FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00081697 22 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mrs. Sandre M. NAME Date Received **ELECTRONICALLY FILED** 07/17/2023 NICKNAME LAST **SUFFIX** Streete CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 221 MAILING Receipt # Amount **ADDRESS** Change of Address De Soto, TX 75123-0221 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Warren NAME NICKNAME LAST **SUFFIX** Seay Esq. STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 1700 Cattail Creek Dr. **ADDRESS** (Residence or Business) DeSoto, TX 75115 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 534-0669 **PHONE** REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2023 06/30/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE

GO TO PAGE 2

District Judge District 256 Dallas

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 22

13 C / OH NAME	Streete, Sandre M. (N	Mrs.)		14 Filer ID 00081697	(Ethics Com	ımission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditus may have been made without to equired to report this information	the candidate's or of	ficeholder's kn	owledge or
Additional Pages COMMITTEE TYPE COMMITTEE NAME						
ш .	GENERAL					
		COMMITTEE ADD	DRESS			
	SPECIFIC					
		COMMITTEE CAN	MPAIGN TREASURER NAME			
		COMMITTEE CAN	IPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION	1. TOTAL UNITEM	IZED POLITICAL C	ONTRIBUTIONS(OTHER THAN	J PI FDGES, I OANS	 S. T	
TOTALS			CONTRIBUTIONS MADE ELEC		\$	0.00
		ICAL CONTRIBU PLEDGES, LOANS	JTIONS ;, OR GUARANTEES OF LOAN:	S)	\$	17,875.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL E	XPENDITURES		\$	0.00
	4. TOTAL POLIT	ICAL EXPENDIT	URES		\$	4,117.78
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	13,758.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	35,500.00
17 AFFIDAVIT						
			I swear, or affirm, under penalty true and correct and includes at under Title 15, Election Code.	of perjury, that the lill information require	accompanying d to be reporte	report is ed by me
			Mrs. S	Sandre M. Streete		
			Signature of	Candidate or Office	holder	
AFFIX NOT	TARY STAMP / SEAL AB	OVE				
Sworn to and subso	cribed before me, by the s	aid		, this the		day
			my hand and seal of office.			
Signature of office	er administering oath	Printed name	of officer administering oath	Title of offi	cer administer	ing oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	JVLN 3	3 of 22
l	ER NAN	19 Filer ID 00081697	(Ethics Co	mmission Filers)	
I	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE				TOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	17,875.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	4,117.78
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 1/10 Rpt: 4/22
2	FILER NAME Streete, San	ndre M. (Mrs.)			1	Filer ID (Ethics Commission Filers) 00081697
4	Date 02/16/2023 5 Full name of contributor out-of-state PAC (ID#:) Armstrong Law PC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$500.00		
		Plano, TX 75024				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
12	2 If contributor i	s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/21/2023 BNM Dallas Law Firm Contributor address; City; State; Zip Code				\$250.00	
		TX 75205				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	e (if any)
	If contributor i	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/28/2023	Brown, Shelton				\$100.00
		Contributor address; City;	State; Zip Code		•	
	Contributorio			Contributor's Job Title		
	Governmnt	Principal Occupation		Supervisor		
-		employer/law firm		Law firm of contributor's sp	oous	e (if any)
		, ,				
	If contributor i	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS	SCHEDULE A(J)1
	The Instru	ction Guide explains hov	1 Total pages Schedule A(J)1: Sch: 2/10 Rpt: 5/22		
2	FILER NAME Streete, San	dre M. (Mrs.)			3 Filer ID (Ethics Commission Filers) 00081697
4	Date 02/15/2023			7 Amount of Contribution (\$) \$1,000.00	
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)	<u> </u>	
Date Full name of contributor out-of-state PAC (ID#:) O3/07/2023 Cato-Miller Law Firm Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$300.00			
	Contributor's I	TX 75254 Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if a	any)		
	Date 02/27/2023	Full name of contributor Craig Jackson PC Contributor address; City; S	out-of-state PAC (ID#:_)	Amount of Contribution (\$) \$100.00
	Contributor's I	I Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS	SCHEDULE	A(J)1
	The Instru	ction Guide explains how t	to complete this f	orm.	1 Total pages Schedule A(Sch: 3/10 Rpt: 6/22	J)1:
2	FILER NAME Streete, San	dre M. (Mrs.)			3 Filer ID (Ethics Commis 00081697	ssion Filers)
4	Date 02/28/2023			7 Amount of Contribution (\$	\$250.00	
8	Contributor's I	I Principal Occupation		9 Contributor's Job Title	<u>l</u>	
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	pouse (if any)	
12	! If contributor is	s a child, law firm of parent(s) (if an	у)			
	Date Full name of contributor out-of-state PAC (ID#:) 03/01/2023 Duffee Eitzen Law Contributor address; City; State; Zip Code		Amount of Contribution (s	\$500.00		
	Contributor's I	dallas, TX 75219 Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	pouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if an	у)			
	Date 02/23/2023	Full name of contributor Eartha Tayor PC Contributor address; City; State TX 75247	out-of-state PAC (ID#:_ e; Zip Code)	Amount of Contribution (s	\$250.00
	Contributor's I	I Principal Occupation		Contributor's Job Title	1	
		employer/law firm		Law firm of contributor's sp	pouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if an	y) 			

