City; State; Zip Code		"
		Houston, TX 77004-0000		
	Contributor's	I 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	is a child, law firm of parent(s) (if any)	<u>l</u>	

	MONET	ARY POLITICAL C	ONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 6/9 Rpt: 10/23
2	FILER NAME Peake, Sand	dra J. (Mrs.)			3	Filer ID (Ethics Commission Filers) 00037628
4	Date 09/06/2018	<ul><li>5 Full name of contributor Newton, Charles (Mr.)</li><li>6 Contributor address; City; Sta</li></ul>			7	Amount of Contribution (\$) \$100.00
Ļ		The Woodlands, TX 77382	2-0000	T		
8		Principal Occupation		9 Contributor's Job Title		
	Attorney at L			Attorney		
10		employer/law firm		11 Law firm of contributor's sp		se (if any)
L		vton & Assoc.		Charles Newton & Asso	C.	
12	If contributor is n/a	s a child, law firm of parent(s) (if a	ny)	n/a		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	09/28/2018	Poerschke, Randall (Mr.)  Contributor address; City; Sta  Houston, TX 77007-0000	ate; Zip Code			\$500.00
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney	molpai o coupation		Attorney		
		employer/law firm		Law firm of contributor's sp	OUS	se (if any)
	Poerschke L					
		s a child, law firm of parent(s) (if a	ny)			
H	Date	Full name of contributor	out-of-state PAC (ID#:		_	Amount of Contribution (\$)
	10/06/2018	Pottinger, Alecia (Ms.)	Out-of-state PAC (ID#:_	)		\$100.00
	10/00/2010	Contributor address; City; Sta	ate; Zip Code		•	<b>\$250.00</b>
Г	Contributor's I	Principal Occupation		Contributor's Job Title	1	
	Chemical de	pendency counselor		Attorney at Law		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Allecia Linds	sey Pottinger Law Firm		n/a		
	If contributor is	s a child, law firm of parent(s) (if a	ny)			
	n/a			n/a		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 7/9 Rpt: 11/23
2	FILER NAME Peake, Sand	dra J. (Mrs.)			3	Filer ID (Ethics Commission Filers) 00037628
4	Date 07/25/2018	<ul><li>5 Full name of contributor</li><li>Smith, Jacqueline (Ms.)</li><li>6 Contributor address; City; §</li></ul>	·		7	Amount of Contribution (\$) \$250.00
Ļ	0	Houston, TX 77040-0000	)	In a		
8		Principal Occupation		9 Contributor's Job Title		
_	attorney			attorney		(1)
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
_	·	Smith and Associates		n/a		
12	n/a	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:		Π	Amount of Contribution (\$)
	09/25/2018	Smith, Larry (Mr.)  Contributor address; City; S  Houston, TX 77096	State; Zip Code			\$300.00
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney - se			Attorney		
		employer/law firm		Law firm of contributor's sp	20116	co (if any)
	self	employer/iaw iiiii		n/a	Jou	se (ii diiy)
		s a child, law firm of parent(s) (if	anvl	- Tira		
	n/a	s a clina, law ilitii of parchi(s) (il	urry)	n/a		
		I Full constant contribution			_	Assessment of Occasionations (D)
	Date 09/27/2018	Full name of contributor Stagg, R Nicole (Mrs.)	out-of-state PAC (ID#:	)		Amount of Contribution (\$) \$100.00
	33,21,2020	Contributor address; City; S  Houston, TX 77002-0000				¥20000
Г	Contributor's I	Principal Occupation		Contributor's Job Title	-	
	Attorney at L	aw		Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Law Offices	of James and Stagg, PLLC		n/a		
	If contributor is	s a child, law firm of parent(s) (if	any)	•		
	n/a			n/a		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 8/9 Rpt: 12/23
2	FILER NAME Peake, Sand	dra J. (Mrs.)			3	Filer ID (Ethics Commission Filers) 00037628
4	Date 10/09/2018	<ul><li>5 Full name of contributor Thomas, Barbara (Ms.)</li><li>6 Contributor address; City; S</li></ul>			7	Amount of Contribution (\$) \$100.00
Ļ	0	Houston, TX 77015-0000	)	In a		
8	Retired	Principal Occupation		9 Contributor's Job Title n/a		
10		employer/law firm			20116	co (if any)
10	n/a	employer/iaw iiim		11 Law firm of contributor's sp	Jous	se (II arry)
12		s a child, law firm of parent(s) (if	anv)	11/4		
	n/a	o a crima, law initi or parcria(o) (ii	arry)	n/a		
F	Date	Full name of contributor	out-of-state PAC (ID#:	\	Т	Amount of Contribution (\$)
	07/14/2018	Varnado, Cynthia (Ms.)  Contributor address; City; S	<u> </u>			\$100.00
	Contributor's	Aubrey, TX 76227-0000 Principal Occupation		Contributor's Job Title		
	Accountant	этпісіраї Оссираціон		Accountant		
H		employer/law firm		Law firm of contributor's sp	חחוים	se (if any)
	n/a			n/a		(i. d.i.y)
_	If contributor is	s a child, law firm of parent(s) (if	any)			
	n/a			n/a		
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)
	09/13/2018	Wicoff, Patsy (Ms.)		·		\$500.99
		Contributor address; City; S  Houston, TX 77046-0000				
	Contributor's I	Principal Occupation		Contributor's Job Title	•	
	Attorney at L	aw		Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Jenkins & Ka	amin		n/a		
		s a child, law firm of parent(s) (if	any)			
	n/a			n/a		

