# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete	e this form.	Filer ID (Ethics Commission Filers 00088320		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	IRST		MI	OFFICE U	ISE ONI Y
OFFICEHOLDER NAME	Mr.	Doug D.			Date Received	OL ONL!
					ELECTRONICA	LLY FILED
	NICKNAME L	_AST		SUFFIX	01/15/2025	
		Peterson				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / S	SUITE#; CITY;		ZIP CODE	Date Hand-delivered or	Date Postmarked
MAILING ADDRESS	14917 El Camino Real Box #	#891193			Receipt #	Amount
Change of Address	Houston, TX 77289				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR F	IRST		MI		
TREASURER NAME	Mr. L	uis Angel				
	NICKNAME L	 AST		SUFFIX		
		Sanchez				
		: - : - : - :		2177	07.4	-:- 2005
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BO	OX PLEASE);	APT / SUITE	E#; CITY;	STA	TE; ZIP CODE
ADDRESS	7322 Donnino Dr					
(Residence or Business)	Texas City, TX 77591					
7 CAMPAIGN	AREA CODE PHONE	NUMBER EXTE	ENSION			
TREASURER PHONE	(281) 889-0832					
8 REPORT TYPE	X January 15	30th day before elec	ction Runoff		15th day after cam	npaign treasurer
		•		<u> </u>	appointment (office	eholder only)
	July 15	8th day before electi	ion Exceede reporting	ed modified g limit	Final Report (Attac	ch C/OH-FR)
9 PERIOD	Month Day Year		N	onth Day	Year	
COVERED	10/27/2024	THRO	UGH	12/31/2024	1	
10 ELECTION	ELECTION DATE			CTION TYPE	_	
	Month Day Year	Primar	y Ri	unoff	Other	
	11/05/2024	X Gener	al S <sub>I</sub>	pecial		
11 OFFICE	OFFICE HELD (if any)		<b>12</b> OF	FICE SOUGHT	(if known)	
					tive District 129	
		GO TO F	PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 10

13 C / OH NAME	Peterson, Doug D. (M	ir.)	<b>14</b> Filer ID 00088320	(Ethics Commission Filers)							
15 NOTICE FROM POLITICAL COMMITTEE(S)	FROM candidate / officeholder. These expenditures may have been made without the candidate's or of										
Additional Pages	COMMITTEE TYPE COMMITTEE NAME										
	GENERAL										
		COMMITTEE ADDRESS									
	SPECIFIC										
	COMMITTEE CAMPAIGN TREASURER NAME										
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS								
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00							
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 275.00							
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00							
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 3,293.31							
CONTRIBUTION BALANCE	5. TOTAL POLITIC. REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 1,910.77							
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00							
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.									
		Mr. [	Doug D. Peterson								
		Signature of	Candidate or Officeho	lder							
AFFIX NO	TARY STAMP / SEAL ABO	DVE									
Sworn to and subs	cribed before me, by the sa	aid	, this the	day							
		ertify which, witness my hand and seal of office.									
Signature of office	Signature of officer administering Printed name of officer administering Title of officer administering oath										

# SUBTOTALS - C/OH COVER SHEET PG 3 3 of 10 3 FILER NAME Peterson, Doug D. (Mr.) 19 Filer ID (Ethics Commission Filers) 00088320

				3 of 10			
18 FILER NAM		19 Filer ID	(Ethics Co	ommission Filers)			
Peterson,							
20 SCHEDUL	CLID	TOTAL AMOUNT					
NAME OF	306	TOTAL AMOUNT					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	275.00				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$					
4.	SCHEDULE E: LOANS		\$				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	\$	1,906.88				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	1,386.43			
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER						

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1					
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/10					
	FILER NAME Peterson, Do		3	Filer ID (Ethics Commission 00088320	on Filers)				
	Date 10/30/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Bertrand, Robert</li> <li>Contributor address; City; State; Zip Code</li> </ul>	7	Amount of Contribution (\$)	\$50.00				
8	Principal occu	Friendswood, TX 77546  upation / Job title (See Instructions)	9 Employer (See Instruction:	s)					
	Representat	tive	Primerica						
	Date 11/05/2024	Full name of contributor out-of-state PAC (ID#:_ Carrell, Frederick D. Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00			
	Principal occu	Sycamore, IL 60178  upation / Job title (See Instructions)	<u> </u> s)						
	Not Employe		٥,						
	Date 11/05/2024	Full name of contributor out-of-state PAC (ID#:_King, Linda  Contributor address; City; State; Zip Code  Houston, TX 77058			Amount of Contribution (\$)	\$200.00			
	Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions Not Employed	s)					