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS	SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.				1 Total pages Schedule A(J)1: Sch: 4/10 Rpt: 7/22
2	FILER NAME Streete, San	dre M. (Mrs.)			3 Filer ID (Ethics Commission Filers) 00081697
4	Date 02/16/2023			7 Amount of Contribution (\$) \$500.00	
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	1
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12	! If contributor is	s a child, law firm of parent(s) (if a	any)		
Date Full name of contributor out-of-state PAC (ID#:) 02/17/2023 Friedman & Feiger Law Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$500.00			
	Contributor's I	TX 75248 Principal Occupation		Contributor's Job Title	<u> </u>
	Contributor's e	employer/law firm		Law firm of contributor's sp	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if a	any)		
Date Full name of contributor out-of-state PAC (ID#:) 02/28/2023 Friedman & Feiger Law Contributor address; City; State; Zip Code TX 75248		Amount of Contribution (\$) \$1,000.00			
	Contributor's I	Principal Occupation		Contributor's Job Title	1
	Contributor's 6	employer/law firm		Law firm of contributor's sp	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if a	any)		

	MONET	ARY POLITICAL CONT	ributio	DNS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to co	mplete this f	orm.	1 Total pages Schedule A(J)1: Sch: 5/10 Rpt: 8/22
2	FILER NAME Streete, San	dre M. (Mrs.)			3 Filer ID (Ethics Commission Filers) 00081697
4	Date 02/28/2023			7 Amount of Contribution (\$) \$250.00	
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	1
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12	! If contributor i	s a child, law firm of parent(s) (if any)		L	
	Date Full name of contributor out-of-state PAC (ID#:) 03/01/2023 Godwin Bowman P.C. Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$2,500.00		
	Contributor's I	Dallas, TX 75270 Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)		,	
	Date 02/21/2023	Full name of contributor out-of Hargrave Family Law Contributor address; City; State; Zip of dallas, TX 75244	of-state PAC (ID#:_ Code		Amount of Contribution (\$)
	Contributor's I	I Principal Occupation		Contributor's Job Title	
		employer/law firm		Law firm of contributor's sp	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)			

