FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00037628 13 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mrs. Sandra J. NAME Date Received **ELECTRONICALLY FILED** 07/13/2020 NICKNAME LAST **SUFFIX** Peake CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 201 Caroline MAILING Amount Receipt # **ADDRESS** 16th Floor Change of Address Houston, TX 77002-0000 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. David G. NAME NICKNAME LAST **SUFFIX** Peake STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE: **TREASURER** 9660 Hillcroft, Ste. 430 **ADDRESS** (Residence or Business) Houston, TX 77096 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 723-5082 **PHONE** REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) Х PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2020 06/30/2020 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/07/2018

GO TO PAGE 2

District Judge District 257 Harris

OFFICE HELD (if any)

11 OFFICE

χ General

Special

12 OFFICE SOUGHT (if known)

Family District Court Judge District 257th

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 13

13 C / OH NAME	Peake, Sandra J. (Mr	s.)	14 Filer ID 00037628	(Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	eholder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL	COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS					
16 CONTIBUTION TOTALS		I AL CONTRIBUTIONS OF \$50 OR LESS (OTHER ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$ 0.00				
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 0.00				
EXPENDITURE TOTALS	S ITEMIZED	\$ 78.00						
	\$ 2,908.30							
CONTRIBUTION BALANCE	 	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00				
17 AFFADAVIT								
		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.						
		Mrs	. Sandra J. Peake					
		Signature o	f Candidate or Officeho	lder				
AFFIX NO	TARY STAMP / SEAL ABO	DVE						
Sworn to and subs	day							
of	, 20, to ce	ertify which, witness my hand and seal of office.						
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	r administering oath				

SUBTOTALS - JC/OH

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

				3 of 13
18 FILER NA Peake, S	ME andra J. (Mrs.)	19 Filer ID 00037628	(Ethics Commiss	ion Filers)
	E SUBTOTALS SCHEDULE		SUBTOTAL	AMOUNT
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	0.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	0.00
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	0.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	:	\$	2,830.30
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$	
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	78.00
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$	
			•	

PLEDG	ED CONTRIBUTIONS (JUDICIA	AL)		SCHED	ULE B(J)			
The I	nstruction Guide explains how to complet	e this form.	1 Total pages Schedule B(J): Sch: 1/1 Rpt: 4/13					
2 FILER NAME Peake, Sand			3 Filer ID (00037628	Ethics Commissio	on Filers)			
4 TOTAL OF	UNITEMIZED PLEDGES		•	\$	0.00			
5 Date	6 Full name of pledgor out-of-state PAC (ID#:_ 7 Pledgor Address; City; State; Zip (Code	8 Amount of pledge (\$)	9 In-kind I (If ap	description plicable)			
			Check if travel of	outside of Texas.	Complete Schedule T.			
10 Pledgor's prin	cipal occupation	11 Pledgor's job title						
12 Pledgor's emp	oloyer/law firm	13 Law firm of pledgo	r's spouse (if any)					
14 If pledgor is a	child, law firm of parent(s) (if any)							

	LOANS (J	UDICIAL)				SCHI	EDULE E	(J)	
	The Instructio	n Guide explains how to complete this	form.	Total pages Schedule E(J): Sch: 1/1 Rpt: 5/13					
2	FILER NAME Peake, Sandra J	J. (Mrs.)		3	Filer ID		ommission F	-ilers)	
4	TOTAL OF UN	IITEMIZED LOANS				\$		0.00	
5	Date of loan	7 Name of lender out-of-state P/	AC (ID#:			9 Loan /	Amount (\$)		
6	Is lender a financial institution?	10 Interest Rate							
						11 Maturi	ty Date		
12	2 Lender's Principal	Occupation	13 Lender's Job Title						
14	Lender's Employer	r/Law Firm	15 Law Firm of lender's spous	se (it	f any)				
16	If lender is child, la	w firm of parent(s) (if any)	1						
17	Description of Coll	ateral	18 Check if personal funds we	ere o	deposite		al account		
19	19 GUARANTOR INFORMATION 20 Name of guarantor						nt Guarantee	ed (\$)	
23	not applicable not applicable	21 Guarantor address; City; State; pal Occupation	Zip Code Zip Code						
25	5 Guarantor's Emplo	over/Law Firm	26 Law Firm of guarantor's spouse (if any)						
	· 		20 Law Film Organiamor 5 Sp			,			
27	' If guarantor is child	d, law firm of parent(s) (if any)							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/8 Rpt: 6/13	Peake, Sandra J. (Mrs.) 00037628
4	Date	5 Payee name
	03/20/2020	Bank of America
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.00	P. O. Box 15284
l		
		Wilmington, DE 19850-0000
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		check image fee
		Chock image for
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/02/2020	Bank of America
H	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	P. O. Box 15284
		Wilmington, DE 19850-0000
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		check image fee
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/01/2020	Bank of America
H	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	P. O. Box 15284
		Wilmington, DE 19850-0000
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense check image fee
		Check image lee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
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SCHEDULE F1

