

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1 Filer ID (Ethics Commission Filers) 00037628		2 Total pages filed: 53		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Sandra J.	MI MI	Date Received ELECTRONICALLY FILED 01/27/2026	
	NICKNAME	LAST Peake	SUFFIX	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit		Amount	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		Date Processed	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)		Date Imaged	
5 ORIGINAL PERIOD COVERED	Month Day Year 07/01/2025	THROUGH	Month Day Year 12/31/2025		

6 EXPLANATION OF CORRECTION

I did not include the plant maintenance provided by Interiorscapes of Houston. The amount is 822.72 for the months of July - December, 2025, at 102.84/month. It is billed to my personal credit card as I did not have enough left in the account to pay until additional funds raised. I am not seeking reimbursement. On 12/12/2025 I paid my consultant 2,000.00. Depending on terminal, my bank does not always let me use campaign debit card. I will seek reimbursement for that expense.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☒ **Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

The Honorable Sandra J. Peake

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00037628	2 Total pages filed: 53												
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 25%;">MS / MRS / MR The Honorable</td> <td style="width: 25%;">FIRST Sandra J.</td> <td style="width: 50%;">MI</td> </tr> </table>		MS / MRS / MR The Honorable	FIRST Sandra J.	MI	OFFICE USE ONLY									
	MS / MRS / MR The Honorable	FIRST Sandra J.	MI												
<table style="width: 100%;"> <tr> <td style="width: 25%;">NICKNAME</td> <td style="width: 25%;">LAST Peake</td> <td style="width: 50%;">SUFFIX</td> </tr> </table>		NICKNAME	LAST Peake	SUFFIX											
NICKNAME	LAST Peake	SUFFIX													
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE <div style="background-color: black; color: white; text-align: center; padding: 5px;"> REDACTED PER 254.0313, GOV'T CODE </div>		Date Received ELECTRONICALLY FILED 01/27/2026												
			Date Hand-delivered or Date Postmarked												
			<table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> </table>	Receipt #	Amount										
	Receipt #	Amount													
		Date Processed Date Imaged													
5 CAMPAIGN TREASURER NAME	<table style="width: 100%;"> <tr> <td style="width: 25%;">MS / MRS / MR Mr.</td> <td style="width: 25%;">FIRST David G.</td> <td style="width: 50%;">MI</td> </tr> </table>		MS / MRS / MR Mr.	FIRST David G.	MI										
	MS / MRS / MR Mr.	FIRST David G.	MI												
<table style="width: 100%;"> <tr> <td style="width: 25%;">NICKNAME</td> <td style="width: 25%;">LAST Peake</td> <td style="width: 50%;">SUFFIX</td> </tr> </table>		NICKNAME	LAST Peake	SUFFIX											
NICKNAME	LAST Peake	SUFFIX													
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; color: white; text-align: center; padding: 5px;"> REDACTED PER 254.0313, GOV'T CODE </div>														
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 628-2310														
8 REPORT TYPE	<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)				
<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)												
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)												
9 PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="width: 25%;">Month</td> <td style="width: 25%;">Day</td> <td style="width: 25%;">Year</td> <td style="width: 25%;"></td> </tr> <tr> <td></td> <td>07/01/2025</td> <td></td> <td>THROUGH</td> </tr> <tr> <td></td> <td></td> <td></td> <td>12/31/2025</td> </tr> </table>			Month	Day	Year			07/01/2025		THROUGH				12/31/2025
Month	Day	Year													
	07/01/2025		THROUGH												
			12/31/2025												
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other												
11 OFFICE	OFFICE HELD (if any) District Judge District 257 Harris		12 OFFICE SOUGHT (if known) District Judge District 257												

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

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13 C / OH NAME Peake, Sandra J. (The Honorable)	14 Filer ID (Ethics Commission Filers) 00037628
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 30,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 39,951.32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 21,054.16
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Sandra J. Peake

