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 43 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Sandra J. NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Peake CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. David G. NAME NICKNAME LAST **SUFFIX** Peake **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 894-5111 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/08/2022 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE

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District Judge District 257

Family District Court Judge District 246

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Peake, Sandra J. (Th	e Honorable)	14 Filer ID 00037628	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expend These expenditures may have been made withou d officeholders are required to report this informati	it 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 ADDR	ESS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00
	2. TOTAL POLIT	ICAL CONTRIBUTIONS		ļ [*]
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 30,300.00
EXPENDITURE TOTALS	\$ 0.00			
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 35,732.78
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 22,153.94
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required t	
		The Hor	norable Sandra J. Peal	ke
		Signature	of Candidate or Officehol	der
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE		
		aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of office	er 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 43
	ER NAN		19 Filer ID	(Ethic	cs Commission Filers)
		andra J. (The Honorable)	00037628		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	30,300.00
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3.	3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)				
4.		\$			
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				8,102.34
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	13,692.67
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	13,937.77
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	· 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/14 Rpt: 4/43
2	FILER NAME Peake, Sand	dra J. (The Honorable)			1	Filer ID (Ethics Commission Filers) 00037628
4	O6/26/2025 Alsandor, Cheryl (Ms.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$500.00		
		Houston, TX 77004				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney at Law		
10		employer/law firm		11 Law firm of contributor's sp	pous	e (if any)
	self			n/a		
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/24/2025	Barker, Georgia (Ms.) Contributor address; City;	State; Zip Code			\$250.00
	Contributor's I	Katy, TX 77494 Principal Occupation		Contributor's Job Title		
	Attorney	ттори обобранот		Attorney at Law		
_		employer/law firm		Law firm of contributor's sp	nous	e (if any)
	self			n/a		- (9)
_		s a child, law firm of parent(s) (if	anv)			
	n/a	o a oa, ian o. pa. o(o) (ca., _y ,			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/26/2025	Bostic, Denise (Ms.)				\$50.00
		Contributor address; City;				
		Stafford, TX 77477-0000)	T =		
		Principal Occupation		Contributor's Job Title		
	Office Manager Office Manager					
		employer/law firm		Law firm of contributor's sp	pous	e (if any)
	n/a			n/a		
		s a child, law firm of parent(s) (if	any)			
	n/a					

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	v to complete this f	form.	1	Total pages Schedule A(J)1: Sch: 2/14 Rpt: 5/43
2	FILER NAME Peake, Sand	dra J. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00037628
4	06/26/2025 Brock, Julie 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$2,000.00		
		Houston, TX 77047				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney at Law		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oou	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)
	06/05/2025	Burgower, Wendy (Ms.) Contributor address; City; S	State; Zip Code			\$250.00
	0	Houston, TX 77024		I a		
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney at Law		
	Schlanger S	employer/law firm		Law firm of contributor's sp	ou	se (II any)
_				I I/a		
	n/a	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	06/30/2025	Caras, Jennifer (Ms.) Contributor address; City; S	State; Zip Code			\$50.00
		Houston, TX 77025		I		
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney at Law		and the sum of
	Schlanger S	employer/law firm		Law firm of contributor's sp	oou	se (if any)
				II/a		
	n/a	s a child, law firm of parent(s) (if	any)	n/a		

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how t	to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 3/14 Rpt: 6/43
2	FILER NAME Peake, Sand	dra J. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00037628
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Caras, Jennifer (Ms.) 6 Contributor address; City; State; Zip Code Houston, TX 77025		7	Amount of Contribution (\$) \$50.00		
Ļ	0			la o		
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney			Attorney at Law		(1)
10	Silver Schlar	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
12		s a child, law firm of parent(s) (if an	w)	1//α		
12	n/a	s a criliu, law lillii or pareni(s) (ii an	y)	n/a		
F	Date	Full name of contributor	out-of-state PAC (ID#:_)	Π	Amount of Contribution (\$)
	06/30/2025	Clevenger, George (Mr.) Contributor address; City; Stat				\$250.00
		Houston, TX 77069-0000		T		
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney at Law		<i>(1)</i>
	self	employer/law firm		Law firm of contributor's sp	ous	se (IT any)
		s a child, law firm of parent(s) (if an	w)	11/4		
	n/a	s a crima, law inini or parcrit(s) (ii air	y)	n/a		
H	Date	Full name of contributor	out-of-state PAC (ID#:_		Т	Amount of Contribution (\$)
	06/30/2025	Dale, Laura (Ms.)	out-of-state PAC (ID#)		\$500.00
		Contributor address; City; Stat Houston, TX 77056-0000	te; Zip Code			
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Self			n/a		
	If contributor is	s a child, law firm of parent(s) (if an	у)			

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 4/14 Rpt: 7/43
2	FILER NAME Peake, Sand	lra J. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00037628
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Davis -Smith, Shelly (Officer) 6 Contributor address; City; State; Zip Code Houston, TX 77098		7	Amount of Contribution (\$) \$1,000.00		
_	Contributorio			Contributorio Joh Titlo		
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney			Attorney at Law		
10	self	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12		a a shild law firm of parent(a) (if	anu)	II/a		
12	n/a	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/28/2025	Dennis, Mysti (Ms.) Contributor address; City; S Houston, TX 77036	itate; Zip Code		•	\$100.00
	Contributorio			Contributor's Job Title		
	Attorney	Principal Occupation		Attorney at Law		
		employer/law firm		Law firm of contributor's sp		on (if any)
	self	етрюуетлам шт		n/a	Jou:	se (ii aiiy)
_		s a child, law firm of parent(s) (if	any)	11/4		
	n/a	s a criliu, law lilili of parelli(s) (ii	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/26/2025	Gray, Daniel (Mr.)				\$500.00
		Contributor address; City; S Houston, TX 77098-0000				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney at Law		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	self			n/a		
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL CON	TRIBUTIC	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains how to co	mplete this fo	orm.		al pages Schedule A(J)1 n: 5/14 Rpt: 8/43	:
2	FILER NAME Peake, Sand	Ira J. (The Honorable)				r ID (Ethics Commission) 37628	on Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Hale, Catherine (Ms.) 6 Contributor address; City; State; Zip Code Houston, TX 77043		7 Am	ount of Contribution (\$)	\$1,500.00		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	<u> </u>		
	attorney			Attorney at Law			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ouse (if	any)	
	Herrington L	aw Firm		Hale Law Firm			
12	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-	of-state PAC (ID#:_)	Am	ount of Contribution (\$)	
	06/30/2025	Harrison, Ronnie (Ms.) Contributor address; City; State; Zip Houston, TX 77002	Code				\$1,000.00
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>		
	Attorney	•		Attorney at Law			
		employer/law firm		Law firm of contributor's sp	ouse (if	any)	
	Harrison Lav			Harrison Law Office, PC	,		
	If contributor is	s a child, law firm of parent(s) (if any)					
	n/a			n/a			
	Date	Full name of contributor out-	of-state PAC (ID#:_)	Ame	ount of Contribution (\$)	
	06/27/2025	Henderson, Gail Bonner (Ms.) Contributor address; City; State; Zip Houston, TX 77091				()	\$25.00
	Contributor's F	Principal Occupation		Contributor's Job Title			
	retired			retired			
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (if	any)	
	n/a						
	If contributor is	s a child, law firm of parent(s) (if any)					
	n/a			n/a			