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

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 con	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/8 Rpt: 7/13	Peake, Sandra J. (Mrs.)	00037628
4 Date	5 Payee name	
06/01/2020	Bank of America	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	de
\$3.00	P. O. Box 15284	
	Wilmington, DE 19850-0000	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		check image fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht Office held
experialitate to belieff 6/0	<u> </u>	
Date	Payee name	
05/12/2020	Bishops Office Needs	
Amount (\$)	Payee address; City; State; Zip Cod	le
\$28.28	4660 Pine Timbers	
	Suite 132	
	Houston, TX 77041-9337	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	·	Check if Austin, TX, officeholder living expense
		Sanitizing wipes for court and court staff offices
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ght Office held
Date	Payee name	
05/18/2020	Bishops Office Needs	
Amount (\$)	Payee address; City; State; Zip Cod	le
\$98.33	4660 Pine Timbers	
	Suite 132	
	Houston, TX 77041-9337	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	(See Categories listed at the top of this scriedule)	
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.
	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
OF		
OF	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct	Office Overhead/Rental Expense Candidate/Officeholder name Office Soug	Check if Austin, TX, officeholder living expense sanitizing wipes for court, staff offices
OF EXPENDITURE	Office Overhead/Rental Expense Candidate/Officeholder name Office Soug	Check if Austin, TX, officeholder living expense sanitizing wipes for court, staff offices
OF EXPENDITURE Complete ONLY if direct	Office Overhead/Rental Expense Candidate/Officeholder name Office Soug	Check if Austin, TX, officeholder living expense sanitizing wipes for court, staff offices

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Ser				/ages	s/Contract Labor OTHER (enter a category						ed above)		
		_			truction Guid	de explains	now to co	mpie	ete this form.	_						
1	Total pages Schedule F1:	2								3	Filer		•	Ethics Comr	nission File	rs)
	Sch: 3/8 Rpt: 8/13		Peake, Sar	ndra J. ((Mrs.)						0003	37628				
4	Date	5	Payee name	;												
	02/09/2020		Church at E	Bethels	Family											
6	Amount (\$)	7	Payee addre	ess;	City;	State	; Zip Co	de								
	\$25.00		12660 San	piper												
			Houston, T	X 7703	5-0000											
8	PURPOSE	(a)	Category (S	ee Catego	ries listed at the	top of this sch	edule)	(b)	Description							
	OF EXPENDITURE		Contributio	ns/Don	ations Mad	le By			Check if travel							
	EXI ENDITORE		Candidate/	Officeh	older/Politi	cal Comm	ittee		Check if Austin	n, TX,	, officeh	older livin	ng ex	pense		
									donation							
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholde	r name	(Office sou	ght			(Office h	neld			
	Date		Payee name	!												
	01/16/2020		Fisk Houst	on Alum	ıni Associa	ation										
	Amount (\$)	H	Payee addre	ess;	City;	State	; Zip Co	de								
	\$100.00		P. O. Box 3	-	- 31		, 1									
	,															
			Houston, T	X 7702	3-0000											
	PURPOSE	(a)	Category (S	ee Catego	ries listed at the	top of this sch	edule)	(b)	Description							
	OF EXPENDITURE		Advertising						Check if travel							
	EXI ENDITORE								Check if Austin			older livin	ng ex	pense		
									ad for souve	nır ı	000K					
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Off	iceholde	r name	(Office sou	ght			(Office h	neld			
	Date		Payee name	!												
	03/09/2020		Harris Cou	nty Den	nocratic Pa	arty										
	Amount (\$)		Payee addre	ess;	City;	State	; Zip Co	de								
	\$125.00		4619 Lyons	5												
			Houston, T	X 7702	0-0000											
	PURPOSE OF	(a)	Category (S				edule)	(b)	Description							
	EXPENDITURE		Contributio				.:		Check if travel Check if Austin							
			Candidate/	Onicen	older/Politic	cai Comm	iittee		Blue Topaz s				ig ex	pense		
									Diac Topaz s	·μυ	13013	ı ııp				
	Complete ONLY if direct	Ц	Candidata/Off	ioobolda			Office corr	abt				Office !-	ماط			
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Off	icenoide	патте	(Office sou	ynt			(Office h	ieid			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Cor		Food/Beverage Expensi Gift/Awards/Memorials E Legal Services The Instruction Gu	Expense		xpens Wages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
L	Sch: 4/8 Rpt: 9/13		Peake, San	dra J. (Mrs.)						00037628	
4	Date	5	Payee name								
	03/09/2020		Houston Ba	r Foundation							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode				
	\$250.00		1111 Bagby	′							
			FLB 200								
			Houston, TX	K 77002-0000							
8	PURPOSE	(a)	Category (Se	ee Categories listed at th	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE	` '		ns/Donations Ma		cudicy			outsi	de of Texas. Comp	olete Schedule T.
	EXPENDITORE		Candidate/0	Officeholder/Polit	ical Comm	ittee		_		officeholder living	expense
								Kay Sim End	owi	ment	
Ļ							<u> </u>				
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholder name	C	Office sou	ught			Office he	lld
	Date		Payee name								
	02/01/2020		Houston GL	BT Political Cau	cus						
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$40.00		Houston GL	BT Caucus							
			P. O. Box 6	6664							
			Houston, TX	X 77266-0000							
	PURPOSE	(a)	Category (Se	ee Categories listed at th	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			ns/Donations Ma		· · · - /		Check if travel		de of Texas. Comp	
	LAFLINDITORE			Officeholder/Polit		ittee		_	, TX,	officeholder living	expense
								membership			
_	Complete ONII V Stalling at	Ļ	Condidate (Off	anhalder ver		Office	10 p t			O#:!	.id
	Complete ONLY if direct expenditure to benefit C/Oh		Januidate/Offi	ceholder name	C	Office sou	ugnt			Office he	eiu
	Date		Payee name								
	06/15/2020		•	es of Houston, II	NC						
	Amount (\$)	\vdash	Payee addres			Zip Co	ode				
	\$308.51		P. O. Box 2		J. 10.10,	_,, 50					
	,,,,,,,		-								
			Houston, TX	X 77218-0000							
	PURPOSE OF	(a)		ee Categories listed at th		edule)	(b)	Description			alata Cabadala T
	EXPENDITURE		Office Over	head/Rental Exp	ense					de of Texas. Comp officeholder living	
								quarterly plan			
								, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ught			Office he	eld
	expenditure to benefit C/OF	Н					-				