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

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18 FILER NAME Peake, Sandra J. (The Honorable)		19 Filer ID (Ethics Commission Filers) 00037628
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 30,100.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 38,347.63
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 1,603.69
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/13 Rpt: 5/53
2 FILER NAME Peake, Sandra J. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 09/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Georgia (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77494	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney at Law
10 Contributor's employer/law firm self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Nicole (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm Texas House		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a		
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonner, Alice (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77021-0000	Amount of Contribution (\$) \$200.00
Contributor's Principal Occupation retired		Contributor's Job Title Attorney at Law
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/13 Rpt: 6/53
2 FILER NAME Peake, Sandra J. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 10/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlin, Amy (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77002-0000	7 Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$1,000.00</div>
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney at Law
10 Contributor's employer/law firm self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerf, Lawrence (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$500.00</div>
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole III, Richard (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77071	Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$200.00</div>
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm self		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/13 Rpt: 7/53
2 FILER NAME Peake, Sandra J. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 09/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Johnetta <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77021	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney at Law
10 Contributor's employer/law firm self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cusic, Dessiray (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77060	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney at Law		Contributor's Job Title Attorney at Law
Contributor's employer/law firm The Cusic Law Firm, P.C.		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a		
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everett, Willer Blackshear (Ms.) <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$25.00
Contributor's Principal Occupation retired		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/13 Rpt: 8/53
2 FILER NAME Peake, Sandra J. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 10/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Bernardo (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77008	7 Amount of Contribution (\$) \$50.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney at Law
10 Contributor's employer/law firm self		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Reed & McGraw, LLP <hr/> Contributor address; City; State; Zip Code Houston, TX 77056-0000	Amount of Contribution (\$) \$1,500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunn, David (Mr.) <hr/> Contributor address; City; State; Zip Code Baytown, TX 77521	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm self		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/13 Rpt: 9/53
2 FILER NAME Peake, Sandra J. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 10/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale, Hal (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77043	7 Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$1,000.00</div>
8 Contributor's Principal Occupation attorney		9 Contributor's Job Title Attorney at Law
10 Contributor's employer/law firm Hale Firm		11 Law firm of contributor's spouse (if any) self
12 If contributor is a child, law firm of parent(s) (if any) n/a		

Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Barbara Hudson (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77021-7106	Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$100.00</div>
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm DBA Law Offices of Barbara Jackson		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kubosh, Paul (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$100.00</div>
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm self		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/13 Rpt: 10/53
2 FILER NAME Peake, Sandra J. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 10/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Lanease Fuller <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77027	7 Amount of Contribution (\$) \$400.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Leneice (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$400.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm Parker Lewis Law PLLC		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a		
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchant, Shelly A. (Ms.) <hr/> Contributor address; City; State; Zip Code Deer Park, TX 77536	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm self		Law firm of contributor's spouse (if any) self
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/13 Rpt: 11/53
2 FILER NAME Peake, Sandra J. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 07/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moon, Tammy (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77004-0000	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Attorney at Law		9 Contributor's Job Title Attorney at Law
10 Contributor's employer/law firm Schlanger Silver LLP		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any) n/a n/a		
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Roy (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77046	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm Diamonte Moore, PC		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a n/a		
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mumey, Richard (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm The Mumey Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 8/13 Rpt: 12/53
2 FILER NAME Peake, Sandra J. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 10/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Bobby <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77098-0000	7 Amount of Contribution (\$) <div style="text-align: right;">\$5,000.00</div>
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney at Law
10 Contributor's employer/law firm Bobby K. Newman PC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paley, Kenneth (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77033	Amount of Contribution (\$) <div style="text-align: right;">\$25.00</div>
Contributor's Principal Occupation retired		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		

Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peake, Sandra <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) <div style="text-align: right;">\$1,000.00</div>
Contributor's Principal Occupation Judge		Contributor's Job Title Judge
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/13 Rpt: 13/53
2 FILER NAME Peake, Sandra J. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 08/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peake, Sandra <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77002	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation Judge		9 Contributor's Job Title Judge
10 Contributor's employer/law firm n/a		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peake, Sandra <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$2,000.00
Contributor's Principal Occupation Judge		Contributor's Job Title Presiding, 257th
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Amy (Ms.) <hr/> Contributor address; City; State; Zip Code Spring, TX 77379	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 10/13 Rpt: 14/53
2 FILER NAME Peake, Sandra J. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 10/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rainwater & Associates, PLLC <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77056	7 Amount of Contribution (\$) \$2,000.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Revack, Wayne (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm Revack, Sarnaan and Muller		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a n/a		
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Runge, Barbara (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-0000	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm self		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a n/a		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 11/13 Rpt: 15/53
2 FILER NAME Peake, Sandra J. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 07/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jacqueline (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007-0000	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation attorney		9 Contributor's Job Title Attorney at Law
10 Contributor's employer/law firm self		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any) n/a		

Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stagg, R Nicole (Mrs.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-0000	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm Stagg and Associates		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a		

Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stout, Angela (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-4017	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm self		Law firm of contributor's spouse (if any) The Curley Law Firm PLLC
If contributor is a child, law firm of parent(s) (if any) n/a		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 12/13 Rpt: 16/53
2 FILER NAME Peake, Sandra J. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weinmann, Aaron (Mr.) <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$25.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney at Law
10 Contributor's employer/law firm self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells Jr., Clinton (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-2915	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm DBA Wells Mediation		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Angela (Ms.) <hr/> Contributor address; City; State; Zip Code Katy, TX 77449	Amount of Contribution (\$) \$75.00
Contributor's Principal Occupation Human Resources		Contributor's Job Title n/a
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 13/13 Rpt: 17/53
2 FILER NAME Peake, Sandra J. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00037628
4 Date 10/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Fannie (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77459	7 Amount of Contribution (\$) \$5,000.00
8 Contributor's Principal Occupation retired		9 Contributor's Job Title n/a
10 Contributor's employer/law firm n/a		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimmerman, Alvin (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77096	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

LOANS (JUDICIAL)

SCHEDULE E(J)