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS	SCHEDULE A(J)1
	The Instru	ction Guide explains hov	1 Total pages Schedule A(J)1: Sch: 6/10 Rpt: 9/22		
2	FILER NAME Streete, San	dre M. (Mrs.)			3 Filer ID (Ethics Commission Filers) 00081697
4	Date 03/07/2023	1		7 Amount of Contribution (\$) \$200.00	
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)		
Date Full name of contributor out-of-state PAC (ID#:) 02/28/2023 Jeffrey M. Tillotson, PC Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1,500.00			
	Contributor's I	TX 75209 Principal Occupation		Contributor's Job Title	
	Contributor's e	employer/law firm		Law firm of contributor's sp	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)		
	Date 02/28/2023	Full name of contributor John Schorsch Law Contributor address; City; S TX 75206	out-of-state PAC (ID#:_)	Amount of Contribution (\$) \$500.00
	Contributor's I	I Principal Occupation		Contributor's Job Title	I
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)		

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS	SCHEDULE	A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J): Sch: 7/10 Rpt: 10/22	1:
2	FILER NAME Streete, San	dre M. (Mrs.)			3 Filer ID (Ethics Commiss 00081697	ion Filers)
4	Date 02/22/2023			7 Amount of Contribution (\$)	\$250.00	
8	Contributor's I	I Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	pouse (if any)	
12	If contributor is	s a child, law firm of parent(s) (if a	any)			
Date 02/16/2023 Full name of contributor out-of-state PAC (ID#:) McClure Law Group Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$500.00			
	Contributor's I	Dallas, TX 75225 Principal Occupation		Contributor's Job Title	1	
	Contributor's e	employer/law firm		Law firm of contributor's sp	pouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if a	any)			
Date Full name of contributor out-of-state PAC (ID#:) 02/19/2023 QSLWM firm Contributor address; City; State; Zip Code TX 75225)	Amount of Contribution (\$)	\$500.00		
	Contributor's I	I Principal Occupation		Contributor's Job Title	1	
		employer/law firm		Law firm of contributor's sp	pouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if a	any)			

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS	SCHEDULE A(J)1	
	The Instru	ction Guide explains how	1 Total pages Schedule A(J)1: Sch: 8/10 Rpt: 11/22			
2	FILER NAME Streete, San	dre M. (Mrs.)			3 Filer ID (Ethics Commission Filers) 00081697	
4	Date 02/17/2023			7 Amount of Contribution (\$) \$500.00		
8	Contributor's I	TX 75034 Principal Occupation		9 Contributor's Job Title	<u> </u>	
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	pouse (if any)	
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
Date Full name of contributor out-of-state PAC (ID#:) 03/01/2023 Shackelford PC Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1,000.00				
	Contributor's I	TX 75231 Principal Occupation		Contributor's Job Title		
	Contributor's e	employer/law firm		Law firm of contributor's sp	pouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date Full name of contributor out-of-state PAC (ID#:) Singleton, Sharmarr Contributor address; City; State; Zip Code TX 75201		Amount of Contribution (\$) \$2,500.00			
	Contributor's F	I Principal Occupation		Contributor's Job Title		
	Businessma	n		Owner		
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)	
If contributor is a child, law firm of parent(s) (if any)						

	MONET	ARY POLITICAL C	CONTRIBUTIO	DNS	SCHEDULE A(J)1
	The Instru	ction Guide explains how	1 Total pages Schedule A(J)1: Sch: 9/10 Rpt: 12/22		
2	FILER NAME Streete, San	dre M. (Mrs.)			3 Filer ID (Ethics Commission Filers) 00081697
4	Date 02/27/2023			7 Amount of Contribution (\$) \$75.00	
8	Contributor's F	Principal Occupation		9 Contributor's Job Title	
	government			Admin Asst.	
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	spouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if a	ny)	<u> </u>	
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	02/28/2023 Susan Duesler Law PC Contributor address; City; State; Zip Code			\$100.00	
		TX 75219			
	Contributor's I	Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's sp	spouse (if any)
	If contributor is	s a child, law firm of parent(s) (if a	nny)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	02/21/2023 Suzanne Lomeinick Law Contributor address; City; State; Zip Code TX 75220		\$250.00 		
	Contributor's I	I Principal Occupation		Contributor's Job Title	
	Contributor's e	employer/law firm		Law firm of contributor's sp	spouse (if any)
	If contributor is	s a child, law firm of parent(s) (if a	nny)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1		
	The Instru	ction Guide explains how to complete this t	1 Total pages Schedule A(J)1: Sch: 10/10 Rpt: 13/22			
2	FILER NAME Streete, San	ndre M. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00081697		
4	Date 03/08/2023	<u> </u>		7 Amount of Contribution (\$) \$500.00		
8	Contributor's I	Principal Occupation	9 Contributor's Job Title			
	Law		Attorney			
10	Contributor's of Munsch Har	employer/law firm dt	11 Law firm of contributor's sp	ouse (if any)		
12	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of Contribution (\$)		
	02/17/2023 Turner McDowell Family Law PLLC Contributor address; City; State; Zip Code Dallas, TX 75206			\$500.00		
	Contributor's F	Principal Occupation	Contributor's Job Title			
	Continuator o	Thispan Goodpanon				
	Contributor's	employer/law firm	Law firm of contributor's sp	ouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)	<u> </u>			
	Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of Contribution (\$)		
02/16/2023 Verner Brumley Mueller Parker Contributor address; City; State; Zip Code dallas, TX 75219		\$500.00				
	Contributor's I	Principal Occupation	Contributor's Job Title			
	Contributor's	employer/law firm	Law firm of contributor's sp	ouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)				

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/8 Rpt: 14/22	Streete, Sandre M. (Mrs.) 00081697
4	Date	5 Payee name
	01/06/2023	Alpha Kappa Alpha (AZ)
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code TX 75202
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense luncheon ticket
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
	01/05/2023	Alpha Kappa Alpha (OMO)
	Amount (\$) \$100.00	Payee address; City; State; Zip Code
		TX 75202
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense luncheon event ticket
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/01/2023	Caldwell, Rene
	Amount (\$) \$200.00	Payee address; City; State; Zip Code
		Shreveport, LA
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Charity Luncheon
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction	nais Expense I Guide explain		Vages	/Contract Labor		OTHER (enter a	strict a category not listed a	bove)
1	Total pages Schedule F1:	2	EII ER NAME	=					3	Filer ID	(Ethics Commis	sion Filers)
-	Sch: 2/8 Rpt: 15/22			- ndre M. (Mrs.)					00081697	(Etillos Collinia	310111 11013)
4	Date	5	Payee name									
	06/27/2023		Canva print									
6	Amount (\$)	7	Payee addre	ss; City;	Stat	e; Zip Co	ode					
l	\$77.94		110 kippaz	st								
			NSW 2010									
l				Wales Austra	ılia							
Ļ		<u> </u>										
8	PURPOSE OF	(a)		ee Categories listed	at the top of this s	chedule)	(b)	Description				
l	EXPENDITURE		Advertising	Expense				=		de of Texas. Con officeholder livin	nplete Schedule T.	
l								printing	, 17,	Oniccholder livin	y expense	
l								printing				
Ļ	Compulate ONII V if direct	<u> </u>	Condidate/Off			Office				Office b	ماما	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Oili	ceholder name		Office sou	igni			Office h	eiu	
⊨	Date	Т	Davis a name									
l	05/15/2023		Payee name	nt Hooven								
┡		L	Consignme		_							
l	Amount (\$)		Payee addre	ss; City;	Stat	e; Zip Co	ode					
l	\$550.00											
l												
			TX 75202									
Г	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this s	chedule)	(b)	Description				
l	OF EXPENDITURE			head/Rental				Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
l	LAFENDITORE							ш		officeholder livin	g expense	
l								office furniture	е			
L												
l	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	!	Office sou	ight			Office h	eld	
L	experialiture to beliefit C/OI											
Г	Date		Payee name									
l	01/15/2023		Delta Sigma	a Theta, (DAC	C)							
Г	Amount (\$)		Payee addre	ss; City;	Stat	e; Zip Co	ode					
l	\$100.00											
l												
l			TX 75201									
┡	DUDDOOF	(-)					(I-)					
l	PURPOSE OF	(a) 		ee Categories listed	at the top of this s	chedule)	(a)	Description	outci	do of Toyas Con	nplete Schedule T.	
l	EXPENDITURE		Event Expe	nse				ш		officeholder livin	•	
l								ticket for lunc			9	
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	laht I			Office h	eld	
	expenditure to benefit C/OI		-anadato Om	Someon Haille		5.1100 300	9111			Office II	J. J	
_												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 3/8 Rpt: 16/22	Streete, Sandre M. (Mrs.) 00081697	
4	Date	5 Payee name	_
	03/03/2023	Delta Sigma Theta, (DAC)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$160.00		
		TX 75201	
8	PURPOSE		_
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		sponsor	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experialiture to beliefit C/O	<u>'</u>	
	Date	Payee name	
	03/08/2023	Donor Box	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$533.10	1520 Belle View Blvd	
		#4106	
		TX 22307	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	LXI LINDITORE	Check if Austin, TX, officeholder living expense	
		transaction fees for online donations	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
-	D-t-		_
	Date 06/06/2023	Payee name CoDoddy com	
		GoDaddy.com	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$76.62		
		TX	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		website	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
H			_