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Fi	lers)
	Sch: 5/8 Rpt: 10/13	Peake, Sandra J. (Mrs.) 00037628	
4	Date	5 Payee name	
	03/17/2020	Interiorscapes of Houston, INC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$308.51	P. O. Box 218023	
		Houston, TX 77218-0000	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		quarterly plant maintenance	
		4	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	н	
H	Date	Payee name	
	06/15/2020	Interiorscapes of Houston, INC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$308.51	P. O. Box 218023	
		Houston, TX 77218-0000	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		quarterly plant maintenance	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Davido namo	
	01/28/2020	Payee name Kingdom Builders Center	
_	Amount (\$)		
	\$100.00	Payee address; City; State; Zip Code 4305 Engleford	
	Ψ100.00	4505 Engicioru	
		Houston, TX 77026-0000	
_	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		seniors Valentine lunch donation	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/8 Rpt: 11/13	Peake, Sandra J. (Mrs.) 00037628
4	Date	5 Payee name
	01/28/2020	Kingdom Builders Center
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	4305 Engleford
		Houston, TX 77026-0000
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Seriiois Valeriures Darice
Ļ	Operation ONLY if direct	On did to 10 ff as hald a grant Off as south
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/16/2020	Peake, Sandra
	Amount (\$)	Payee address; City; State; Zip Code
	\$107.37	201 Caroline - Judge Peake
		16th floor
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Cause No. 2011-65302; jury expense: morning
		donuts, snacks
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	05/06/2020	Peake, Sandra
	Amount (\$)	Payee address; City; State; Zip Code
	\$220.79	201 Caroline - Judge Peake
	Ψ220.19	-
		16th floor
		Houston, TX 77002-0000
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement for: masks, gloves for court/staff
		Covid 19
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	mmittee	Gift/Awards/Memorials Ex Legal Services The Instruction Guid	Salaries	/Wages	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	EII ER NAME				1	3	Filer ID	(Ethics Commission Filers)
•	Sch: 7/8 Rpt: 12/13	Peake, San						00037628	(
4	Date	Payee name							
	05/26/2020	Peake, San	dra						
6	Amount (\$)	Payee addres	•	State; Zip C	ode				
	\$78.00	201 Caroline	e - Judge Peake						
		16th floor							
		Houston, TX	77002-0000						
8	PURPOSE	Category (Se	e Categories listed at the	top of this schedule)	(b)	Description			
	OF		ment/Reimburser				utsio	de of Texas. Com	plete Schedule T.
	EXPENDITURE					ш		officeholder living	
							r S	chedulista o	ongoing subscription 2 @
						39.00/month			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offic	ceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	04/22/2020	Run Sister F	Run PAC						
	Amount (\$)	Payee addres	ss; City;	State; Zip C	ode				
	\$100.00	P. O. Box 66	6470						
			77266-0000						
	PURPOSE OF		e Categories listed at the		(b)	Description		l4.T O	whate Calcadula T
	EXPENDITURE		s/Donations Mad Officeholder/Politic			=		officeholder living	plete Schedule T.
		Carididate/C	inceriolaei/Folitic	ai Committee		High Tea	,		,
						3			
	Complete ONLY if direct	Candidate/Offic	ceholder name	Office so	uaht			Office he	eld
	expenditure to benefit C/OI								
	Date	Payee name							
	01/18/2020	Southwest D	Democrats						
	Amount (\$)	Payee addres	ss; City;	State; Zip C	ode				
	\$20.00	P. O. Box 50	033						
		Houston, TX	77402-0000						
	PURPOSE OF	•	e Categories listed at the	top of this schedule)	(b)	Description			
	EXPENDITURE	dues				브			plete Schedule T.
						Club dues	ı,	officeholder living	J EXPENSE
						2.22 4400			
\vdash	Complete ONLY if direct	Candidate/Offic	ceholder name	Office so	ught			Office he	eld .
	expenditure to benefit C/OI		Janoidol Hallio	Office 30	agrit			Cilioc III	···

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	als Expense Printing E	Expense /Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category r	not listed above)
1	Total pages Schedule F1:	FILER NAME			3 Filer ID (Ethics	Commission Filers)
	Sch: 8/8 Rpt: 13/13	Peake, Sandra J. (Mrs.)			00037628	
4	Date	Payee name			1	
	06/07/2020	Texas Democratic Party				
6	Amount (\$)	Payee address; City;	State; Zip Co	ode		
	\$250.00	P. O. Box 15707	, ,			
	·					
		Austin, TX 78761-0000				
8	PURPOSE	a) Category (See Categories listed a	at the top of this schedule)	(b) Description		
	OF EXPENDITURE	Contributions/Donations N	Made By	ı <u>—</u>	outside of Texas. Complete Sche	edule T.
	ZA ZABITORZ	Candidate/Officeholder/P	olitical Committee	ı <u>—</u>	n, TX, officeholder living expense rtual Happy Hour durin	a convention
				uonation - VII	rtuai i iappy moui uuliii	g convention
9	Complete ONLY if direct	Candidate/Officeholder name	Office sou	l ught	Office held	
_	expenditure to benefit C/OI	Candidate/Oniceriolide Haine	Office Sol		Office Held	
	Date	Payee name				
L	02/24/2020	Tru Insight				
	Amount (\$)	Payee address; City;	State; Zip Co	ode		
	\$200.00	6122 Grey Oaks				
		Houston, TX 77050-0000				
	PURPOSE	a) Category (See Categories listed a	at the top of this schedule)	(b) Description		
	OF EXPENDITURE	Advertising Expense		1 	outside of Texas. Complete Sche	edule T.
				Web mainten	n, TX, officeholder living expense	
				web mainten	iulio6	
_	Complete ONLY if direct	Candidate/Officeholder name	Office sou	<u> </u> ught	Office held	
	expenditure to benefit C/O	Sanarato, Omoonolder name	Since 300	~g. ii	Since field	
\vdash	Data	Dayloo name				
	Date 02/02/2020	Payee name Wheeler Avenue Baptist (Church			
		·				
	Amount (\$)	Payee address; City;	State; Zip Co	ode		
	\$50.00	3826 Wheeler				
		Houston, TX 77004-0000				
	PURPOSE OF	a) Category (See Categories listed a		(b) Description	and the set Tanana Co. 11 T.	adula T
	EXPENDITURE	Contributions/Donations N Candidate/Officeholder/P		1 	outside of Texas. Complete Sche n, TX, officeholder living expense	edule 1.
			ondour Committee	church dona		
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ught	Office held	
	expenditure to benefit C/OI					
					,	