MONE	TARY POLITICAL C	CONTRIBUTIONS	SCHEDULE A(J)1
The Inst	ruction Guide explains how	to complete this form.	1 Total pages Schedule A(J)1: Sch: 9/9 Rpt: 13/23
2 FILER NAM			3 Filer ID (Ethics Commission Filers) 00037628
4 Date	Peake, Sandra J. (Mrs.)  Date  07/07/2018  5 Full name of contributor out-of-state PAC (ID#:)  Winnecour, Ronda (Ms.)  6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$500.00
	Pittsburgh, PA 15243-000		
8 Contributor Bankrupto	's Principal Occupation	<ul><li>9 Contributor's Job Title</li><li>Attorney</li></ul>	
	's employer/law firm	11 Law firm of contributor's sp	nouse (if any)
self	s employer/law lillii	n/a	ouse (ii arry)
12 If contribut	or is a child, law firm of parent(s) (if a	ny)	
n/a		n/a	
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/14/201	8 Zimmerman, Marcia (Ms.)		\$500.00
	Contributor address; City; St	ate; Zip Code	
	Houston, TX 77004-0000		
Contributo	's Principal Occupation	Contributor's Job Title	
Attorney a	t Law	Attorney	
	's employer/law firm	Law firm of contributor's sp	oouse (if any)
Zimmerm	anLutterbie, LLP	n/a	
	or is a child, law firm of parent(s) (if a		
n/a		n/a	

	LOANS (J	UDICIAL)			SCHEDULE E(J)
	The Instruction	n Guide explains how to complete this f	orm.		ages Schedule E(J): /1 Rpt: 14/23
2	FILER NAME Peake, Sandra 3	J. (Mrs.)		3 Filer ID 000376	(Ethics Commission Filers)
4	TOTAL OF UN	ITEMIZED LOANS			\$
5	Date of loan 10/05/2018	7 Name of lender Out-of-state PA Sandra, Peake	C (ID#:		9 Loan Amount (\$) \$5,000.00
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
	No	HOUSTON, TX 77071-0000			<b>11</b> Maturity Date 12/31/2018
12	Lender's Principal	Occupation	13 Lender's Job Title		•
	Lawyer		Attorney at Law		
14	Lender's Employe	r/Law Firm ravid Peake & Sandra Peake, PC	15 Law Firm of lender's spous	se (if any)	
16		w firm of parent(s) (if any)	11/α		
10	n/a	w mm or parent(3) (ii any)	n/a		
17	Description of Coll	ateral	18 Check if personal funds we	ere deposite	-
	X None				(See Instructions)
19	GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)
	X not applicable	<b>21</b> Guarantor address; City; State;	Zip Code		
23	Guarantor's Princi	pal Occupation	24 Guarantor's Job Title		
25	Guarantor's Emplo	yer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)	
27	If guarantor is child	d, law firm of parent(s) (if any)			

# 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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awards/Memor Legal Services  The Instruction	ials Expense Guide explains		Wages	/Contract Labor		Travel Out of OTHER (ente	District a category not li	isted above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Co	mmission Filers)
	Sch: 1/3 Rpt: 15/23		Peake, San							00037628	3	ŕ
4	Date	5	Payee name									
	09/24/2018		Bullard, Jos	hua (Mr.)								
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	ode					
	\$250.00		P. O. Box 6	67481								
			Houston, TX	< 77266-0000	)							
8	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Advertising	Expense				<b>=</b>			mplete Schedule	e T.
								Check if Austin				
								Continbution	Ovvo	aiu GOTV	CHOILS	
_	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	L_				- "	<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offi	ceholder name	(	Office sou	ught			Office	held	
_	Data	Г										
	Date		Payee name		OCRATIC PA	DTV 202	10.0	AMDAICN				
	07/02/2018							AMPAIGN				
	Amount (\$)		Payee addres			; Zip Co	ode					
	\$2,000.00		1445 N. Loc	p West, Suit	e 110							
			Houston, TX	〈 77008								
	PURPOSE	(a)	Category (Sc	ee Categories listed	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			s/Donations		,		_	outsi	de of Texas. Co	mplete Schedule	е Т.
	EXPENDITORE		Candidate/0	Officeholder/F	Political Comm	nittee		Check if Austin				
								Coordinated	car	npaign exp	ense	
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	(	Office sou	ught			Office	held	
	experiulture to beliefit C/Or	H										
	Date		Payee name									
	07/18/2018		HARRIS CO	DUNTY DEM	OCRATIC PA	RTY 202	18 C	AMPAIGN				
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	ode					
	\$1,000.00		1445 N. Loc	p West, Suit	e 110							
			Houston, TX	K 77008								
	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			s/Donations				ш			mplete Schedule	е Т.
	EXI ENDITORE		Candidate/0	Officeholder/F	Political Comm	nittee		Check if Austin				
								Coordinated	udí	npaign col	เขามนแปท	
_	Operation ONE VIII II	L_		-		Off: -				6"	L - I - I	
	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offi	ceholder name	(	Office sou	ugnt			Office	nela	
	- parameter solition of or	-										

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Conditary/Officebulder/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

t Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not 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: 2/3 Rpt: 16/23	Peake, Sandra J. (Mrs.) 00037628
4	Date	5 Payee name
	07/25/2018	HARRIS COUNTY DEMOCRATIC PARTY 2018 CAMPAIGN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	1445 N. Loop West, Suite 110
		Houston, TX 77008
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		contribution towards coordinated campaign
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/31/2018	HARRIS COUNTY DEMOCRATIC PARTY 2018 CAMPAIGN
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1445 N. Loop West, Suite 110
	1-,000	
		Houston, TX 77008
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		coordinated campaign contribution
		land the property of the prope
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/05/2018	JPBE CONSULTING
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,500.00	P. O. Box 14226
		Houston, TX 77221-0000
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		consulting and advertising
		Something and devoluting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
	ordan dara r aymon	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission F	ilers)
	Sch: 3/3 Rpt: 17/23	Peake, Sandra J. (Mrs.) 00037628	
4	Date	5 Payee name	
	09/14/2018	Northeast Baptist Ministers Alliance	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
Ŭ	\$500.00	Pleasant Hill Baptist Association	
	Ψ300.00		
		5000 Cruse	
		Houston, TX 77016-0000	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		GOTV efforts at polling locations	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to benefit 6/01		
	Date	Payee name	
	09/25/2018	Print N Sign	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,050.00	7350 Harwin Dr.	
		Suite 316 A	
		Houston, TX 77036-0000	
		· · · · · · · · · · · · · · · · · · ·	
	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	
		yard signs	
		, and original	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	09/20/2018	Renee's on the Bayou	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	2541 N. McGregor Way	
		Houston, TX 77004-0000	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		deposit for fundraiser venue	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	Н	

