

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) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Mrs. Monique J. | OFFICE USE ONLY | |
| | NICKNAME LAST SUFFIX Bracey Huff | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4942 Gaston Ave., Dallas, Texas 75214 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (214) 785-6259 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI MRS. STEPHANIE | Date Received | |
| | NICKNAME LAST SUFFIX Alvarado | Date Hand-delivered or Date Postmarked | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 601022, Dallas, Texas 75206 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (469) 441 4658 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" 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) | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 1 / 1 / 2022 THROUGH 1 / 20 / 2022 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 3 / 1 / 2022 | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) Judge, Dallas County Criminal Court No. 10 | |
| 14 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. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | |
| | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME | COMMITTEE CAMPAIGN TREASURER ADDRESS |

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JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

| | | |
|---------------------------------|---|--|
| 15 JC/OH NAME Monique J Huff | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 50.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 2,900.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1,136.21 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 1,828.60 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 387.50 |

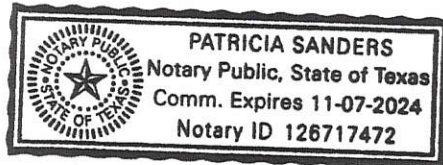
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]
Signature of Candidate/Officeholder

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Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Monique Bracey Huff this the 31st day of January, 2022, to certify which, witness my hand and seal of office.

Patricia Sanders Signature of officer administering oath
Patricia Sanders Printed name of officer administering oath
Office Manager Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

| | | |
|---|---|--|
| 19 FILER NAME | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 2,900.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 300.00 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 1,136.21 |
| 6. | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 387.50 |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 100.00 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: |
| 2 FILER NAME Monique J. Huff | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/9/2022 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Randel Cross | 7 Amount of contribution (\$) \$ 500.00 |
| 6 Contributor address; City; State; Zip Code 3 Brookside Ct. Dallas TX 75203 | | |
| 8 Contributor's principal occupation Attorney | | 9 Contributor's job title |
| 10 Contributor's employer/law firm Self-employed | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 1/10/2022 | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Michael Smith | Amount of contribution \$ 500.00 |
| Contributor address; City; State; Zip Code 8134 Willis Ave, Dallas TX 75206 | | |
| Contributor's principal occupation Attorney | | Contributor's job title |
| Contributor's employer/law firm Law Office of Michael A Smith | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 1/11/2022 | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Natalie Webb | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 325 N. Ft. Paul St. Dallas TX 75201 | | |
| Contributor's principal occupation Attorney | | Contributor's job title |
| Contributor's employer/law firm Webb Family Law Firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: |
| 2 FILER NAME Monique J. Huff | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/1/2022 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Marc Fellman | 7 Amount of contribution (\$) 250.00 |
| 6 Contributor address; City; State; Zip Code 4131 N. Central Expy, Dallas Tx 75204 | | |
| 8 Contributor's principal occupation Attorney/Lawyer | 9 Contributor's job title | |
| 10 Contributor's employer/law firm Fellman Law Office | 11 Law firm of contributor's spouse (if any) | |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |

| | | |
|--|---|---------------------------------------|
| Date 1/1/2022 | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Robert Hernandez | Amount of contribution (\$) 200.00 |
| Contributor address; City; State; Zip Code 13600 Preston Rd., Dallas Tx 75240 | | |
| Contributor's principal occupation Attorney | Contributor's job title | |
| Contributor's employer/law firm Hernandez & Baggett | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | |

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| | | |
|---|---|---|
| Date 1/2/2022 | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Machell Williams | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 477 San Gabriel Way, Sunnyvale Tx 75152 | | |
| Contributor's principal occupation Attorney | Contributor's job title | |
| Contributor's employer/law firm Garcia Legal Grp PC | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | |

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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: |
| 2 FILER NAME Monique J. Huff | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/13/2022 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Tyson Bess | 7 Amount of contribution (\$) \$700.00 |
| 6 Contributor address; City; State; Zip Code 10290 Ivy Trails Dr., Olive Branch MS 38654 | | |
| 8 Contributor's principal occupation Attorney | | 9 Contributor's job title |
| 10 Contributor's employer/law firm self employed | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |

| | | |
|--|--|--|
| Date 1/15/2022 | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Beverly Bracey | Amount of contribution (\$) \$1500.00 |
| Contributor address; City; State; Zip Code 12708 Summer Hill Dr., Balch Springs TX 75180 | | |
| Contributor's principal occupation retired | | Contributor's job title |
| Contributor's employer/law firm retired | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

| | | |
|---|---|---|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ | Amount of contribution (\$) |
| | Contributor address; City; State; Zip Code | |
| 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) | | |