	MONET	ARY POLITICAL	CONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 6/14 Rpt: 9/43
2	FILER NAME Peake, Sand	dra J. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00037628
4	06/26/2025 Kelly L. Fritsch, P.C. 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$500.00		
		Houston, TX 77007				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	10 Contributor's employer/law firm 11 Law firm of contributor's sp			ous	se (if any)	
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	06/19/2025	Kuehm, Robert (Mr.) Contributor address; City; S	<u> </u>			\$1,000.00
		Houston, TX 77017				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney at Law		
	Contributor's e	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	L		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/26/2025	Law Firm of Celestine C.	—			\$250.00
		Contributor address; City; \$ Houston, TX 77063	State; Zip Code			
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's e	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 7/14 Rpt: 10/43
2	FILER NAME Peake, Sand	lra J. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00037628
4	Date 06/23/2025 5 Full name of contributor out-of-state PAC (ID#:) Lockings, Elton (Mr.) 6 Contributor address; City; State; Zip Code Houston, TX 77036-0000		7	Amount of Contribution (\$) \$1,000.00		
_				I		
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney at Law		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp self	ous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)	<u> </u>		
	n/a					
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/26/2025	McFerren, Eric (Mr.) Contributor address; City; S	<u> </u>			\$1,000.00
		Richmond, TX 77407-000	00			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	attorney			Attorney at Law		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	self			n/a		
	If contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	06/27/2025	McGuire, Lisa (Ms.)				\$25.00
		Contributor address; City; S Houston, TX 77064	tate; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Networking I	Manager		Engineer		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	n/a			n/a		
	If contributor is	s a child, law firm of parent(s) (if	any)	n/a		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1	Total pages Schedule A(J)1: Sch: 8/14 Rpt: 11/43
2	FILER NAME Peake, Sand	lra J. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00037628
4	06/25/2025 Myres and Associates, PLLC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$500.00		
		Houston, TX 77046				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	10 Contributor's employer/law firm 11 Law firm of contributor's sp				oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/26/2025	Osuji, Edmond (Mr.) Contributor address; City; \$	State; Zip Code		•	\$250.00
		Houston, TX 77074		T		
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney at Law		
	contributor's e	employer/law firm		Law firm of contributor's sp	ous	se (if any)
-		s a child, law firm of parent(s) (if	anv)			
	n/a					
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	02/26/2025	Peake, Sandra	_			\$250.00
		Contributor address; City; S Houston, TX 77002	State; Zip Code			
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
		t Court Judge		Judge		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	n/a			n/a		
	If contributor is	s a child, law firm of parent(s) (if	any)	•		
	n/a					

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1	Total pages Schedule A(J)1: Sch: 9/14 Rpt: 12/43
2	FILER NAME Peake, Sand	dra J. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00037628
4	03/13/2025 Peake, Sandra 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$500.00		
		Houston, TX 77002				
8		Principal Occupation		9 Contributor's Job Title		
	District Cour			Judge		
10		employer/law firm		11 Law firm of contributor's sp	oou	se (if any)
	n/a			n/a		
12	! If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	05/26/2025	Peake, Sandra Contributor address; City;	State; Zip Code			\$4,000.00
		Houston, TX 77002			l	
	Contributor's I	Principal Occupation		Contributor's Job Title	•	
	District Cour	t Judge		Judge		
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	n/a			n/a		
	If contributor is	s a child, law firm of parent(s) (i	f any)			
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	05/16/2025	Peake, Sandra			l	\$1,000.00
		Contributor address; City; Houston, TX 77071	State; Zip Code			
┝	Contributor's F	Principal Occupation		Contributor's Job Title		
	District Cour			Judge		
		employer/law firm		Law firm of contributor's sp	oou	se (if any)
	n/a			n/a		, ,,
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 10/14 Rpt: 13/43
2	FILER NAME Peake, Sand	lra J. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00037628
4	06/10/2025 Peake, Sandra 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00		
		Houston, TX 77002		1		
8		Principal Occupation		9 Contributor's Job Title		
_	District Court Judge Judge					
10	n/a	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
40				II/a		
12	if contributor is	s a child, law firm of parent(s) (if a	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	06/26/2025	Profitt, Stephanie (Ms.) Contributor address; City; S				\$1,000.00
		Houston, TX 77002-0000		I o		
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney at Law		and the sun of
	self	employer/law firm		Law firm of contributor's sp	Jou:	se (II arry)
		a a shild law firm of parant/a) (if	any)	11/α		
	ii contributor is	s a child, law firm of parent(s) (if a	ziry)	n/a		
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	06/26/2025	Rainwater & Associates,	PLLC			\$500.00
		Contributor address; City; S Houston, TX 77056	tate; Zip Code			
	Contributor's F	I Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	any)			

	MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A(J)1			
	The Instru	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 11/14 Rpt: 14/43				
2	FILER NAME Peake, Sand	dra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628				
4	Date 06/17/2025	5 Full name of contributor out-of-state PAC (ID Ricketts, Ivy (Mrs.) 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$2,000.00				
		Houston, TX 77054					
8		Principal Occupation	9 Contributor's Job Title				
	Attorney, sel	<u> </u>	Attorney at Law				
10	Contributor's e self	employer/law firm	11 Law firm of contributor's sp	spouse (if any)			
12	2 If contributor is	s a child, law firm of parent(s) (if any)					
	n/a						
	Date	Full name of contributor out-of-state PAC (ID	D#:)	Amount of Contribution (\$)			
	06/03/2025	Singleton, Thomas (Mr.) Contributor address; City; State; Zip Code		 \$1,000.00			
		Cypress, TX 77433-0000					
		Principal Occupation					
	Attorney		Attorney at Law				
	Contributor's e	employer/law firm	Law firm of contributor's sp	spouse (if any)			
	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor ut-of-state PAC (ID	D#:)	Amount of Contribution (\$)			
	O6/07/2025 Singleton, Thomas (Mr.) Contributor address; City; State; Zip Code Cypress, TX 77433-0000			\$1,000.00			
		Principal Occupation	Contributor's Job Title				
	Attorney		Attorney at Law				
		employer/law firm	Law firm of contributor's sp	spouse (if any)			
	self		n/a				
	n/a	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 12/14 Rpt: 15/43		
2	FILER NAME Peake, Sand	dra J. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00037628	
4	Date 06/03/2025	5 Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$) \$250.00
Ļ	0	Houston, TX 77002-0000	J	In a		
8	Attorney	Principal Occupation		9 Contributor's Job Title Attorney at Law		
10		and a sault as a fine				on (if any)
10	self	employer/law firm		11 Law firm of contributor's sp	Jous	se (II any)
12		s a child, law firm of parent(s) (if	anvi	IIIa		
12	n/a	s a crind, law littl of paretit(s) (ii	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:		Т	Amount of Contribution (\$)
	06/25/2025	The Pollard Law Firm	U out-of-state FAC (ID#.			\$1,000.00
		Contributor address; City; 9 Cypress, TX 77433	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Continuator of	molpai Goodpation		Contains at contains		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/24/2025	Thrash, Christine				\$500.00
	Contributor address; City; State; Zip Code Houston, TX 77002-0000					
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney at Law		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	self			n/a		
	If contributor is	s a child, law firm of parent(s) (if	any)			
	n/a					

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1			
	The Instru	ction Guide explains how	1	Total pages Schedule A(J)1: Sch: 13/14 Rpt: 16/43					
2	FILER NAME Peake, Sand	dra J. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00037628				
4	Date 06/11/2025	5 Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$) \$1,000.00			
		Houston, TX 77292		1					
8		Principal Occupation		9 Contributor's Job Title					
_	Attorney			Attorney at Law					
10		employer/law firm _aw Group, PC		11 Law firm of contributor's sp	ous	se (if any)			
12		s a child, law firm of parent(s) (if a	any)	II/a					
12	n/a	s a criliu, iaw ilim or paremi(s) (ii a	arry)						
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)			
	06/24/2025 Tsai, Robert (Mr.) Contributor address; City; State; Zip Code					\$250.00			
	Contributor's	Houston, TX 77056 Principal Occupation		Contributor's Job Title	<u> </u>				
	Attorney	-ппстрат Оссирацоп		Attorney at Law					
-		employer/law firm		Law firm of contributor's sp	spouse (if any)				
	Self	spisysman		n/a		(i. di.y)			
	If contributor is	s a child, law firm of parent(s) (if a	any)						
	n/a								
F	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)			
	06/26/2025	Wells Mediation Services	_			\$1,500.00			
	Contributor address; City; State; Zip Code Houston, TX 77006		tate; Zip Code		•				
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>				
Contributor's employer/law firm				Law firm of contributor's sp	ous	se (if any)			
	If contributor is	s a child, law firm of parent(s) (if a	any)	<u> </u>					

MONET	TARY POLITICAL CONTRIBUTIO	Ν	IS		SCHEDULE A(J)1
The Instru	action Guide explains how to complete this fo	1	Total pages Schedule A(J)1: Sch: 14/14 Rpt: 17/43		
2 FILER NAME Peake, Sand	dra J. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00037628		
4 Date 06/20/2025	Date 5 Full name of contributor out-of-state PAC (ID#:)			7	Amount of Contribution (\$) \$1,000.00
	Houston, TX 77027-0000				
	Principal Occupation	9	Contributor's Job Title		
Attorney			Attorney at Law		
10 Contributor's self	employer/law firm	11	Law firm of contributor's sp n/a	ous	se (if any)
12 If contributor i	is a child, law firm of parent(s) (if any)				

SCHEDULE F1

Advertising Expense Event Expen
Accounting/Banking Fees
Consulting Expense Food/Bevera
Contributions/ Donations Made By Gift/Awards/I
Candidate/Officeholder/Political Committee Legal Service

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

	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 Filers)
	Sch: 1/12 Rpt: 18/43	Peake, Sandra J. (The Honorable) 00037628
4	Date	5 Payee name
	01/02/2025	Bank of America
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.00	P. O. Box 15284
		Wilmington, DE 19850-0000
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		monthly maintenance
_	Operation ONLY # discort	One districts (Office health are assets as the control of the cont
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	02/02/2025	Bank of America
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.00	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 monthly maintenance
		mentany manasasana
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/03/2025	Bank of America
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.00	P. O. Box 15284
	Ψ10.00	1 1 0 1 BOX 1010 1
		Wilmington, DE 19850-0000
	DUDDOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		monthly maintenance
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<u> </u>

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

l	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 Filers)
	Sch: 2/12 Rpt: 19/43	Peake, Sandra J. (The Honorable) 00037628
4	Date	5 Payee name
	04/01/2025	Bank of America
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$16.00	P. O. Box 15284
l		
l		Wilmington, DE 19850-0000
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Monthly maintenance
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	<u> </u>	
	Date	Payee name
	05/01/2025	Bank of America
l	Amount (\$)	Payee address; City; State; Zip Code
	\$16.00	P. O. Box 15284
		Wilmington, DE 19850-0000
l	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
		Maintenance fee
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/OI	1
Г	Date	Payee name
	06/02/2025	Bank of America
Н	Amount (\$)	Payee address; City; State; Zip Code
l	\$16.00	P. O. Box 15284
l		
		Wilmington, DE 19850-0000
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		monthly maintenance fee
dash	Operated ONE VIII	Out in the Committee of
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Opnations Made Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Service	lemorials Expense s ction Guide explai		Vages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed a	bove)
1	Total pages Cabadula F1:	2					-	2	Eilor ID	(Ethics Commis	eion Eilore\
1	Total pages Schedule F1: Sch: 3/12 Rpt: 20/43	ı	Peake, Sandra J. (Th	e Honorable)				3	Filer ID 00037628	(Ethics Commis	SIUII FIIEIS)
4	Date	5	Payee name				I				
	05/15/2025	ı	Berg, Janice (Judge)								
6	Amount (\$) \$69.28	ı	Payee address; Cit 201 Caroline	y; Sta	ate; Zip Co	de					
			Houston, TX 77002								
8	PURPOSE	(a)	Category (See Categories	listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Event Expense				=		de of Texas. Com		
	EXI ENDITORE						—		officeholder living	j expense	
							Immersive Ju	ry			
L		L									
9	Complete ONLY if direct expenditure to benefit C/Ol		candidate/Officeholder n	ame	Office sou	ght			Office he	eld	
	Date		Payee name								
	05/24/2025		CHOIR ROBE CREA	ATIONS							
	Amount (\$)		Payee address; Cit	y; Sta	ate; Zip Co	de					
	\$255.00	ı	3804 Poplar Street		•						
	4200.00		ooo op.a. ooot								
		├	Houston, TX 77087								
	PURPOSE OF	(a)	Category (See Categories	listed at the top of this	schedule)	(b)	Description				
	EXPENDITURE		Additional robe				=		de of Texas. Com		
							same	۱۸,	officeholder living	j expense	
							Same				
_	Operation Children	<u> </u>	Anna distanta (OMI)		0.00				000	-1-1	
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder n	ame 	Office sou	gnt			Office he	eia 	
	Date		Payee name								
	06/25/2025		Data Shredding Serv	ices							
	Amount (\$)		Payee address; Cit	y; Sta	ate; Zip Co	de					
	\$224.00	ı	615 W. 38th Street		•						
			Houston, TX 77018								
	PURPOSE	(a)	Category (See Categories	listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rer	tal Expense					de of Texas. Com		
									officeholder living		
							Misc. files from	111 (Josea Office	!	
						<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder n	ame	Office sou	ght			Office he	eld	
	experiorare to belieff C/OI	11									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Contributions/ Donations Made By -

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense

	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: 4/12 Rpt: 21/43	Peake, Sandra J. (The Honorable) 00037628
4	Date	5 Payee name
	02/07/2025	HBAD
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	P. O. Box 2352
		Houston, TX 77253-0000
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership - ck 1236
		Wethbership - CK 1230
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/OI	
⊨		
	Date	Payee name
	06/02/2025	Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	3302 Canal Street
		Houston, TX 77003
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Misc. contribution for HCDP event
L	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	<u>'</u>	
	Date	Payee name
	02/26/2025	Heath, Sonia (Judge)
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	201 Caroline
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
1		Group attendance
L	Complete CMIV'S	Condidate/Officeholder name
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica 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 Filers)
	Sch: 5/12 Rpt: 22/43	Peake, Sandra J. (The Honorable) 00037628
4	Date	5 Payee name
	03/14/2025	Houston Lawyers Association
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code P. O. Box 300009
		Houston, TX 77230
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense HLA Gala table contribution
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	02/25/2025	Iglehart, Diane
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 13619 Brokenbridge Houston, TX 77085
	DUDDOOF	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 2 tickets Boots and Bling DST
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/30/2025	JPBE CONSULTING
	Amount (\$) \$1,600.00	Payee address; City; State; Zip Code P. O. Box 14226
		Houston, TX 77221-0000
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense June consulting expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Fi	ilers)
Ĺ	Sch: 6/12 Rpt: 23/43	Peake, Sandra J. (The Honorable) 00037628	-,
4	Date	5 Payee name	
	06/11/2025	Peake, Sandra	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$54.70	201 Caroline - Judge Peake	
		16th floor	
		Houston, TX 77002	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	-	Check if Austin, TX, officeholder living expense lunch for AJ's, water, sodas	
		iditerior As 3, water, sodas	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	05/16/2025	Peake, Sandra	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,225.00	201 Caroline - Judge Peake	
		16th floor	
		Houston, TX 77002	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Consulting expense 1500.00 + signs and CC fe	ee for
		total of 2225. Charged to personal PNC CC, re	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	06/27/2025	Raise the Money, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$94.36	P.O. Box 26466	
		Little Rock, AR 72205-0000	
	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	
		Electronic processing fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mac Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		<u>.</u>
1	Total pages Schedule F1: Sch: 7/12 Rpt: 24/43	2 FILER NAME Peake, Sandra J. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00037628
4	Date 06/26/2025	5 Payee name Raise the Money, Inc.
	00/20/2023	
6	Amount (\$) \$322.70	7 Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000
_	DUDD005	· · · · · · · · · · · · · · · · · · ·
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 Electronic processing fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/23/2025	Raise the Money, Inc.
	Amount (\$) \$99.00	Payee address; City; State; Zip Code P.O. Box 26466
		Little Rock, AR 72205-0000
	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
		Electronic processing fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/19/2025	Raise the Money, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.50	P.O. Box 26466
		Little Rock, AR 72205-0000
	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
		Electronic processing fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		

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

	Candidate/Officeholder/Politica Credit Card Payment						OTHER (enter a category not listed above)			
			The Instruction Gu	ide explains how to co	omple	ete this form.	_			
1	Total pages Schedule F1:	2 FILER NA	ME				3	Filer ID	(Ethics Commission	n Filers)
	Sch: 8/12 Rpt: 25/43	Peake, S	Sandra J. (The Hond	orable)				00037628		
4	Date	5 Payee na	me							
	06/17/2025	Raise th	e Money, Inc.							
6	Amount (\$)	7 Payee ad	dress; City;	State; Zip Co	ode					
	\$98.25	P.O. Box	26466							
		Little Ro	ck, AR 72205-0000							
8	PURPOSE	(a) Category	(See Categories listed at th	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		ng/Banking	,		_		ide of Texas. Com		
	EXI ENDITORE					ш		, officeholder living	expense	
						Electronic pro	oce	ssing iee		
Ļ	Complete ONLY if direct	Canalidate	Office helder reces	O#icc co.	. eulest			Office he	14	
9	Complete ONLY if direct expenditure to benefit C/OI		Officeholder name	Office sou	agni			Office he	eiu	
_										
	Date	Payee na								
	06/11/2025		e Money, Inc.							
	Amount (\$)	Payee ad		State; Zip Co	ode					
	\$49.25	P.O. Box	(26466							
		Little Ro	ck, AR 72205-0000							
	PURPOSE OF		(See Categories listed at th	e top of this schedule)	(b)	Description				
	EXPENDITURE	Accounti	ng/Banking			=		ide of Texas. Com , officeholder living		
						Electronic pro			, охронов	
						•		J		
	Complete ONLY if direct	Candidate/	Officeholder name	Office sou	ught			Office he	eld	
	expenditure to benefit C/OI	4								
	Date	Payee na	me							
	06/10/2025	,	e Money, Inc.							
	Amount (\$)	Payee ad	dress; City;	State; Zip Co	ode					
	\$49.25	P.O. Box	-	•						
		Little Ro	ck, AR 72205-0000							
	PURPOSE		(See Categories listed at th	a tan of this cale dula)	(b)	Description				
	OF		ng/Banking	e top of triis scriedule)	'		outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		· · · · · · · · · · · · · · · · · · ·			—		, officeholder living	expense	
						Electronic pro	oce	ssing fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Officeholder name	Office sou	ught			Office he	eld	
	experience to benefit 6/01	•								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 9/12 Rpt: 26/43	Peake, Sandra J. (The Honorable) 00037628
4	Date	5 Payee name
	06/05/2025	Raise the Money, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.50	P.O. Box 26466
		Little Rock, AR 72205-0000
8	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
		Electronic processing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/03/2025	Raise the Money, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.50	P.O. Box 26466
		Little Rock, AR 72205-0000
	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
		Electronic processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/03/2025	Raise the Money, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.25	P.O. Box 26466
		Little Rock, AR 72205-0000
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Electronic processing fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft C/OI	1

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 10/12 Rpt: 27/43	Peake, Sandra J. (The Honorable)
4	Date	5 Payee name
	06/27/2025	Raise the Money, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.64	P.O. Box 26466
		Little Rock, AR 72205-0000
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
		Bank service fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	04/20/2025	Texas Center for Judiciary
_	Amount (\$)	Payee address; City; State; Zip Code
	\$240.00	1210 San Antonio St.
	Ψ2-10.00	1210 Sail / Wilding St.
		Austin, TX 78701-0000
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	donation to center Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		suggested contribution
		Caggotta contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/01/2025	Texas Center for the Judiciary
	Amount (\$)	Payee address; City; State; Zip Code
	\$240.00	1210 San Antonio Street
	•	
		Austin, TX 78701-0000
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation GN1230
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng 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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/12 Rpt: 28/43	Peake, Sandra J. (The Honorable) 00037628
4	Date	5 Payee name
	06/02/2025	Texas Center for the Judiciary
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$702.16	1210 San Antonio Street
		Austin, TX 78701-0000
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense September, 2025 Judicial Conference - San Antonio
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	"
	Date	Payee name
	01/27/2025	The Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	P. O. Box 66664
		Houston, TX 77266-6664
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Welliseleinp lee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/27/2025	The Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	P. O. Box 66664
		Houston, TX 77266-6664
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Yearly membership fee
		really membership tee
\vdash	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	•	ete this form.	OTTLK (enter a cate	egory not usted above)
1	Total pages Schedule F1:	2 FILER NAME			3 Filer ID (E	thics Commission Filers)
	Sch: 12/12 Rpt: 29/43	Peake, Sandra J. (The Honorable)		00037628	ŕ	
4	Date	5 Payee name				
	05/19/2025	Tru Insight				
6	Amount (\$)	7 Payee address; City; State; Zip Co	de			
	\$300.00	6122 Grey Oaks				
		Houston, TX 77050-0000				
8	PURPOSE	,	(b)	Description		
	OF EXPENDITURE	Advertising Expense			utside of Texas. Complete TX, officeholder living exp	
				Website main		iciisc
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht		Office held	
ľ	expenditure to benefit C/O	H	giit		Office field	
_	Data	Davis and the second				
	Date 06/17/2025	Payee name Tru Insight				
		-				
	Amount (\$)	Payee address; City; State; Zip Co	ae			
	\$350.00	6122 Grey Oaks				
		Houston, TX 77050-0000				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Advertising Expense		\Box	utside of Texas. Complete	
				Web maintena	TX, officeholder living exp	ierise
				vveb mamen	arioc, miso.	
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht		Office held	
	expenditure to benefit C/O		9		000	
_						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:		3 Filer ID (Ethics Commission Filers)						
Sch: 1/6 Rpt: 30/43	Peake, Sandra J. (1	00037628						
4 CREDIT CARD ISSUER		Name of financial institution PNC S TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD						
6 PAYMENT	(a) Amount Charged \$350.00	(b) Date of Charge 06/02/2025	(c) Date(s) Credit Card Issue 06/04/2025	r Paid				
7 PAYEE	(a) Payee name (b) Payee address; 1210 San Antonio Street			City, State, Zip Cod				
8 PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense			Conference				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense				
9 Complete ONLY if direct			e sought	Office held				
PAYMENT	(a) Amount Charged \$102.84	(b) Date of Charge 02/01/2025	(c) Date(s) Credit Card Issue	r Paid				
PAYEE	PAYEE (a) Payee name Interiorscapes of Houston, INC			City, State, Zip Cod				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		Houston, TX 77218 (b) Description Plants					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged \$2,225.00	(b) Date of Charge 05/12/2025	(c) Date(s) Credit Card Issue	r Paid				
PAYEE	(a) Payee name JPBE CONSULTIN	G	(b) Payee address; P. O. Box 14226 Houston, TX 77221-0000	City, State, Zip Cod				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Consulting Expense	of this schedule)	(b) Description Consulting and signs					
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Pollting Expense Printing Expense