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

## SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

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

	Candidate/Officeholder/Politica 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: 1/4 Rpt: 5/10	Peterson, Doug D. (Mr.) 00088320
4	Date	5 Payee name
	11/06/2024	ACTBLUE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	2118 CHERRYTREE RID
		HOUSTON, TX 77062
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		DONATION SITE FEES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	11/08/2024	ACTBLUE
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$10.87	2118 CHERRYTREE RID
		HOUSTON, TX 77062
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		DONATION SITE FEES
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
⊨	Date	Payee name
	11/08/2024	BAY AREA DEMOCRATIC MOVEMENT
L		
	Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 590383
	φ500.00	FO BOX 390363
		HOUSTON, TX 77259
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
l	EXI ENDITORE	Candidate/Officeholder/Political Committee Control Con
		CONTRIBUTION TO POLITICAL COMMITTE
$\vdash$	Complete Chilly '' "	Condidate/Officeholder norm
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
ldash		
ı		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 co	mple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/4 Rpt: 6/10		Peterson, Doug D. (Mr.)		00088320
4	Date	5	Payee name		•
	10/29/2024		HEB		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$30.57		2118 CHERRYTREE RID		
			HOUSTON, TX 77062		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Travel In District		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense  Gas
					Gas
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sou	ıaht	Office held
ľ	expenditure to benefit C/O		Sandidate/Sincerolaer Harne Since 300	agi it	Cince field
_	Date	Г	Davida nama		
	11/07/2024		Payee name HEB		
	Amount (\$)	H	Payee address; City; State; Zip Co	odo	
	\$28.68		2118 CHERRYTREE RID	Jue	
	Ψ20.00		ZIIO CHERRY INCE RID		
			HOUSTON TV 77062		
		_	HOUSTON, TX 77062	[ a x	
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Travel In District		Check if Austin, TX, officeholder living expense
					GAS
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/O	Н			
	Date		Payee name		
	11/04/2024		Hernandez, Sonia		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$100.00		121 Saint Cloud		
			Friendswood, TX 77546		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Event Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense  Expenditures for event
					Experiultures for event
	Complete ONLY if direct	Щ	Candidate/Officeholder name Office sou	ıaht	Office held
	expenditure to benefit C/O		January Chief Sul	-9·11	Cindo Held

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract La  The Instruction Guide explains how to complete this for		OTHER (enter a category not listed above)			
┝	Total pages Schedule F1:	<del>-</del> <del>-</del>		3	Filer ID	(Ethics Commission Filer	rc)
	Sch: 3/4 Rpt: 7/10	Peterson, Doug D. (Mr.)			00088320	(Ettiles Commission File)	13)
┝	Date		<u> </u>				
*	10/29/2024	5 Payee name					
L	10/29/2024	Office Depot					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
l	\$41.65	2118 CHERRYTREE RIDGE LN					
l							
		HOUSTON, TX 77062					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on				
	OF EXPENDITURE	Event Expense				plete Schedule T.	
	LAPENDITORE				officeholder living	expense	
		Supplie	s for ev	ve	nt		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought			Office he	eld	
	experialture to beriefft C/O	1					
	Date	Payee name					
	12/19/2024	SOUTH BELT LEADER					
Г	Amount (\$)	Payee address; City; State; Zip Code					
	\$378.00	11555 Beamer Rd #200					
		HOUSTON, TX 77089					
┝	PURPOSE		,				
	OF	(a) Category (See Categories listed at the top of this schedule)  (b) Descripting Check		ıtsiı	de of Texas, Com	plete Schedule T.	
	EXPENDITURE	Advertising Expense			officeholder living		
		NEWSF	PAPER	A	DVERTISIN	IG	
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	eld	
	expenditure to benefit C/O						
┝	Date	Davida nama					
		Payee name					
	11/01/2024	SPRINT 2 PRINT					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$771.28	2118 CHERRYTREE RID					
		HOUSTON, TX 77062					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on				
	OF EXPENDITURE	/ dvertising Expense				plete Schedule T.	
	EXI ENDITORE			TX,	officeholder living	expense	
		Yard Si	gns				
L							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought			Office he	eld	
L	experientare to benefit C/O	·					

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	, _ I Co	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expu Legal Services	ense	Polling Expensions Printing Exper	ad/Rental Expense se se/Contract Labor		Travel in District Travel Out of Dis	
	Credit Card Payment			The Instruction Guide	explains l	how to comp	lete this form.			
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 4/4 Rpt: 8/10		Peterson, I	Doug D. (Mr.)					00088320	
4	Date	5	Payee name	<del></del>				_		
	11/04/2024		Shell							
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Code				
	\$20.83			RRYTREE RID		·				
			HOUSTON	I, TX 77062						
8	PURPOSE	(2)				(h)	Description			
ľ	OF	(a)	Travel In D	See Categories listed at the to	p of this sche	edule)		l outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		Haverin	istrict					, officeholder living	
							GAS			
9	Complete ONLY if direct		Candidate/Off	ficeholder name	С	Office sought			Office he	eld
	expenditure to benefit C/OI	1								

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/2 Rpt: 9/10 Peterson, Doug D. (Mr.) 00088320 Date Payee name 10/27/2024 MARRIOT COURTYARD MOTEL Amount (\$) Payee address; City: State; Zip Code \$229.66 2118 CHERRYTREE RID Reimbursement from political contributions Х intended HOUSTON, TX 77062 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Travel Out of District **EXPENDITURE** HOTEL FOR TEXAS DEMOCRATIC CONVENTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/27/2024 PARKING SPOT Amount (\$) Payee address; State; Zip Code City; \$28.24 2118 CHERRYTREE RID Reimbursement from political contributions Χ HOUSTON, TX 77062 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Travel Out of District **EXPENDITURE** PARKING FOR TEXAS DEMOCRATIC CONVENTION Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name SOUTHWEST AIRLINES 10/27/2024 State; Zip Code Amount (\$) Payee address; City; \$575.96 2118 CHERRYTREE RID Reimbursement from Χ political contributions intended HOUSTON, TX 77062 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Travel Out of District **EXPENDITURE** AIRLINES TICKETS TO TEXAS DEMOCATIC CONVENTION

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit

C/OH

Office sought

Office held

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 10/10 Peterson, Doug D. (Mr.) 00088320 4 Date Payee name 12/11/2024 WIX.COM 6 Amount (\$) Payee address; City; State; Zip Code \$552.57 2118 CHERRYTREE RIDGE LN Reimbursement from political contributions intended Х Houston, TX 77062 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** WEBSITE SERVICE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH