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 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mrs. Sandre M. NAME Date Received **ELECTRONICALLY FILED** 01/16/2024 NICKNAME LAST **SUFFIX** Streete CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Warren NAME NICKNAME LAST **SUFFIX** Seay Esq. **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 534-0669 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 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 District Judge District 256 Dallas

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	Streete, Sandre M. (N	Mrs.)	14 Filer ID (00081697	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN:	e)	\$ 0.00
EXPENDITURE		ZED POLITICAL EXPENDITURES	3)	\$ 0.00
TOTALS	4 TOTAL DOLLT	CAL EVENIENTIES		9.90
	4. TOTAL POLIT	CAL EXPENDITURES		\$ 2,264.62
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 11,493.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 35,500.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.	/ of perjury, that the acc Il information required to	companying report is o be reported by me
		Mrs. S	Sandre M. Streete	
		Signature of	Candidate or Officehole	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
		aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cer administering oath	Printed name of officer administering oath	Title of officer	administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				3 of 8		
18 FILER NA Streete, S	ME Sandre M. (Mrs.)	19 Filer ID 00081697	(Ethics Com	nmission Filers)		
20 SCHEDUL NAME OF	SUBTO	OTAL AMOUNT				
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)					
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 CONTRIBUTION	S	\$	2,264.62		
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	ONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			

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

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
OTHER (onter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Service				Vages	e /Contract Labor ete this form.		Travel Out of Di OTHER (enter a	strict a category not listed ab	pove)
1	Total pages Schedule F1:	2								3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 1/4 Rpt: 4/8		Streete, Sa	ndre M. (Mrs.)						00081697		
4	Date 12/31/2023	5	Payee name	·									
L	12/31/2023	┖	Canva print										
6	Amount (\$)	7	Payee addre	ss; Cit	ty;	State;	Zip Co	ode					
	\$77.94		110 kippaz	st									
			NSW 2010										
			New South	Wales Aı	ustralia								
8	PURPOSE	(a)	Category (Si	e Categories	listed at the t	top of this sche	edule)	(b)	Description				
	OF	``	Fees	ce Odlegones	iisted at the t	top or this som	cuuic)			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE								Check if Austin	, TX,	officeholder living	g expense	
									graphic art				
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder r	ame	C	Office sou	ght			Office h	eld	
F	Date		Payee name										
	10/12/2023		Chuys										
H	Amount (\$)	┢	Payee addre	ss; Cit	.v.	State:	Zip Co	nde					
	\$125.00		4544 mckin	•	· y ,	Otato,	2.p 00	, a c					
	Ψ125.00		4544 IIICKIII	ПСУ									
			dallas, TX 7	5205									
	PURPOSE	(a)	Category (Se	ee Categories	listed at the t	top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expe	ense				=			plete Schedule T.	
									lunch for staff		officeholder livin	g expense	
									iunion ioi stan	ı			
L	0 1: 0 1: 0		0 1:1 : 10.11				. rr	<u>. </u>			O.W. 1		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	cenolaer r	iame	C	Office sou	ignt			Office h	ela	
L													
	Date		Payee name										
	12/30/2023		Delta Sigma	a Theta, (DAC)								
	Amount (\$)		Payee addre	ss; Cit	īy;	State;	Zip Co	ode					
	\$477.00		P.O.Box 22	2051									
			dallas, TX 7	'5201									
\vdash	PURPOSE	(0)						(h)	Dogovintin				
	OF	(a)	Category (S			top of this sche	edule)	(D)	Description Check if travel	nutei	de of Teyes Com	nplete Schedule T.	
	EXPENDITURE		Advertising	Expense					<u></u>		officeholder living		
									fees				
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder r	name		Office sou	L laht			Office h	eld	
	expenditure to benefit C/Ol		Canadato OIII	231101001 1			500	9.11			J.1100 11	···	
\vdash													

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/4 Rpt: 5/8	Streete, Sandre M. (Mrs.) 00081697
4	Date	5 Payee name
	12/31/2023	GoDaddy.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$129.84	
		TX
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
		Website
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
		Payee name
L	09/07/2023	IMessenger Media
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	320 South R.L. Thornton
L		Dallas, TX 75203
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bowl A Thon
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	08/10/2023	Marriott Hotels
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$597.00	101 bowie st.
	700	
		san antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Family Law Conference
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

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 Comm

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/4 Rpt: 6/8	Streete, Sandre M. (Mrs.)	00081697
4	Date	5 Payee name	
	10/11/2023	State Bar of Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$325.00	1414 colorado st.	
		Austin, TX 78701	
8	PURPOSE	(6) 6	
Ü	OF	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.
	EXPENDITURE	1 863	, TX, officeholder living expense
		annual dues	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	09/26/2023	Tilley, Ernest	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	1414 n. washington ave.	
		dallas, TX 75204	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		, TX, officeholder living expense
		donation	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiantare to benefit Great		
	Date	Payee name	
	12/31/2023	WIX	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$129.84	2601 mission st	
		san francisco, CA 94110	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T.
	_/		, TX, officeholder living expense
		fees	
	Complete ONLY if alias -t	Condidate/Officeholder name	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	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 Committ

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

	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: 4/4 Rpt: 7/8	Streete, Sandre M. (Mrs.) 00081697
4	Date	5 Payee name
	08/24/2023	nicholson, catherine
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$125.00	600 commerce
		dallas, TX 75202
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bereavement for colleague
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/30/2023	plumlee, andrea (Judge)
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	600 commerce
		dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		floral arrangement bereavement for colleague
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Data	David and the second se
	Date 10/10/2023	Payee name walmart
	Amount (\$) \$28.00	Payee address; City; State; Zip Code 951 w. beltline road
	Ψ20.00	931 W. Deltime Todu
		desoto, TX 75115
	DUDDOCE	I m
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Jury room snacks
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1

	OUTSTAN	SCHEDULE L	
	The Instruction	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 8/8
2	FILER NAME Streete, Sandre	M. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00081697
	LENDER INFORMATION	4 Name of lender moncriffe, Sandre (Ms.)	•
		5 Lender address; City; State; Zip Code	
	OUADANTOD	DeSoto, TX 75115	
	GUARANTOR INFORMATION	6 Name of guarantor	
	X not applicable	7 Guarantor address; City; State; Zip Code	