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/29 Rpt: 19/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 08/21/2025	5 Payee name Act Blue	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) HBAD	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/27/2025	Payee name Act Blue	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Membership	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Southwest Democrats
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/18/2025	Payee name Act Blue	
Amount (\$) \$125.00	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texas Democratic Women - recognition donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/29 Rpt: 20/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 07/07/2025	5 Payee name Act Blue	
6 Amount (\$) \$125.00	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Democratic club
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2025	Payee name Act Blue	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name Armstrong, Reagan (Ms.)	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 12777 Jones Road Suite 150 Houston, TX 77070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense luncheon
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/29 Rpt: 21/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 08/22/2025	5 Payee name Best Donuts	
6 Amount (\$) \$30.97	7 Payee address; City; State; Zip Code 5869 S Braeswood Houston, TX 77096-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jury
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/25/2025	Payee name Best Donuts	
Amount (\$) \$30.97	Payee address; City; State; Zip Code 5869 S Braeswood Houston, TX 77096-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office/Jury snacks
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/18/2025	Payee name Blue Triangle MCA	
Amount (\$) \$400.00	Payee address; City; State; Zip Code P. O. Box 8445 Houston, TX 77288-8445	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ad for Living Legends
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/29 Rpt: 22/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 08/27/2025	5 Payee name Carroll's Printing	
6 Amount (\$) \$1,360.70	7 Payee address; City; State; Zip Code 2907 Canal Houston, TX 77003-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign pushcards, stationary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2025	Payee name Competitive Edge	
Amount (\$) \$70.00	Payee address; City; State; Zip Code 1915 N Beechwood Dr.Layton Layton, UT 84840	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense misc.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2025	Payee name Competitive Edge	
Amount (\$) \$70.00	Payee address; City; State; Zip Code 1915 N Beechwood Dr.Layton Layton, UT 84840	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Misc.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/29 Rpt: 23/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 09/08/2025	5 Payee name Dorsey, Shaun (Dr.)	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77071	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Delta Tailgate Event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2025	Payee name Frank's Pizza	
Amount (\$) \$36.75	Payee address; City; State; Zip Code 417 Travis Street Houston, TX 77002-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff lunch
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2025	Payee name Frank's Pizza	
Amount (\$) \$38.75	Payee address; City; State; Zip Code 417 Travis Street Houston, TX 77002-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff lunch meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/29 Rpt: 24/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 08/18/2025	5 Payee name HEB	
6 Amount (\$) \$129.01	7 Payee address; City; State; Zip Code 4955 Beechnut Houston, TX 77096	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2025	Payee name Harris County Democratic Party	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 3302 Canal Street Houston, TX 77003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution for primary election.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name Heath, Sonia (Judge)	
Amount (\$) \$182.11	Payee address; City; State; Zip Code 201 Caroline Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense pro rata share
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/29 Rpt: 25/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 11/11/2025	5 Payee name JPBE CONSULTING	
6 Amount (\$) \$3,500.00	7 Payee address; City; State; Zip Code P. O. Box 14226 Houston, TX 77221-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Radio ads and consulting expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2025	Payee name JPBE CONSULTING	
Amount (\$) \$1,500.00	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consultant monthly fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/03/2025	Payee name JPBE CONSULTING	
Amount (\$) \$1,500.00	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consultant fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/29 Rpt: 26/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 10/03/2025	5 Payee name JPBE CONSULTING	
6 Amount (\$) \$1,760.00	7 Payee address; City; State; Zip Code P. O. Box 14226 Houston, TX 77221-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting and campaign cards
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/28/2025	Payee name JPBE CONSULTING	
Amount (\$) \$3,446.66	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting and printing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/12/2025	Payee name JPBE CONSULTING	
Amount (\$) \$2,000.00	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Final for 2026 primary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/29 Rpt: 27/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 10/31/2025	5 Payee name Jamails Sales USA	
6 Amount (\$) \$1,353.25	7 Payee address; City; State; Zip Code 10710 Flaxman Street Houston, TX 77029-2740	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign t-shirts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/29/2025	Payee name Jamails Sales USA	
Amount (\$) \$811.88	Payee address; City; State; Zip Code 10710 Flaxman Street Houston, TX 77029-2740	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-shirts for campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/27/2025	Payee name Katia Ferero Photography	
Amount (\$) \$145.00	Payee address; City; State; Zip Code Austin, TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Photo	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Headshot - online presence only
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/29 Rpt: 28/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 10/19/2025	5 Payee name Kirby Icehouse	
6 Amount (\$) \$23.82	7 Payee address; City; State; Zip Code 3333 Eastside Houston, TX 77098	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Petition signing event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2025	Payee name Kroger	
Amount (\$) \$83.68	Payee address; City; State; Zip Code 10306 S Post Oak Houston, TX 77035	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff lunch expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2025	Payee name Kroger	
Amount (\$) \$83.68	Payee address; City; State; Zip Code 10306 S Post Oak Houston, TX 77035	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office misc.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/29 Rpt: 29/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 07/23/2025	5 Payee name Latson, Christopher	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77026	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Voter outreach	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense voter outreach
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/13/2025	Payee name Latson, Christopher	
Amount (\$) \$200.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77026	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) voter outreach	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense voter outreach
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/13/2025	Payee name Latson, Christopher	
Amount (\$) \$250.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77026	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter outreach
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/29 Rpt: 30/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 12/15/2025	5 Payee name Latson, Christopher	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77026	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter outreach
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/08/2025	Payee name MABAH	
Amount (\$) \$300.00	Payee address; City; State; Zip Code P. O. Box 303 Houston, TX 77001-0303	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gala
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/01/2025	Payee name MABAH	
Amount (\$) \$300.00	Payee address; City; State; Zip Code P. O. Box 303 Houston, TX 77001-0303	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 1 ticket
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/29 Rpt: 31/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 10/25/2025	5 Payee name Mailbox and Copy	
6 Amount (\$) \$192.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0313, GOV'T CODE	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post office box rental
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2025	Payee name Mailbox and Copy	
Amount (\$) \$192.00	Payee address; City; State; Zip Code REDACTED PER 254.0313, GOV'T CODE	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Post office box rental	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post office box
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/08/2025	Payee name Marriott Marquis San Antonio	
Amount (\$) \$36.26	Payee address; City; State; Zip Code 101 Bowie San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advanced Family
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/29 Rpt: 32/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 10/20/2025	5 Payee name Office Max	
6 Amount (\$) \$8.72	7 Payee address; City; State; Zip Code 270 Meyerland Plaza Houston, TX 77096-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense petition pages
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/09/2025	Payee name Pappasitos Cantina	
Amount (\$) \$257.92	Payee address; City; State; Zip Code 1600 Lamar Houston, TX 77010	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Holiday luncheon
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2025	Payee name Peake, Sandra	
Amount (\$) \$2,739.00	Payee address; City; State; Zip Code 201 Caroline - Judge Peake 16th floor Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for fundraiser at Graces 10/8/2025
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/29 Rpt: 33/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 12/10/2025	5 Payee name Peake, Sandra	
6 Amount (\$) \$257.92	7 Payee address; City; State; Zip Code 201 Caroline - Judge Peake 16th floor Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense _____
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Peake, Sandra	
Amount (\$) \$5,130.00	Payee address; City; State; Zip Code 201 Caroline - Judge Peake 16th floor Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Carrabas fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Print n Sign	
Amount (\$) \$617.18	Payee address; City; State; Zip Code 7350 Harwin Suite 316a Houston, TX 77036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense pushcards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/29 Rpt: 34/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 09/05/2025	5 Payee name Raise the Money, Inc.	
6 Amount (\$) \$1.47	7 Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/08/2025	Candidate/Officeholder name Payee name Raise the Money, Inc.	
Amount (\$) \$12.50	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/15/2025	Candidate/Officeholder name Payee name Raise the Money, Inc.	
Amount (\$) \$49.25	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/29 Rpt: 35/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 09/06/2025	5 Payee name Raise the Money, Inc.	
6 Amount (\$) \$1.47	7 Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/03/2025	Candidate/Officeholder name Payee name Raise the Money, Inc.	
Amount (\$) \$10.05	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/06/2025	Candidate/Officeholder name Payee name Raise the Money, Inc.	
Amount (\$) \$7.60	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/29 Rpt: 36/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 10/08/2025	5 Payee name Raise the Money, Inc.	
6 Amount (\$) \$81.85	7 Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/10/2025	Candidate/Officeholder name Payee name Raise the Money, Inc.	
Amount (\$) \$49.25	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/20/2025	Candidate/Officeholder name Payee name Raise the Money, Inc.	
Amount (\$) \$24.75	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/29 Rpt: 37/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 10/22/2025	5 Payee name Raise the Money, Inc.	
6 Amount (\$) \$12.50	7 Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/30/2025	Candidate/Officeholder name Payee name Raise the Money, Inc.	
Amount (\$) \$5.15	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/01/2025	Candidate/Officeholder name Payee name Raise the Money, Inc.	
Amount (\$) \$12.50	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/29 Rpt: 38/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 07/02/2025	5 Payee name Raise the Money, Inc.	
6 Amount (\$) \$24.75	7 Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/06/2025	Candidate/Officeholder name Payee name Raise the Money, Inc.	
Amount (\$) \$24.75	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/14/2025	Candidate/Officeholder name Payee name Raise the Money, Inc.	
Amount (\$) \$24.75	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/29 Rpt: 39/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 07/02/2025	5 Payee name Raise the Money, Inc.	
6 Amount (\$) \$24.75	7 Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/06/2025	Candidate/Officeholder name Payee name Raise the Money, Inc.	
Amount (\$) \$24.75	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/14/2025	Candidate/Officeholder name Payee name Raise the Money, Inc.	
Amount (\$) \$24.75	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72205-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/29 Rpt: 40/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 07/17/2025	5 Payee name Randall's	
6 Amount (\$) \$173.54	7 Payee address; City; State; Zip Code 4800 W Bellfort Houston, TX 77035	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Replenish bear supplies for adoptions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2025	Payee name Randall's	
Amount (\$) \$140.69	Payee address; City; State; Zip Code 10306 S. Post Oak Houston, TX 77035	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office coffee/drinks/jury snacks
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/08/2025	Payee name Sargent, Jona	
Amount (\$) \$250.00	Payee address; City; State; Zip Code <div style="background-color: black; color: white; text-align: center; padding: 2px;">REDACTED PER 254.0401, ELEC. CODE</div> Houston, TX 77071-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Delta Gala
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/29 Rpt: 41/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 09/08/2025	5 Payee name Sargent, Jona	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77071-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2 gala tickets
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name Tanner, Germaine (Judge)	
Amount (\$) \$75.00	Payee address; City; State; Zip Code 201 Caroline 8th floor Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense St. Mary's Gumbo Fest booth expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/18/2025	Payee name Texas Bar Foundation	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 515 Congress Suite 1755 Austin, TX 78701-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/29 Rpt: 42/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 10/03/2025	5 Payee name Texas Center for the Judiciary	
6 Amount (\$) \$85.00	7 Payee address; City; State; Zip Code 1210 San Antonio Street Austin, TX 78701-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration fee: 2026 Family Justice Conference
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/18/2025	Payee name Texas Gulf Coast Area Labor Federation	
Amount (\$) \$20.00	Payee address; City; State; Zip Code 2506 Sutherland Street Houston, TX 77023-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labor breakfast
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/18/2025	Payee name Texas Gulf Coast Area Labor Federation	
Amount (\$) \$20.00	Payee address; City; State; Zip Code 2506 Sutherland Street Houston, TX 77023-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labor breakfast
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/29 Rpt: 43/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 08/18/2025	5 Payee name Texas Gulf Coast Area Labor Federation	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 2506 Sutherland Street Houston, TX 77023-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labor Day sponsorship
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/21/2025	Payee name Texas Gulf Coast Area Labor Federation	
Amount (\$) \$20.00	Payee address; City; State; Zip Code 2506 Sutherland Street Houston, TX 77023-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense breakfast
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/13/2025	Payee name The Caucus	
Amount (\$) \$250.00	Payee address; City; State; Zip Code P. O. Box 66664 Houston, TX 77266-6664	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Equality Brunch
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/29 Rpt: 44/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 10/13/2025	5 Payee name The Caucus	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code P. O. Box 66664 Houston, TX 77266-6664	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Equality Brunch
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2025	Payee name Tru Insight	
Amount (\$) \$350.00	Payee address; City; State; Zip Code 6122 Grey Oaks Houston, TX 77050-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web maintenance, misc.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/03/2025	Payee name Tru Insight	
Amount (\$) \$350.00	Payee address; City; State; Zip Code 6122 Grey Oaks Houston, TX 77050-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting/web maintenance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/29 Rpt: 45/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 10/01/2025	5 Payee name Tru Insight	
6 Amount (\$) \$350.00	7 Payee address; City; State; Zip Code 6122 Grey Oaks Houston, TX 77050-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web maintenance
