

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00037628	2 Total pages filed: 53						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Sandra J.	MI	OFFICE USE ONLY					
	NICKNAME	LAST Peake	SUFFIX						
Date Received ELECTRONICALLY FILED 07/15/2019									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 201 Caroline 16th Floor Houston, TX 77002-0000			Date Hand-delivered or Date Postmarked					
				Receipt #	Amount				
				Date Processed					
				Date Imaged					
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST David G.	MI						
	NICKNAME	LAST Peake	SUFFIX						
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9660 Hillcroft, Ste. 430 Houston, TX 77096								
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION						
	(713)	723-5082							
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)								
	<input checked="" 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)								
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year		
	01	01	2019		06	30	2019		
10 ELECTION	ELECTION DATE Month Day Year 11/07/2018			ELECTION TYPE					
				<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other			
			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special					
11 OFFICE	OFFICE HELD (if any) Family District Court Judge District 257 Harris				12 OFFICE SOUGHT (if known) Family District Court Judge District 257				

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 53

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

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

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	40,822.97
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	17,719.01
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	26,925.67
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

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

18 FILER NAME Peake, Sandra J. (Mrs.)		19 Filer ID 00037628	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	35,944.49
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	4,878.48
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	<input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	17,220.27
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	498.74
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/25 Rpt: 4/53
2 FILER NAME Peake, Sandra J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 02/01/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alsandor, Cheryl (Ms.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Houston, TX 77098	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney at Law
10 Contributor's employer/law firm The Alsandor Law Firm		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 03/06/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arteaga, Laura	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77036-0000	
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)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Nicole	Amount of Contribution (\$) \$250.00
	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 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/25 Rpt: 5/53
2 FILER NAME Peake, Sandra J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 01/19/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billings, Patricia <hr/> 6 Contributor address; City; State; Zip Code Humble, TX 77338-0000	7 Amount of Contribution (\$) \$1,500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney at Law
10 Contributor's employer/law firm self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 03/06/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boudreaux, Rogers (Mr.) <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-0000	Amount of Contribution (\$) \$500.00
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		
Date 01/27/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brentwood Baptist Church Credit Union <hr/> Contributor address; City; State; Zip Code Houston, TX 77245-0206	Amount of Contribution (\$) \$100.00
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/25 Rpt: 6/53
2 FILER NAME Peake, Sandra J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 02/22/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce, LaShon Fleming (Ms.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Houston, TX 77070-4677	
8 Contributor's Principal Occupation Attorney at Law		9 Contributor's Job Title attorney
10 Contributor's employer/law firm self		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 01/29/2019	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 at Law
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)		
Date 01/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales, Claudia	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Pearland, TX 77581-0000	
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)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/25 Rpt: 7/53
2 FILER NAME Peake, Sandra J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 01/29/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Robert <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77074-0000	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney at Law
10 Contributor's employer/law firm Law Office of Robert Cardenas		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Rose <hr/> Contributor address; City; State; Zip Code Houston, TX 77074-6425	Amount of Contribution (\$) \$250.00
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 01/22/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlin, Amy <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-0000	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Carlin 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/25 Rpt: 8/53
2 FILER NAME Peake, Sandra J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 01/29/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childs, Eraka <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77054-0000	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation Attorney at Law		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/28/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clay, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-0000	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney at Law		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		
Date 01/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clevenger, George <hr/> Contributor address; City; State; Zip Code Houston, TX 77069-0000	Amount of Contribution (\$) \$1,000.00
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)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/25 Rpt: 9/53
2 FILER NAME Peake, Sandra J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 01/29/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Kristen <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77493-0000	7 Amount of Contribution (\$) \$50.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney at Law
10 Contributor's employer/law firm Woodfill 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 02/14/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coole, Cary <hr/> Contributor address; City; State; Zip Code Houston, TX 77063-0000	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation consultant		Contributor's Job Title Real Estate Consultant
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 02/22/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Edward (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77079-0000	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm self employed		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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/25 Rpt: 10/53
2 FILER NAME Peake, Sandra J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 02/22/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diggs, Cheryl	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Houston, TX 77021-0000		
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney at Law
10 Contributor's employer/law firm Diggs Law Firm		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 01/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dougherty, Judy	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77007-0000		
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)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/27/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EVERSON, DONNA	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code HOUSTON, TX 77089-0000		
Contributor's Principal Occupation ATTORNEY AT LAW		Contributor's Job Title ATTORNEY
Contributor's employer/law firm self employed		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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 8/25 Rpt: 11/53
2 FILER NAME Peake, Sandra J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 02/17/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eaglin, Shandale <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77070-0000	7 Amount of Contribution (\$) \$25.00
8 Contributor's Principal Occupation Broker/owner		9 Contributor's Job Title realtor
10 Contributor's employer/law firm Eaglin Realty		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 01/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitch, Bonnie <hr/> Contributor address; City; State; Zip Code Houston, TX 77021-0000	Amount of Contribution (\$) \$500.00
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)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franco, Laura <hr/> Contributor address; City; State; Zip Code Katy, TX 77450-0000	Amount of Contribution (\$) \$1,000.00
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)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/25 Rpt: 12/53
2 FILER NAME Peake, Sandra J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 01/29/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FullenweidernWilhite <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77027-0000	7 Amount of Contribution (\$) \$500.00
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 02/18/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuller, Lanease <hr/> Contributor address; City; State; Zip Code Houston, TX 77027-0000	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm self employed		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 01/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREGORY, MYRNA <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77041-0000	Amount of Contribution (\$) \$400.00
Contributor's Principal Occupation ATTORNEY AT LAW		Contributor's Job Title ATTORNEY
Contributor's employer/law firm Gregory Law PLLC		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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 10/25 Rpt: 13/53
2 FILER NAME Peake, Sandra J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 01/25/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill & Revack 6 Contributor address; City; State; Zip Code Houston, TX 77401-3604	7 Amount of Contribution (\$) \$500.00
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 01/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gjenbo, Anne Contributor address; City; State; Zip Code Houston, TX 77074-0000	Amount of Contribution (\$) \$350.00
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)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/13/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golda Jacobs and Assoc. P.C. Contributor address; City; State; Zip Code Hoiuston, TX 77002-0000	Amount of Contribution (\$) \$500.00
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 11/25 Rpt: 14/53
2 FILER NAME Peake, Sandra J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 01/29/2019	5 Full name of contributor <input type="checkbox"/> 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 Principal Occupation Attorney/Mediator		9 Contributor's Job Title Attorney at Law
10 Contributor's employer/law firm self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Reed & McGraw, LLP Contributor address; City; State; Zip Code Houston, TX 77056-0000	Amount of Contribution (\$) \$1,000.00
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)		
Date 01/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guidry, Myrna (Ms.) Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$150.00
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) none
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 12/25 Rpt: 15/53
2 FILER NAME Peake, Sandra J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 01/19/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guillerman, Mark	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Houston, TX 77077-0000	
8 Contributor's Principal Occupation home inspector		9 Contributor's Job Title home inspector
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)		
Date 02/22/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hemby, William	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Stafford, TX 77477-0000	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm Law Office of William Hemby, Jr.		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 01/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Diggs Eames & Sadler	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77007-0000	
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 13/25 Rpt: 16/53
2 FILER NAME Peake, Sandra J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 01/29/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurst, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77055-0000	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation attorney		9 Contributor's Job Title attorney
10 Contributor's employer/law firm Chaffin & Hurst		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/11/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IBEW PAC VOLUNTARY FUND <hr/> Contributor address; City; State; Zip Code Washington, DC 20001-0000	Amount of Contribution (\$) \$750.00
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)		
Date 01/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Anna (Ms.) <hr/> Contributor address; City; State; Zip Code Spring, TX 77391-0000	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation retired		Contributor's Job Title n/a
Contributor's employer/law firm n/a		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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 14/25 Rpt: 17/53
2 FILER NAME Peake, Sandra J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 01/29/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kamin, Lynn <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77046-0000	7 Amount of Contribution (\$) \$300.00
8 Contributor's Principal Occupation Attorney at Law		9 Contributor's Job Title Attorney at Law
10 Contributor's employer/law firm Jenkins & Kamin, LLP		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 01/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kritzer, Elena Halachian <hr/> Contributor address; City; State; Zip Code Houston, TX 77015-0000	Amount of Contribution (\$) \$200.00
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		
Date 01/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuteyi & Mokolo Attorneys at Law <hr/> Contributor address; City; State; Zip Code Houston, TX 77036-2131	Amount of Contribution (\$) \$250.00
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 15/25 Rpt: 18/53
