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	Ms MBS / MR FIRST Mrs. Monique J. Huff	MI	OFFICE USE ONLY
NAME	NICKNAME LAST Monique J. Bracey Huff	SUFFIX	Pate Received 2022 JAI
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 4942 Gaston Ave., Dallas, T	city; state; zip code exas 75214	RECEIVED FOR I DALLAS COULLECTIONS DEPARE
Change of Address			= 221
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (214) 785-6259	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS /MRS MR FIRST Stephanie	МІ	Date Processed
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Alvarado	331714	Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE; ZIP CODE
ADDRESS (Residence or Business)	P.O. Box 601022, Dallas, Tex	xas 75206	
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(469) 441-4658		
9 REPORT TYPE	January 15 30th day before 6	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7 / 1 / 2021	THROUGH 12	Day Year / 31 / 2021
11 ELECTION	ELECTION DATE	ELECTION TYPE	31 / 2021
T ELECTION	N Primary	Runoff Other	
	Months Buy rour	Description	
	3 / 1 /2022 General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Dallas County Crin	ninal Court No. 10 Judge
14 NOTICE FROM	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS		
14 NOTICE FROM POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO S THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLE COMMITTEE(S)			IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
00	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TRE	EASURER NAME	
	COMMITTEE CAMPAIGN TRI	EASURER ADDRESS	
	GO TO	PAGE 2	

JUDICIAL CANDIDATE / OFFICEHOLDER FILING CAMPAIGN FINANCE REPORT DALLAS COUNTY ELECTIONS DEPARTMENT FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME Monique J Huf	f 2022 JAN 4 PM 4: 06 ¹⁶ Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$13,685.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,297.63
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 902.37
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	ear, or affirm, under penalty of perjury, that the accompanying report is true and corired to be reported by me under Title 15, Election Code.	rect and includes all information
Signature of Candidate/Offideholder		
Please complete either option below:		
(1) Affidavit	COURTNEY LEARD Notary Public, State of Texas Comm. Expires 03-24-2024 Notary ID 130595248	
NOTARY STAMP/SEAL	Manage 1 1 m	
Sworn to and subscribed before me by Mongue This the 14TH day of January		
20 22 , to dertify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath		
Signature of officer administers	T filled halle of officer administering bath	Title of officer administering oath
(2) Unawara Daalamatia	OR	
(2) Unsworn Declaratio	n	
My name is	, and my date of birth is	
My address is		
	(street) (city) (state)	(zip code) (country)
Executed in	County, State of, on theday of(month)	, 20 (year)
	Signature of Candidate/Office	eholder (Declarant)

SUBTOTALS - JC/OH

RECEIVED FOR FILING DALLAS COUNTY ELECTIONS DEPARTMENT

FORM JC/OH COVER SHEET PG 3

		2022 IAM 11 DM 1 0.5		
19	FILER NAME 2022 JAN 14 PM 4: 06 20 Filer ID (Ethics Cor		mmission Filers)	
	Monique J. Huff			
21		JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	\checkmark	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$13,185.00
2.	\checkmark	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 500.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$	
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$12,297.6	
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$1,900.00	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	

MONETARY POLITICAL CONTRIBUTIONS ALLAS COUNTY ELECTIONS DEPARTMENT SCHEDULE A(J)1 (JUDICIAL)

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

The Instruction Guide explains how to complete this for	orm. 1 Total pages Schedule A(J)1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Monique J. Huff	
4 Date 5 Full name of contributor out-of-state PAC_I	D#:
7/25/21 Danielle Neyland 6 Contributor address; City;	51/nn.00
	State; Zip Code \\\ \square\ \square\ \lambda \text{ODb} \cdot \\ \square\ \qquare\ \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq
702 Welch St. House	on Tx 77006
8 Contributor's principal occupation	9 Contributor's job title
12001 Kuper	
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 Full name of contributor out-of-state PAC_I	D#: Amount of contribution (\$)
abida David M Tordan	State: Zin Code
Contributor address; City;	State; Zip Code
6700 N Almmans I'W	V H. 416 Daylas 75247
Contributor's principal occupation	Contributor's job title
441000U	
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 Full name of contributor ☐ out-of-state PAC I	D#:) Amount of contribution (\$)
abidil Korrect Lenz.	
Contributor address; City;	State: Zip Code \$\mathbb{Q}\$ 250
334 Purdue Ave. Dallas	Ty 75725
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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DALLAS COUNTY
ELECTIONS DECHEDINE A(J)1

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The Instruction Guide explains how to comp	lete this form. 1 Total pages Schedule A(J)1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Monique J. Huff	
1 Data	7 Amount of contribution (\$) 7 State; Zip Code 7 Amount of contribution (\$)
8 Contributor's principal occupation AHD TO	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)	
Pate Full name of contributor Contributor address: City Contributor address: City	State PAC 'ID#: Amount of contribution (\$) **State: Zip Code **Dailor Tx 75240
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm Contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's spouse (if any)
ii continuitor is a gillio, law lillii or parent(s) (ii aliy)	
Date Full name of contributor out-of-	Amount of contribution (\$) 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)	
ATTAON AS	

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DALLAS COLUNT
ELECTIONS CHEDULE A(J)1