	Candidate/Officeriolder/Folitica	· ·	ruction Guide explains how	•	TIER (enter a category	y not listeu ai	oove)
_	Total pages Schedule E4:		Tablion Galac Explains How	to complete tino lotti.	3 Filer ID (Ethic	e Commics	cion Eiloro)
	Total pages Schedule F4:		The Honorable)		1	,s CUITITISS	SIOH FIREIS)
Ļ	Sch: 2/6 Rpt: 31/43	Peake, Sandra J. (1	· · · · · · · · · · · · · · · · · · ·	I	00037628		
4	CREDIT CARD ISSUER		ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES	\$		
		see pi	revious	CHARGED TO A CREDIT	i ·		
Ļ	DAVMENT	(a) Amount Characa	(b) Data of Charge	CARD	Doid		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	raiu		
		\$54.70	06/11/2025				
<u>_</u>	PAYEE	(a) Davisa na		(h) Davis and discrete	City	Chata	7in 01:
ľ	PATEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Walmart		11242 S. Gessner			
				Houston, TX 77071			
8	PURPOSE OF	(a) Category		(b) Description			
ľ	EXPENDITURE	(See Categories listed at the top		Host AJ luncheon			
	X Political	Food/Beverage Expe	nse				
	Non-Political	(c) Check if traval autoida	of Texas. Complete Schedule T.	Chook if Austin TV	officeholder living con-	onco	
9	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	·	e sought	officeholder living expe	CIISE	
	xpenditure to benefit C/OH	Sandidate/Officeriolder	Office	o ooagiit	Smoo nou		
Ĕ	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	· Paid		
		(e) a mount of the goal	(3) = 3.12 3. 2.1.1.192	(-)(-)			
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		(a) i a) o a mame			,	- 10110,	
	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top	of this schedule)				
	Political						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
e	xpenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid		
L							
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	BUBBBB	(a) Cata		(h) December the re			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
		, J. 11 132 11 11 10 0p	/				
	Political						
	Non-Political	1	of Texas. Complete Schedule T.		0#:!		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
e	xpenditure to benefit C/OH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	1 Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)		
	Sch: 3/6 Rpt: 32/43	Peake, Sandra J. (The Honorable)			00037628			
4	CREDIT CARD ISSUER	Name of financial institution WELLS FARGO STOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	[·] Paid		
		\$104.84	01/22/2025					
7	PAYEE	(a) Payee name Interiorscapes of He	ouston, INC	(b) Payee P. O. Box	¢ 218023	City,	State,	Zip Code
8	PURPOSE OF	(a) Category		(b) Descrip	TX 77218			
	EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Plants	24011			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$102.84	(b) Date of Charge 02/01/2025	(c) Date(s)	Credit Card Issuer	[*] Paid		
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		Interiorscapes of H	ouston, INC	P. O. Box	< 218023			
L					TX 77218			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Descrip	otion			
	X Political							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$102.84	05/01/2025					
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		Interiorscapes of H	ouston, INC	P. O. Box	< 218023			
L				Houston,	TX 77218			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion		· ·	
		Office Overhead/Ren		Plants				
	X Political							
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
 	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
F	expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethic	s Commiss	sion Filers)		
Sch: 4/6 Rpt: 33/43	Peake, Sandra J. (The Honorable)				00037628				
4 CREDIT CARD ISSUER	Name of financial institution see previous See previous			\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid				
	\$3,500.00	02/18/2025							
7 PAYEE	(a) Payee name (b) Payee address;			City,	State,	Zip Code			
	JPBE CONSULTIN	IG	P. O. Box						
	(-) 0-4		4	X 77221-0000					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti Retainer	on					
X Political	Consulting Expense		retainer						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid				
	\$5,130.00	06/26/2025							
PAYEE (a) Payee name			(b) Payee ad	ddress;	City,	State,	Zip Code		
	Carrabbas		3115 Kirby	,					
			Houston, TX 77098						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Fundraiser 6/26/2025						
X Political	Event Expense								
Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	· Paid				
	\$102.84	04/01/2025							
PAYEE	(a) Payee name	l	(b) Payee ac	ddress;	City,	State,	Zip Code		
			P. O. Box	218023					
	Interiorscapes of H	ouston, INC							
			Houston, T	X 77218					
PURPOSE OF	(a) Category		(b) Descripti	on					
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Plants						
X Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

Candidate/Onicerolder/Folitica		ruction Guide explains how	v to com	3		TTIEN (enter a catego	ry not listed at	oove)
1 Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 5/6 Rpt: 34/43	Peake, Sandra J. (The Honorable)				00037628		
4 CREDIT CARD ISSUER	see previous EX			KPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) D	ate(s) (Credit Card Issue	r Paid		
	\$102.84	03/01/2025						
7 PAYEE	(a) Payee name Interiorscapes of He	ouston, INC			ddress; 218023	City,	State,	Zip Code
					TX 77218			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	1 ` ′	escripti	on			
	Office Overhead/Rent		Plar	เเร				
X Political								
Non-Political	(*)	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	oense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e soug	ht		Office held		
expenditure to benefit C/OH		T (1) = 1 (C)	17.5					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) D	ate(s) (Credit Card Issue	r Paid		
	\$211.09	01/31/2025						
PAYEE	(a) Payee name	•	(b) P	ayee a	ddress;	City,	State,	Zip Code
	Interiorscapes of He	ouston, INC	P. C). Box	218023			
			Hou	ston, 1	X 77218			
PURPOSE OF	(a) Category		(b) D	escripti	on			
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Gifts	s/Awar	ds/Memorials			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Г	Check if Austin, TX,	officeholder living exp	oense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e soug	ht		Office held		
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) D	ate(s) (Credit Card Issue	r Paid		
	\$102.84	06/01/2025						
PAYEE	(a) Payee name	<u>I</u>	(b) P	ayee a	ddress;	City,	State,	Zip Code
			P. C). Box	218023			
	Interiorscapes of H	ouston, INC						
			Hou	ston, 1	TX 77218			
PURPOSE OF	(a) Category		(b) D	escripti	on			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Plar	nts				
X Political	January Vernicuu/Nerni	а пропос						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Γ	Check if Austin, TX,	officeholder living exp	oense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e soug	ht	_	Office held		
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Awards	age Expense F /Memorials Expense F	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	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 F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 6/6 Rpt: 35/43	Peake, Sandra J. (T	he Honorable)		00037628				
4 CREDIT CARD ISSUER	Name of finan see pr		5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	 \$				
6 PAYMENT	(a) Amount Charged \$1,500.00	(b) Date of Charge 05/09/2025	(c) Date(s) Credit Card Is	suer Paid				
7 PAYEE	(a) Payee name JPBE CONSULTING	G	(b) Payee address; P. O. Box 14226 Houston, TX 77221-00	City, State, Zip Code				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of Consulting Expense	of this schedule)	(b) Description May, 2025					
Non-Political	<u> </u>	of Texas. Complete Schedule T		n, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Off	ice sought	Office held				

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

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/\	xpense Nages/Contract Labor	-	Travel in Di: Travel Out (
		The Instruction Guide explains	how to co	omplete this form.						
1	Total pages Schedule G:	2 FILER NAM	E			3 F	iler ID	(Ethics Commission Filers)		
	Sch: 1/7 Rpt: 36/43	Peake, Sar	ndra J. (The Honorable)			(0003762	28		
4	Date	5 Payee name)							
	06/27/2025	Act Blue								
6	Amount (\$)	7 Payee addre	ess; City; State;	Zip Co	ode					
	\$15.00	366 Summ	er Street							
	Reimbursement from									
	political contributions intended	Somerville,	MA 02144-0000							
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sch	edule)	(b) Description	Che	ck if travel	outside of Texas. Complete Schedule T.		
	OF		ns/Donations Made By	,		Che	ck if Austin	, TX, officeholder living expense		
	EXPENDITURE		Officeholder/Political Comm	ittee	Dues/donation; S	<u>–</u> SW C	emocra	ats		
					,					
9	Complete ONLY if direct	L Candidate/Office	holder name		Office sought			Office held		
	expenditure to benefit				, and the second					
	C/OH									
	Date	Payee name)							
	01/06/2025	Act Blue								
	Amount (\$)	Payee addre	Payee address; City; State; Zip Code							
	\$20.00	366 Summ	366 Summer Street							
	Reimbursement from									
	political contributions intended	Somerville.	MA 02144-0000							
	PURPOSE	_	See Categories listed at the top of this sch	edule)	Description	Che	ck if travel	outside of Texas. Complete Schedule T.		
	OF	1	ns/Donations Made By	oudio)		=		, TX, officeholder living expense		
	EXPENDITURE		Officeholder/Political Comm	ittee	for Area 5 Dems					
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held		
	expenditure to benefit C/OH									
	C/OI1									
	Date	Payee name								
	05/27/2025	Act Blue								
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode					
	\$15.00	366 Summ	er Street							
	Reimbursement from									
	political contributions intended	Somerville,	MA 02144-0000							
	PURPOSE	Category (S	See Categories listed at the top of this sch	edule)	Description	Che	ck if travel	outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Contributio	ns/Donations Made By		[Che	ck if Austin	, TX, officeholder living expense		
	EXI ENDITORE	Candidate/	Officeholder/Political Comm	ittee	SW Dems					
		Candidate/Office	holder name		Office sought			Office held		
	expenditure to benefit C/OH									
\vdash	-									

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ov Polling Ex Printing E Salaries/	xpense Nages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 2/7 Rpt: 37/43		Peake, Sandra J. (The Honorable)				00037628
4	Date 05/24/2025	5	Payee name CHOIR ROBE CREATIONS				
6	Amount (\$) \$255.00	7	Payee address; City; State; 3804 Poplar Street	Zip Co	ode		
	political contributions intended		Houston, TX 77087				
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)	(b) Description	= -	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	06/26/2025		Carrabbas				
	Amount (\$)		Payee address; City; State;	Zip Co	ode		
	\$5,130.00		3115 Kirby				
	Reimbursement from political contributions intended		Houston, TX 77098				
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	Description	⊒ .	neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Event Expense		6/26/2025 fundra reimburse	_	reck if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date 01/22/2025		Payee name Interiorscapes of Houston, INC				
	Amount (\$) \$102.84		Payee address; City; State; P. O. Box 218023	Zip Co	ode		
	Reimbursement from political contributions intended		Houston, TX 77218-0000				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)	Description	CI	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Expense Travel Out of District s/Wages/Contract Labor OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to	
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/7 Rpt: 38/43	Peake, Sandra J. (The Honorable)	00037628
4	Date	5 Payee name	
	02/01/2025	Interiorscapes of Houston, INC	
6	Amount (\$)	7 Payee address; City; State; Zip C	Code
	\$102.84	P. O. Box 218023	
	Reimbursement from political contributions intended	Houston, TX 77218-0000	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
	EXPENDITURE		Plant maintenance - February
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
	Date	Payee name	
	03/01/2025	Interiorscapes of Houston, INC	
	Amount (\$)	Payee address; City; State; Zip C	Code
	\$102.84	P. O. Box 218023	
	Reimbursement from		
	political contributions intended	Houston, TX 77218-0000	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
	OF	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
	EXPENDITURE	·	Plant maintenance - March
			personal CC
		Candidate/Officeholder name	Office sought Office held
	expenditure to benefit C/OH		
	Date	Payee name	
	01/31/2025	Interiorscapes of Houston, INC	
	Amount (\$)	Payee address; City; State; Zip C	Codo
	\$211.09	P. O. Box 218023	Soute
		F. O. BOX 210023	
	Reimbursement from political contributions intended	Houston, TX 77218-0000	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if Austin, TX, officeholder living expense
	LA LIBITORE		Plant purchase
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought Office held
	C/OH		

SCHEDULE G

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 Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
L			The Instruction Guide explains	how to co	omplete this form.	_	
1	Total pages Schedule G:	2 FILER NAM	E			3	Filer ID (Ethics Commission Filers)
	Sch: 4/7 Rpt: 39/43	Peake, Sar	ndra J. (The Honorable)				00037628
4	Date	5 Payee name	<u> </u>				
	04/01/2025	,,	pes of Houston, INC				
6	Amount (\$)	7 Payee addre	ess; City; State	e; Zip Co	ode		
	\$102.84	P. O. Box 2	218023				
	Reimbursement from political contributions intended	Houston T	Y 77218-0000				
<u> </u>			X 77218-0000		las 5 -	7	
8	PURPOSE OF		See Categories listed at the top of this so	hedule)	(b) Description	=	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
	EXPENDITURE	Office Over	rhead/Rental Expense		L		
					Plant maintenand	ce -	Арп
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held
	Date	Payee name	<u> </u>				
	05/01/2025	l í	oes of Houston, INC				
-	Amount (\$)	Payee addre		e; Zip Co	ode		
	\$102.44	P. O. Box 2	•	, <u>-</u> .p oc			
		1.0.000	-10020				
	Reimbursement from political contributions intended	Houston, T	X 77218				
	PURPOSE	Category (S	See Categories listed at the top of this so	hedule)	Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Over	rhead/Rental Expense			Ch	eck if Austin, TX, officeholder living expense
	THE ENDITORIE				Plant maintenand	ce -	May
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held
	expenditure to benefit C/OH						
L							
	Date	Payee name					
	06/01/2025	Interiorscap	oes of Houston, INC				
	Amount (\$)	Payee addre	ess; City; State	e; Zip Co	ode		
	\$102.84	P. O. Box 2		-			
	Reimbursement from						
	political contributions intended	Houston, T	X 77218				
	PURPOSE	Category (S	See Categories listed at the top of this sci	hedule)	Description	_	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Over	rhead/Rental Expense			_	eck if Austin, TX, officeholder living expense
					Plant maintenand	ce -	June, billed to personal CC
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held
	ООП						

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor	-	Travel in Di Travel Out	
	oroan oara'r aymon	_	The Instruction Guide explains	how to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAME	≣			3 F	iler ID	(Ethics Commission Filers)
	Sch: 5/7 Rpt: 40/43	Peake, Sar	ndra J. (The Honorable)				000376	28
4	Date	5 Payee name				<u> </u>		
	02/01/2025	l	oes of Houston, INC					
6	Amount (\$)	7 Payee addre	ess; City; State;	Zip Co	ode			
	\$102.84	P. O. Box 2	18023					
	Reimbursement from							
	political contributions intended	Houston, T	X 77218					
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	edule)	(b) Description	Che	ck if travel	outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Over	head/Rental Expense			Che	ck if Austir	n, TX, officeholder living expense
	EXPENDITURE				Plant maintenand	ce - I	Februar	ry
9	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit C/OH							
	Date	Payee name						
	02/18/2025	JPBE CON	SULTING					
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode			
	\$3,500.00	P. O. Box 1	.4226					
	Reimbursement from							
	political contributions intended	Houston, T	X 77221-0000					
_	PURPOSE		ee Categories listed at the top of this sche	odulo)	Description	7 Che	ck if travel	outside of Texas. Complete Schedule T.
	OF	Consulting		euuie)	Description	=		n, TX, officeholder living expense
	EXPENDITURE	Consulting	Схрепве		Web design 32	— Х 5	husines	ss cards; personal CC Wells
					Fargo, may seek	rein	nbursen	ment
_	Complete ONLY if direct	 Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit	ourididate/ office	noider hame		omoo sought			Cinico ficia
	C/OH							
	Date	Payee name						
	05/09/2025	JPBE CON	SULTING					
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode			
	\$1,500.00	P. O. Box 1	.4226					
	Reimbursement from							
	political contributions intended	Houston, T.	X 77221-0000					
	PURPOSE	Category (s	ee Categories listed at the top of this sch	edule)	Description	Che	ck if travel	outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Consulting	Expense			Che	eck if Austin	n, TX, officeholder living expense
	LAI LINDITORL				Consulting fee - I	Мау		
		Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit C/OH							
<u> </u>	5,011							

SCHEDULE G

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 Credit Card Payment	Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printing al Committee Legal Services Salaries	Dvernead/Rental Expense Expense J Expense S/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	oreal out a taymon	The Instruction Guide explains how to	complete this form.	
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 6/7 Rpt: 41/43	Peake, Sandra J. (The Honorable)		00037628
4	Date	5 Payee name		
	05/12/2025	JPBE CONSULTING		
6	Amount (\$)	7 Payee address; City; State; Zip (Code	
	\$2,225.00	P. O. Box 14226		
	Reimbursement from political contributions			
	intended	Houston, TX 77221-0000		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Consulting Expense	L	Check if Austin, TX, officeholder living expense
			Consulting, signs	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date	Payee name		
	04/21/2025	Texas Bar Foundation		
			Dada.	
	Amount (\$)	Payee address; City; State; Zip (Jode	
	\$272.50	515 Congress		
	Reimbursement from political contributions	Suite 1755		
	intended	Austin, TX 78701-0000		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Contributions/Donations Made By		Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee	250.00 donation	plus processing fee
		Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
	0,011			
	Date	Payee name		
	06/12/2025	The Caucus		
	Amount (\$)	Payee address; City; State; Zip (Code	
	\$10.00	P. O. Box 66664		
	Reimbursement from			
	political contributions intended	Houston, TX 77266-6664		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Contributions/Donations Made By		Check if Austin, TX, officeholder living expense
	LAFLINDITORE	Candidate/Officeholder/Political Committee	Monthly donation	- personal CC
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit		-	
	C/OH			

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Coi	Fees C Food/Beverage Expense P Gift/Awards/Memorials Expense P	Office Over Polling Ex Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
			<u> </u>	W 10 00	mpiete tins form.		
1	Total pages Schedule G: Sch: 7/7 Rpt: 42/43	2	FILER NAME Peake, Sandra J. (The Honorable)				Filer ID (Ethics Commission Filers) 00037628
4	Date	5	Payee name				
	05/12/2025		The Caucus				
6	Amount (\$)	7	Payee address; City; State; Z	Zip Co	de		
	\$10.00	l	P. O. Box 66664				
	Reimbursement from political contributions intended		Houston, TX 77266-6664				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ıle)	(b) Description	Ch	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	l	Credit Card Payment			Ch	neck if Austin, TX, officeholder living expense
	EXPENDITORE	l			donation- person	al C	C
		l					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	06/11/2025		Walmart				
	Amount (\$)	⊢	Payee address; City; State; Z	Zin Co			
	\$54.70	l	11242 S. Gessner	Zip Co	uc		
	φ34.70	l	11242 S. Gessilei				
	Reimbursement from political contributions intended		Houston, TX 77071				
	PURPOSE		Category (See Categories listed at the top of this schedu	ule)	Description	Ch	neck if travel outside of Texas. Complete Schedule T.
	OF		Food/Beverage Expense			Ch	neck if Austin, TX, officeholder living expense
	EXPENDITURE		· .		Snacks and wate	r fo	or AJ lunch 6/11/2025
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held

	Hand As of The Last Day of The Reporting Period	
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule M: Sch: 1/1 Rpt: 43/43
2	FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4	Description of Asset	l .
	NONE	
_		