2 FILER NAME Peake, Sandra J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 01/29/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF NANCY BOLER <hr/> 6 Contributor address; City; State; Zip Code Bellaire, TX 77401-0000	7 Amount of Contribution (\$) \$250.00
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 03/06/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Chung (Mr.) <hr/> Contributor address; City; State; Zip Code Katy, TX 77494-0000	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm C.Y. Lee Legal Group 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		
Date 01/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linder, Gerald <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-0000	Amount of Contribution (\$) \$100.00
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)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 16/25 Rpt: 19/53
2 FILER NAME Peake, Sandra J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 02/20/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McInvale, Robert	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Houston, TX 77084-0000		
8 Contributor's Principal Occupation Divorce and litigation trial lawyer		9 Contributor's Job Title Attorney at Law
10 Contributor's employer/law firm Self - Reid McInvale		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 01/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcnamara Law Office PLLC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Kingwood, TX 77339-0000		
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)		
Date 01/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchant, Shelley	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Deer Park, TX 77536-0000		
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)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 17/25 Rpt: 20/53
2 FILER NAME Peake, Sandra J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 02/27/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moon, Tammy (Mrs.)	7 Amount of Contribution (\$) \$1,919.49
6 Contributor address; City; State; Zip Code Houston, TX 77004-0000		
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney at Law
10 Contributor's employer/law firm self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Vlahakos,Sydow	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Houston, TX 77046-0000		
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)		
Date 01/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Adam	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Houston, TX 77096-1402		
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm Carter Morris, LLP		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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 18/25 Rpt: 21/53
2 FILER NAME Peake, Sandra J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 01/27/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oromia Limo Company <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77071-2424	7 Amount of Contribution (\$) \$50.00
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 02/22/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Leniece (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77074-0000	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm Parker Law Office		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 01/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Ashleigh <hr/> Contributor address; City; State; Zip Code Houston, TX 77067-0000	Amount of Contribution (\$) \$50.00
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)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 19/25 Rpt: 22/53
2 FILER NAME Peake, Sandra J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 01/29/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phea, Angela <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77021-1107	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation attorney		9 Contributor's Job Title Attorney at Law
10 Contributor's employer/law firm self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/08/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pipefitters Local 211 <hr/> Contributor address; City; State; Zip Code Deer Park, TX 77536-0000	Amount of Contribution (\$) \$2,000.00
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)		
Date 01/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Placzek, Michelle <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-5221	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm Morais Kim Law		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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 20/25 Rpt: 23/53
2 FILER NAME Peake, Sandra J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 01/29/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricketts, Ivy (Mrs.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Houston, TX 77054	
8 Contributor's Principal Occupation Attorney self employed		9 Contributor's Job Title Attorney at Law
10 Contributor's employer/law firm Ivy Ricketts Law		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/04/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Runge, Barbara	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77005-0000	
Contributor's Principal Occupation Attorney		Contributor's Job Title self
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)		
Date 01/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schalnger, Silver, Barg & Paine, LLP	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77024-0000	
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 21/25 Rpt: 24/53
2 FILER NAME Peake, Sandra J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 01/29/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slate, Dennis <hr/> 6 Contributor address; City; State; Zip Code Deer Park, TX 77536-4110	7 Amount of Contribution (\$) \$3,000.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney at Law
10 Contributor's employer/law firm self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/27/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Meghann <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-0000	Amount of Contribution (\$) \$200.00
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)		
Date 01/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sterling, Jon Karen <hr/> Contributor address; City; State; Zip Code Rosenberg, TX 77471-6715	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation retired		Contributor's Job Title n/a
Contributor's employer/law firm none		Law firm of contributor's spouse (if any) none
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 22/25 Rpt: 25/53
2 FILER NAME Peake, Sandra J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 01/29/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sumers, Jean P	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Houston, TX 77494-0000	
8 Contributor's Principal Occupation attorney		9 Contributor's Job Title Attorney at Law
10 Contributor's employer/law firm The Springer 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 01/28/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRAN, THOA T	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code HOUSTON, TX 77023-3024	
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)
If contributor is a child, law firm of parent(s) (if any)		
Date 03/01/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Nina (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77045	
Contributor's Principal Occupation Attorney at Law		Contributor's Job Title Attorney at Law
Contributor's employer/law firm The Law Office of Nina J Taylor, PLLC		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

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, Sandra J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 01/29/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Cusic Law Firm <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77060-5915	7 Amount of Contribution (\$) \$250.00
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 01/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Kuehm Law Firm <hr/> Contributor address; City; State; Zip Code Houston, TX 77017-0000	Amount of Contribution (\$) \$500.00
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)		
Date 01/27/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Torres Law Group <hr/> Contributor address; City; State; Zip Code Houston, TX 77018-0000	Amount of Contribution (\$) \$500.00
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

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 Peake, Sandra J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 01/29/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thrash, Christine <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77584-0000	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney at Law
10 Contributor's employer/law firm self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Stacy Holley <hr/> Contributor address; City; State; Zip Code Webster, TX 77598-0000	Amount of Contribution (\$) \$500.00
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)
If contributor is a child, law firm of parent(s) (if any)		
Date 03/02/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Tiffany (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77234-0000	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm The Wade Office		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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 25/25 Rpt: 28/53
2 FILER NAME Peake, Sandra J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 01/28/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldron Schneider <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77058-1228	7 Amount of Contribution (\$) \$500.00
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 03/06/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldrop, Teresa <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-0000	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm Law Office of Teresa J Waldrop PC		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 01/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters Gilbreath PLLC <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-0000	Amount of Contribution (\$) \$500.00
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)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/2 Rpt: 29/53	
2 FILER NAME Peake, Sandra J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00037628	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 01/28/2019	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diggs, Cheryl	8 Amount of contribution (\$) \$200.00	9 In-kind contribution description flowers and cake for investiture
	7 Contributor address; City; State; Zip Code Houston, TX 77027-0000	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) Attorney		13 Contributor's job title (FOR JUDICIAL) (See instructions) Attorney at Law	
14 Contributor's employer/law firm (FOR JUDICIAL) Diggs Law Firm		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/04/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Indelicato, Joseph	Amount of contribution (\$) \$494.62	In-kind contribution description Contribution towards LaGriglia fundraiser
	Contributor address; City; State; Zip Code Houston, TX 77098-0000	<input type="checkbox"/> 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 (FOR JUDICIAL) (See instructions) Attorney at Law	
Contributor's employer/law firm (FOR JUDICIAL) Joe Indelicato, PC		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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Keuhm, Robert	Amount of contribution (\$) \$494.62	In-kind contribution description contribution towards LaGriglia fundraiser
	Contributor address; City; State; Zip Code Houston, TX 77017-0000	<input type="checkbox"/> 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 (FOR JUDICIAL) (See instructions) Attorney at Law	
Contributor's employer/law firm (FOR JUDICIAL) Kuehm Law Firm		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/2 Rpt: 30/53	
2 FILER NAME Peake, Sandra J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00037628	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 01/28/2019	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mintz, Sylvia	8 Amount of contribution (\$) \$2,700.00	9 In-kind contribution description food and catering for invesitute
	7 Contributor address; City; State; Zip Code Houston, TX 77011-0000		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) Attorney		13 Contributor's job title (FOR JUDICIAL) (See instructions) Attorney at Law	
14 Contributor's employer/law firm (FOR JUDICIAL) self		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) n/a	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) n/a		n/a	
Date 02/04/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jacqueline (Ms.)	Amount of contribution (\$) \$494.62	In-kind contribution description Contribution towards LaGriglia fundraiser expense
	Contributor address; City; State; Zip Code Houston, TX 77007-0000		
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 (FOR JUDICIAL) (See instructions) Attorney at Law	
Contributor's employer/law firm (FOR JUDICIAL) Jacqueline 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates III, Sam "Trey"	Amount of contribution (\$) \$494.62	In-kind contribution description contribution towards expenses of LaGriglia fundraiser
	Contributor address; City; State; Zip Code Houston, TX 77027-0000		
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 (FOR JUDICIAL) (See instructions) Attorney at Law	
Contributor's employer/law firm (FOR JUDICIAL) self		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 1/1 Rpt: 31/53
2 FILER NAME Peake, Sandra J. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00037628
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> None		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 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 -
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.

1 Total pages Schedule F1: Sch: 1/20 Rpt: 32/53	2 FILER NAME Peake, Sandra J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 03/21/2019	5 Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2019	Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charge back - returned item
Complete <u>ONLY</u> 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	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 -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/20 Rpt: 33/53	2 FILER NAME Peake, Sandra J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 01/02/2019	5 Payee name Bank of America	
6 Amount (\$) \$12.00	7 Payee address; City; State; Zip Code P. O. Box 25118 Tampa, FL 33633-5118	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INSF for returned item
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/28/2019	Payee name Baptist Mission District General Assoc.	
Amount (\$) \$50.00	Payee address; City; State; Zip Code C/O 4300 Noble Houston, TX 77020-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Scholarship luncheon
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/18/2019	Payee name Bloome, Sara (Ms.)	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 3730 Kirby Suite 1200 Houston, TX 77098-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) contribution returned to donor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense received after deadline of 3/6/2019
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 | 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 -
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.

1 Total pages Schedule F1: Sch: 3/20 Rpt: 34/53	2 FILER NAME Peake, Sandra J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 03/04/2019	5 Payee name Bullard, Joshua (Mr.)	
6 Amount (\$) \$175.00	7 Payee address; City; State; Zip Code P. O. Box 667481 Houston, TX 77266-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/20/2019	Payee name Burchett, Lynda	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 11826 Moorcreek Houston, TX 77070-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2 tickets @150.00 each Johnson Rayburn dinner
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/14/2019	Payee name Evans, Jim	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 201 Caroline - 15th f'loor Houston, TX 77002-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HRC Gala 1 ticket
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.

1 Total pages Schedule F1: Sch: 4/20 Rpt: 35/53	2 FILER NAME Peake, Sandra J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 01/16/2019	5 Payee name HALL, TERRANCE	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 4305 Engleford Houston, TX 77026-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ticket for MLK Frontier's Breakfast
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/17/2019	Payee name HALL, TERRANCE	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 4305 Engleford Houston, TX 77026-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MLK misc.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/29/2019	Payee name HBAD	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P. O. Box 2352 Houston, TX 77253-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Membership fee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Houston Black American Democrats
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.

1 Total pages Schedule F1: Sch: 5/20 Rpt: 36/53	2 FILER NAME Peake, Sandra J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 02/14/2019	5 Payee name Houston Chronicle	
6 Amount (\$) \$136.95	7 Payee address; City; State; Zip Code 4747 Southwest Freeway Houston, TX 77027-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/01/2019	Payee name Interiorscapes of Houston, INC	
Amount (\$) \$308.51	Payee address; City; State; Zip Code P. O. Box 218023 Houston, TX 77218-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense quarterly payment for plant maintenance (courtrooms, chambers)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2019	Payee name Interiorscapes of Houston, INC	
Amount (\$) \$620.00	Payee address; City; State; Zip Code P.O. Box 218023 Houston, TX 77218-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) plant deposit	(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 on plants/containers
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.