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 18/23 Peake, Sandra J. (Mrs.) 00037628 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 08/02/2018 Run Sister Run PAC Amount (\$) Payee address; City; State; Zip Code \$100.00 P. O. Box 66470 Houston, TX 77266-0000 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF $oldsymbol{\mathsf{T}}$ Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense reception 9/8/18 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	r - Gift/Ar Il Committee Legal	Beverage Expense wards/Memorials Expense Services	Polling Ex Printing E: Salaries/V	kpense /ages/Contract Labor	Tr Tr	ransportation Equipment & Related Expense ravel in District ravel Out of District THER (enter a category not listed above)	
	orean out a tyment	The	Instruction Guide explains	how to co	mplete this form.			
1	Total pages Schedule G:	2 FILER NAME				3 Fi	iler ID (Ethics Commission Filers)	
	Sch: 1/1 Rpt: 19/23	Peake, Sandra 、	J. (Mrs.)			0	0037628	
4	Date	5 Payee name						
	07/31/2018	HARRIS COUN	TY DEMOCRATIC PA	RTY 201	.8 CAMPAIGN			
6	Amount (\$)	<b>7</b> Payee address;	City; State	e; Zip Co	de			
	\$500.00	1445 N. Loop W	est, Suite 110					
	Reimbursement from political contributions intended	Houston, TX 770	008					
8	PURPOSE	(a) Category (See Cate	egories listed at the top of this scl	hedule)	(b) Description	Chec	k if travel outside of Texas. Complete Schedule	-
	OF	Contributions/Do	onations Made By			Chec	k if Austin, TX, officeholder living expense	
	EXPENDITURE		eholder/Political Ćomn	nittee	Coordinated can	npaigr	n expense	
9	Complete ONLY if direct expenditure to benefit C/OH	L Candidate/Officeholde	r name		Office sought		Office held	
	Date	Davisa nama						=
	07/31/2018	Payee name Print N Sign						
								_
	Amount (\$)	Payee address;	•	e; Zip Co	de			
	\$190.00	7350 Harwin Dr.						
	Reimbursement from political contributions	Suite 316 A						
	intended	Houston, TX 770	036-0000					
	PURPOSE	Category (See Cate	egories listed at the top of this scl	hedule)	Description	Chec	k if travel outside of Texas. Complete Schedule	-
	OF EXPENDITURE	Advertising Expo	ense			Chec	k if Austin, TX, officeholder living expense	
	LAFENDITORE				sign			
	Complete ONLY if direct	Candidate/Officeholde	r name		Office sought		Office held	
	expenditure to benefit C/OH							
	C/OI1							_
	Date	Payee name						
	10/05/2018	Print N Sign						
	Amount (\$)	Payee address;	City; State	e; Zip Co	de			
	\$110.00	7350 Harwin Dr.						
	Reimbursement from	Suite 316 A						
	political contributions intended	Houston, TX 770	036-0000					
_					Baranistas F	7 01		_
	PURPOSE OF		egories listed at the top of this scl	hedule)	Description _	=	ck if travel outside of Texas. Complete Schedule Texas. Complete Schedule Texas if Austin, TX, officeholder living expense	
	EXPENDITURE	Printing Expens	е		Yard signs		g	
					Tala Signs			
	Complete ONLY if direct	Candidata/Officabalda	r nomo		Office cought		Office hold	_
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholde	паше		Office sought		Office held	
	C/OH							

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE |

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE |

	The Instruction Guide explains how to	complete this form.				
Total pages Schedule I: Sch: 2/3 Rpt:	2 FILER NAME Peake, Sandra J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00037628				
Date 08/16/2018	5 Payee name Paypal	<u>,                                      </u>				
Amount (\$) 6.20	7 Payee Address; City; State; Zip 2211 N. First Street San Jose, CA 95131-0000					
PURPOSE OF EXPENDITURE		(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 (a) Category (See instructions for examples of acceptable categories) (b) Des		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	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(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) Description (See instructions regarding type of information required. processing fee				

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE |

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

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