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/8 Rpt: 17/22	Streete, Sandre M. (Mrs.) 00081697
4	Date	5 Payee name
	03/06/2023	GoDaddy.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$121.00	
		тх
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		website
L		
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/O	
	Date	Payee name
	03/02/2023	GoDaddy.com
H	Amount (\$)	Payee address; City; State; Zip Code
	\$80.68	ag a construction of the c
	φου.σο	
		TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense website
		Website
┡	Commiste ONII V if diseast	Condidate/Office holder name Office according
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L	·	
	Date	Payee name
	03/05/2023	GoDaddy.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$204.54	
		тх
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
I		website
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
Г		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 5/8 Rpt: 18/22	Streete, Sandre M. (Mrs.)		00081697
4	Date	5 Payee name		<u> </u>
l	04/15/2023	Hodge, Terri (The Honorable)		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
l	\$95.00	7106 Abrams Road		
l				
l		dallas, TX 75231		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense school auction ticket
l				School auction licket
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
ľ	expenditure to benefit C/OI		giit	Office field
⊨	Date	Payee name		
l	05/05/2023	Home Goods		
┝	Amount (\$)	Payee address; City; State; Zip Co	nda	
l	\$102.30	r dyce dddress, Gry, State, Zip Ge	uc	
l	Ψ102.00			
l		TX 75104		
┝	PURPOSE		(h)	Providetion
l	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(D)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Office Overhead/Nerital Expense		Check if Austin, TX, officeholder living expense
l				office supplies
L				
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
L				
	Date	Payee name		
L	02/07/2023	IMA		
l	Amount (\$)	Payee address; City; State; Zip Co	de	
l	\$100.00	8350 Forest Lane		
l				
		Dallas, TX 75243		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				Banquet ticket
				•
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME	3	3 Filer ID	(Ethics Commission Filers)
	Sch: 6/8 Rpt: 19/22	Streete, Sandre M. (Mrs.)		00081697	
4	Date	5 Payee name	•		
	03/09/2023	Levels, Levatta			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$50.00				
		TX 75115			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	Event Expense	Check if travel ou	ıtside of Texas. Com	
	LXI LINDITORE		_	ΓX, officeholder living	g expense
			luncheon ticke	elS	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	ald
9	Complete ONLY if direct expenditure to benefit C/OI			Office no	eia
	Date	Payee name			
	03/10/2023	Oliver, Cathy			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$50.00				
		TX 75202			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	Event Expense	—	ıtside of Texas. Com FX, officeholder livinç	
			Staff lunch	i X, dilicendider living	g expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI				
	Date	Payee name			
	01/18/2023	Southwest Mobile Advertising			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$167.79	204 E. Pleasant Run Rd			
	\$201110	25 / 21 / 15454/1 / 144			
		Lancaster, TX 75146			
	DUDDOOF				
	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	Description Check if travel out	ıtside of Texas. Com	iplete Schedule T.
	EXPENDITURE	Advertising Expense	_	ΓX, officeholder living	
			printing for par	rade	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI	1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 7/8 Rpt: 20/22	Streete, Sandre M. (Mrs.)	00081697
4	Date	5 Payee name	
	06/27/2023	Southwest Mobile Advertising	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$113.64	204 E. Pleasant Run Rd	
		Lancaster, TX 75146	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	The vertising Expense	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		printing	in, 17, oncerouer living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OH	H	
	Date	Payee name	
	01/05/2023	The New Roundtable	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00		
		TX 75202	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	el outside of Texas. Complete Schedule T.
		New event	in, TX, officeholder living expense
		The state of the s	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	05/12/2023	Two Men and A Truck	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$681.25		
		TX 76011	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	el outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Aust	in, TX, officeholder living expense
			onice
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to co	ompl	plete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 8/8 Rpt: 21/22	Streete, Sandre M. (Mrs.)		00081697
4	Date	5 Payee name		
	06/25/2023	WIX		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	-
	\$103.92	2601 mission st		
		san francisco, CA 94110		
8	PURPOSE		(b)	
o	OF	(a) Category (See Categories listed at the top of this schedule)	(0)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense
l				web maintenance
l				
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	t Office held
	expenditure to benefit C/O	1		
H	Date	Payee name		
l	05/15/2023	Washington, James		
	Amount (\$)	Payee address; City; State; Zip Ci	odo	
	\$250.00	rayee address, City, State, Zip Ci	Jue	
	Ψ230.00			
		TV 75000		
L		TX 75202		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				furniture for office
l				
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>I</u> ught	t Office held
	expenditure to benefit C/O		J	

The Instruction Guide explains how to complete this form. 1 Total pages Schedule L: Sch: 1/1 Rpt: 22/22 FILER NAME Streete, Sandre M. (Mrs.) 1 Total pages Schedule L: Sch: 1/1 Rpt: 22/22 3 Filer ID (Ethics Commission Filers) 00081697 LENDER Moncriffe, Sandre (Mrs.) 5 Lender address; City; State; Zip Code Dallas, TX 75204 GUARANTOR Mame of guarantor Total pages Schedule L: Sch: 1/1 Rpt: 22/22 3 Filer ID (Ethics Commission Filers) 00081697 A Name of lender Moncriffe, Sandre (Mrs.) 5 Lender address; City; State; Zip Code Total pages Schedule L: Sch: 1/1 Rpt: 22/22 3 Filer ID (Ethics Commission Filers) 00081697	OU	TSTAN	NDING LOANS	SCHEDULE				
FILER NAME Streete, Sandre M. (Mrs.) LENDER INFORMATION 4 Name of lender Moncriffe, Sandre (Mrs.) 5 Lender address; City; State; Zip Code Dallas, TX 75204 GUARANTOR INFORMATION 6 Name of guarantor	The	Instruction	on Guide explains how to complete this form.	I				
INFORMATION Moncriffe, Sandre (Mrs.) 5 Lender address; City; State; Zip Code Dallas, TX 75204 GUARANTOR INFORMATION 6 Name of guarantor			M. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00081697				
5 Lender address; City; State; Zip Code Dallas, TX 75204 GUARANTOR INFORMATION 6 Name of guarantor								
GUARANTOR INFORMATION 6 Name of guarantor			5 Lender address; City; State; Zip Code					
INFORMATION								
not applicable 7 Guarantor address; City; State; Zip Code			6 Name of guarantor					
	X n	ot applicable	7 Guarantor address; City; State; Zip Code					