1 Total pages Schedule F1: Sch: 6/20 Rpt: 37/53	2 FILER NAME Peake, Sandra J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00037628
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4 Date 02/07/2019	5 Payee name Interiorscapes of Houston, INC
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6 Amount (\$) \$153.99	7 Payee address; City; State; Zip Code P. O. Box 218023 Houston, TX 77218-0000
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense balance due on plants and containers
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/18/2019	Payee name Interiorscapes of Houston, INC
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Amount (\$) \$308.31	Payee address; City; State; Zip Code P. O. Box 218023 Houston, TX 77218-0000
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense quarterly plant mainteance
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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 02/06/2019	Payee name Kingdom Builders Center
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Amount (\$) \$125.00	Payee address; City; State; Zip Code 4305 Engleford Houston, TX 77026-0000
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ad
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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.

1 Total pages Schedule F1: Sch: 7/20 Rpt: 38/53	2 FILER NAME Peake, Sandra J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 04/16/2019	5 Payee name Kingdom Builders Center	
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 4305 Engleford Houston, TX 77026-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense church contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/29/2019	Payee name Kingdom Builders Center	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 4305 Engleford Houston, TX 77026-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense awards luncheon/ad
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/25/2019	Payee name Mahdi, Saadia	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 63 Twin Valley Drive Sugarland, TX 77479-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photographer for investiture
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.

1 Total pages Schedule F1: Sch: 8/20 Rpt: 39/53	2 FILER NAME Peake, Sandra J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 03/15/2019	5 Payee name Peake, Sandra	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 12038 E Circle Houston, TX 77071-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 10/05/2018 loan matured 12/31/2018.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/28/2019	Payee name Peake, Sandra	
Amount (\$) \$238.74	Payee address; City; State; Zip Code 12038 E Circle Houston, TX 77071-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Robe fabric (118.74, additional robe 120.00)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/18/2019	Payee name Peake, Sandra	
Amount (\$) \$260.00	Payee address; City; State; Zip Code 9660 Hillcroft, Ste. 430 Houston, TX 77096-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Two Men & Truck: moving expense from 9660 Hillcroft to 201 Caroline.
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.

1 Total pages Schedule F1: Sch: 9/20 Rpt: 40/53	2 FILER NAME Peake, Sandra J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 03/29/2019	5 Payee name Peake, Sandra	
6 Amount (\$) \$680.77	7 Payee address; City; State; Zip Code 201 Caroline - Judge Peake 16th floor Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursement - office picture framing/gifts	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hobby Lobby will not accept checks drawn on campaign account
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/13/2019	Payee name Peake, Sandra	
Amount (\$) \$451.45	Payee address; City; State; Zip Code 201 Caroline - Judge Peake 16th floor Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Commission framing, thank you cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/13/2019	Payee name Peake, Sandra	
Amount (\$) \$235.36	Payee address; City; State; Zip Code 201 Caroline 16th floor Houston, TX 77002-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Court staff meeting and gratuity -Weights and Measures
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 | 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 -
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.

1 Total pages Schedule F1: Sch: 10/20 Rpt: 41/53	2 FILER NAME Peake, Sandra J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 01/22/2019	5 Payee name Pink, Vicky (Ms.)	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code P.O. Box 88416 Houston, TX 77286-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photographer - fundraiser
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2019	Payee name Print N Sign	
Amount (\$) \$211.08	Payee address; City; State; Zip Code 7350 Harwin Dr. Suite 316 A Houston, TX 77036-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Investiture
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2019	Payee name Raise the Money, Inc.	
Amount (\$) \$12.50	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
Complete <u>ONLY</u> 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.

1 Total pages Schedule F1: Sch: 11/20 Rpt: 42/53	2 FILER NAME Peake, Sandra J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 01/29/2019	5 Payee name Raise the Money, Inc.	
6 Amount (\$) \$163.20	7 Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/01/2019	Payee name Raise the Money, Inc.	
Amount (\$) \$10.05	Payee address; City; State; Zip Code P. O. Box 26466 Little Rock, AR 72205-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/13/2019	Payee name Raise the Money, Inc.	
Amount (\$) \$12.50	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
Complete <u>ONLY</u> 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	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 - 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.