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/27/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$350.00	Payee name Tru Insight Payee address; City; State; Zip Code 6122 Grey Oaks Houston, TX 77050-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web maintenance, mic.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/01/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$350.00	Payee name Tru Insight Payee address; City; State; Zip Code 6122 Grey Oaks Houston, TX 77050-0000	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web maintenance, misc.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/29 Rpt: 46/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 09/09/2025	5 Payee name UH Sorors Tailgate Committee	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 3800 Calhoun Houston, TX 77004	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2025	Payee name US Postal Service	
Amount (\$) \$156.00	Payee address; City; State; Zip Code 1500 Hadley Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2025	Payee name US Postal Service	
Amount (\$) \$156.00	Payee address; City; State; Zip Code 1500 Hadley Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) postage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 29/29 Rpt: 47/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 08/19/2025	5 Payee name Walmart	
6 Amount (\$) \$101.33	7 Payee address; City; State; Zip Code 11242 S. Gessner Houston, TX 77071	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office/jury/snacks
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/6 Rpt: 48/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 08/21/2025	5 Payee name Act Blue	
6 Amount (\$) \$250.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-0000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Membership	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HBAD
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/27/2025	Payee name Act Blue	
Amount (\$) \$15.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-0000	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Southwest Democrats
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2025	Payee name Act Blue	
Amount (\$) \$30.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-0000	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Democrats of LaPorte
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/6 Rpt: 49/53		2 FILER NAME Peake, Sandra J. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00037628	
4 Date 08/25/2025		5 Payee name Act Blue			
6 Amount (\$) \$200.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-0000			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Area 5 Democrats	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/16/2025		Payee name Act Blue			
Amount (\$) \$125.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-0000			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texas Democratic Women of Harris County	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/27/2025		Payee name Act Blue			
Amount (\$) \$15.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-0000			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Southwest Democrats	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 3/6 Rpt: 50/53		2 FILER NAME Peake, Sandra J. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00037628	
4 Date 07/27/2025		5 Payee name Act Blue			
6 Amount (\$) \$15.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-0000			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Southwest Democrats	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 09/27/2025		Payee name Act Blue			
Amount (\$) \$15.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-0000			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Southwest Democrats	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 07/27/2025		Payee name Act Blue			
Amount (\$) \$15.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-0000			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Southwest Democrats	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 4/6 Rpt: 51/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 07/01/2025	5 Payee name Interiorscapes of Houston, INC	
6 Amount (\$) \$822.72 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P. O. Box 218023 Houston, TX 77218	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense six months of plant maintenance: 7/1/2025 - 12/3/2025 at 102.84 each
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2025	Payee name Randall's	
Amount (\$) \$40.97 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 10306 S. Post Oak Houston, TX 77035	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff lunch meeting food contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/12/2025	Payee name The Caucus	
Amount (\$) \$10.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P. O. Box 66664 Houston, TX 77266-6664	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sustaining
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 5/6 Rpt: 52/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 10/12/2025	5 Payee name The Caucus	
6 Amount (\$) \$10.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P. O. Box 66664 Houston, TX 77266-6664	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ongoing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/12/2025	Candidate/Officeholder name The Caucus	
Amount (\$) \$10.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P. O. Box 66664 Houston, TX 77266-6664	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sustaining
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/12/2025	Candidate/Officeholder name The Caucus	
Amount (\$) \$10.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P. O. Box 66664 Houston, TX 77266-6664	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sustaining
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 6/6 Rpt: 53/53	2 FILER NAME Peake, Sandra J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037628
4 Date 08/12/2025	5 Payee name The Caucus	
6 Amount (\$) \$10.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P. O. Box 66664 Houston, TX 77266-6664	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sustaining
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/12/2025	Candidate/Officeholder name The Caucus	
Amount (\$) \$10.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P. O. Box 66664 Houston, TX 77266-6664	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sustaining
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		