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

| | | | |
|--|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: | |
| 2 FILER NAME Monique J Huff | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 300.00 | |
| 5 Date 1/12/2022 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberto Dienero | 8 Amount of Contribution \$ 300.00 | 9 In-kind contribution description Event Expense Campaign Fundraiser |
| 7 Contributor address; City; State; Zip Code 1547 Waterside Ct., Dallas TX 75218 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) | | 11 Employer (FOR NON-JUDICIAL)(See Instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) Attorney | | 13 Contributor's job title (FOR JUDICIAL)(See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) Self-employed | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

| | | | |
|--|---|---|----------------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Contribution \$ | In-kind contribution description |
| | Contributor address; City; State; Zip Code | | |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) | | Employer (FOR NON-JUDICIAL)(See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL)(See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | 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 Monique J Huff | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/15/2022 | 5 Payee name Sun Donuts | |
| 6 Amount (\$) 10.50 | 7 Payee address; City; State; Zip Code 4002 Broadway Blvd. #100, Garland Tx 75043 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food Beverage Expense | (b) Description Parade Food for Campaign team |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Monique J. Bracey Huff | Office sought / Office held Judge, Dallas County Criminal Court No. 10 |
| Date 1/15/2022 | Payee name Mesquite NAACP | |
| Amount (\$) 45.00 | Payee address; City; State; Zip Code PO Box 051443 Mesquite, TX 75185 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Parade Fee |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Monique J. Bracey Huff | Office sought / Office held Judge, Dallas County Criminal Court No. 10 |
| Date 1/15/2022 | Payee name Act Blue - Stonewall Democrats of Dallas | |
| Amount (\$) \$ 50.00 | Payee address; City; State; Zip Code P.O. Box 172305, Dallas, TX 75219 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions/Donations | Description Food Expenses |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Monique J. Bracey Huff | Office sought / Office held Judge, Dallas County Criminal Court No. 10 |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | 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 Monique J Huff | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/17/2022 | 5 Payee name Jack in the Box | |
| 6 Amount (\$) \$.45 | 7 Payee address; City; State; Zip Code 5330 Philip Ave., Dallas, TX 75223 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expenses | (b) Description Event Food - MLK Celebration |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Monique J. Bracey Huff | Office sought Judge, Dallas County Criminal Court No. 10 |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Monique J. Bracey Huff | Office held Judge, Dallas County Criminal Court No. 10 |
| 4 Date 1/19/2022 | 5 Payee name Elite News | |
| 6 Amount (\$) 900.00 | 7 Payee address; City; State; Zip Code 3155 S. Lancaster Rd., Ste. 20, Dallas, TX 75210 | |
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Ads |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Monique J. Bracey Huff | Office held Judge, Dallas County Criminal Court No. 10 |
| 4 Date 1/19/2022 | 5 Payee name State Texas Coalition of Black Democrats | |
| 6 Amount (\$) 50.00 | 7 Payee address; City; State; Zip Code P.O. Box 1163712, Ft. Worth, TX 76161 statecbd@gmail.com | |
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other | Description membership fee |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Monique J. Bracey Huff | Office held Judge, Dallas County Criminal Court No. 10 |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | 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 Monique J Huff | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/1/2022-1/13/2022 | 5 Payee name Stripe | |
| 6 Amount (\$) 72.00 | 7 Payee address; City; State; Zip Code 354 Quaker Point Blvd. San Francisco CA 94080 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description processing |
| | (c) <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 Monique J. Bracey Huff | Office sought Judge, Dallas County Criminal Court No. 10 |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Monique J. Bracey Huff | Office held Judge, Dallas County Criminal Court No. 10 |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Monique J. Bracey Huff | Office held Judge, Dallas County Criminal Court No. 10 |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Monique J. Bracey Huff | Office held Judge, Dallas County Criminal Court No. 10 |

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political 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 F2: | 2 FILER NAME Monique J Huff | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---------------------------------------|---------------------------------------|

| | |
|---|------------------|
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ 387.50 |
|---|------------------|

| | |
|----------------------------|---|
| 5 Date 1/19/2012 | 6 Payee name TEXAS DEMOCRATIC PARTY |
|----------------------------|---|

| | |
|--|--|
| 7 Amount (\$) Total Expans 775.00 \$ 387.50 owed | 8 Payee address; City; State; Zip Code P.O. Box 15707, Austin TX 78761 |
|--|--|

| | |
|-----------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|-----------------------|--|

| | | |
|---------------------------|---|-------------------------------|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description VAN |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|--|--|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Monique J. Bracey Huff | Office sought Judge, Dallas County Criminal Court No. 10 | Office held |
|---|--|--|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | |
|---------------------|---|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|---|

| | | |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule G: <u>1</u> | 2 FILER NAME <u>Monique J. Huff</u> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>1/12/2022</u> | 5 Payee name <u>Monique J. Huff</u> | |
| 6 Amount (\$) <u>100.00</u> <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code <u>2833 Colleen Dr. Garland Tx 75043</u> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>Food/Beverage</u> | (b) Description <u>Fundraising Expense</u> |
| | (c) <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 <u>Monique J. Bracey Huff</u> | Office sought / Office held <u>Judge, Dallas County Criminal Court No. 10</u> |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

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