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

1 Total pages Schedule F1: Sch: 13/20 Rpt: 44/53	2 FILER NAME Peake, Sandra J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 02/28/2019	5 Payee name Raise the Money, Inc.	
6 Amount (\$) \$12.50	7 Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2019	Payee name Raise the Money, Inc.	
Amount (\$) \$12.50	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/06/2019	Payee name Raise the Money, Inc.	
Amount (\$) \$74.50	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
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.

1 Total pages Schedule F1: Sch: 14/20 Rpt: 45/53	2 FILER NAME Peake, Sandra J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 01/30/2019	5 Payee name Raise the Money, Inc.	
6 Amount (\$) \$12.50	7 Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/28/2019	Payee name Raise the Money, Inc.	
Amount (\$) \$24.75	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2019	Payee name Raise the Money, Inc.	
Amount (\$) \$12.50	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
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.

1 Total pages Schedule F1: Sch: 15/20 Rpt: 46/53	2 FILER NAME Peake, Sandra J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 01/20/2019	5 Payee name Raise the Money, Inc.	
6 Amount (\$) \$24.75	7 Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/17/2019	Payee name Raise the Money, Inc.	
Amount (\$) \$1.48	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/01/2019	Payee name Raise the Money, Inc.	
Amount (\$) \$47.30	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
Complete <u>ONLY</u> 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.

1 Total pages Schedule F1: Sch: 16/20 Rpt: 47/53	2 FILER NAME Peake, Sandra J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 03/02/2019	5 Payee name Raise the Money, Inc.	
6 Amount (\$) \$12.50	7 Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/28/2019	Payee name Raise the Money, Inc.	
Amount (\$) \$24.75	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2019	Payee name Raise the Money, Inc.	
Amount (\$) \$12.50	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
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.

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

1 Total pages Schedule F1: Sch: 18/20 Rpt: 49/53	2 FILER NAME Peake, Sandra J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 02/22/2019	5 Payee name Texas Assoc. of District Judges	
6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code P. O. Box 1748 Austin, TX 78767-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/16/2019	Payee name The Caucus	
Amount (\$) \$250.00	Payee address; City; State; Zip Code P. O. Box 66664 Houston, TX 77266-6664	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Spring Fling
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/15/2019	Payee name Tru Insight	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 6122 Grey Oaks Houston, TX 77050-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web maintenance
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.

1 Total pages Schedule F1: Sch: 19/20 Rpt: 50/53	2 FILER NAME Peake, Sandra J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 02/07/2019	5 Payee name Tru Insight	
6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code 6122 Grey Oaks Houston, TX 77050-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense web maintenance Feb and March
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/26/2019	Payee name Tru Insight	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 6122 Grey Oaks Houston, TX 77050-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web/event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/08/2019	Payee name Tru Insight	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 6122 Grey Oaks Houston, TX 77050-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web maintenance
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)

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|--|-------------------------------|--------------------------------|--|
| 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 -
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.

1 Total pages Schedule F1: Sch: 20/20 Rpt: 51/53	2 FILER NAME Peake, Sandra J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00037628
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4 Date 05/21/2019	5 Payee name Tru Insight
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6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 6122 Grey Oaks Houston, TX 77050-0000
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social media
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/26/2019	Payee name Tru Insight
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Amount (\$) \$150.00	Payee address; City; State; Zip Code 6122 Grey Oaks Houston, TX 77050-0000
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web communications
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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 PERSONAL FUNDS

SCHEDULE G

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 -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 52/53	2 FILER NAME Peake, Sandra J. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 02/04/2019	5 Payee name Choir Robe Creations	
6 Amount (\$) \$120.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3804 Poplar Houston, TX 77087-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) dress maker for judicial robe	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense black robe
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 01/30/2019	Payee name High Fashion Fabric	
Amount (\$) \$118.74 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3101 Louisiana Houston, TX 77006-0000	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fabric and buttons for robe	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense black robe (fabric and robe reimbursed to SPeake)
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 01/11/2019	Payee name Law Offices of David G and Sandra J Peake	
Amount (\$) \$260.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 9660 Hillcroft Suite 435 Houston, TX 77096	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense moving expense - Payment made to Two Men & Truck
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

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:

LaGriglia fundraiser co-sponsor