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The Instruction Guide explains how to complete this form	1 Total pages Schedule A(J)1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Monique J Huff	
5 Full name of contributor out-of-state PAC ID#: CARA LEVENSON 6 Contributor address; City; 205 Maywell Round To	State; Zip Code 8 (150 · 00
8 Contributor's principal occupation 9	Contributor's job title
10 Contributor's employer/law firm	Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC ID#: WICHAEL HACTHET Contributor address; City; 5124 Backshire Un. Day	State; Zip Code \$\Q\0.00
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)	
Pate Full name of contributor Out-of-state PAC ID#: Contributor address; City; SI3 Simmos Dr. Euros	State: Zip Code & 50 · 00
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm Contributor's employer/law firm 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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The Instruction Guide explains how to complete this form	Total pages Schedule A(J)1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Monique J Huff	
5 Full name of contributor out-of-state PAC ID#: ALLYANDER CATACLES - P. C. 6 Contributor address; City; CH4 Senje D. Trving	7 Amount of contribution (\$) 2.1.2.2. State; Zip Code 7 300 .00
8 Contributor's principal occupation	Contributor's job title
10 Contributor's employer/law firm	Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
Full name of contributor out-of-state PAC ID#:	State; Zip Code Amount of contribution (\$) 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)	
Date Full name of contributor out-of-state PAC ID#:_) Amount of contribution (\$)
8/5/1021 FATICIA ATMSTRANG Contributor address; City; 3030 Brand KV, Dallas	State: Zip Code \$\square\$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)	

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ТІ	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Monique J H	uff		
4 Date		D#:)	7 Amount of contribution (\$)
8 7 2	6 Contributor address; City,	State; Zip Code	2000
1	4410 SYMEN ISland LT. P	1 ano Tx 700:75	024
8 Contributor's p	principal occupation	9 Contributor's job title	
10 Contributor's e	employer/law firm	11 Law firm of contributor	's spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
shintorl	Contributor address; City;	State: Zip Code	\$ 1m.00
0100	1937 Hawken Dr. Plane	TX 75023	4. 100=
Contributor's p	principal occupation	Contributor's job title	
MSuran	\(0		
Contributor's employer/law firm Law firm of contributor's spouse (if any)			
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
Shala	Contributor address; City;	State: Zip Code	075.00
011.121	6245 Saint Mortz Ave	2 Norman (1986)	24
Contributor's p	principal occupation	Contributor's job title	
Contributor's e	employev/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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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Monique J Huff	
Full name of contributor out-of-state PAC ID#:	7 Amount of contribution (\$)
8 Contributor's principal occupation 9 Contributor's job title	
10 Contributor's employer/law firm 11 Law firm of contribute 12 16 contribute	or's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
Date Eull name of contributor out-of-state PAC ID#: CONTRIBUTOR CONTRIBUTOR CITY: Contributor address; City; State; Zip Code 3 Brooks ok (+ Dallas Tx 760163	Amount of contribution (\$)
Contributor's principal occupation Contributor's job title	
Contributor's employer/law firm Law firm of contribut If contributor is a child, law firm of parent(s) (if any)	or's spouse (if any) COSS
,,	
Spate Full name of contributor out-of-state PAC ID#: Kenneth Oryenth Contributor address; City; State: Zip Code But, Valley Rach Pkyy W Trans T.	Amount of contribution (\$) Amount of contribution (\$) KD63
Contributor's principal occupation Contributor's job title	
Contributor's employer/law firm Law firm of contribut	or's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Monique J Huff	
Date 5 Full name of contributor out-of-state PAC ID#: Contributor address; City; State; Contributor address; City; State;	7 Amount of contribution (\$) Zip Code \$ 300.00
AHOrney	utor's job title
10 Contributor's employer/law firm 11 Law firm	n of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
Pull name of contributor out-of-state PAC ID#. War ID a Mchalska Contributor address; City; State; 2425 N. Cermal Front Record Records	
	utor's job title
Contributor's employed law firm	n of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
5530 Westgrave Dr., Dalks TX	Amount of contribution (\$) Zip Code 35248
Contributor's principal occupation Contribu	utor's job title
Scott H. Falmer P.C.	n of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

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DALLAS COUNTY (J)1
ELECTSCHEDULET (A)1

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The Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Monique J Huff		
5 Full name of confibutor out-of-state PAC WWK WHAVE 6 Contributor address; City; 1200 Man St. Duks Tu	State; Zip Code	7 Amount of contribution (\$)
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 Full name of contributor Contributor	State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation	Contributor's job title	
Contributor's employer/law firm	Law firm of contributor	's spouse (if any)
If contributodis a child, law firm of parent(s) (if any)		
Pate Full name of contributor out-of-state PAC Contributor address; City; Contributor address; Crity;	State: Zip Code	Amount of contribution (\$)
Confributor's principal occupation	Contributor's job title	0
Contributor's employer/law firm	Law firm of contributor	's spouse (if any)
If contributor is å child, law firm of parent(s) (if any)		

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DALLAS COLINTA(J)1
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Monique J Huff	
5 Full name of contributor out-of-state PAC ID#: PAUL SAPUTO General PAC ID#: State; Zip Code 2123 May 114 F Day TX 7520	7 Amount of contribution (\$)
8 Contributor's principal occupation 9 Contributor's job title	
10 Contributor's employer/law firm 11 Law firm of contributor's	s spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
Pate Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)
Contributor's principal occupation Contributor's job title	
Contributor's energyer/law firm Law firm of contributor'	s spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Pate Full name of contributor Contributor address; State: Zip Code Full name of contributor Contributor address; Contributor address ad	Amount of contribution (\$)
Contributor's principal occupation Contributor's job title	
Contributor's employer/law firm Law firm of contributor's	's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

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DALLAS COUNTY
ELECTICSCHEDULE: A(J)1

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The Instruction Guide explains how to complete this fo	Total pages Schedule A(J)1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Monique J Huff	
6 Contributor address: City:	State; Zip Code \$10.00
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 Full name of contributor out-of-state PAC IT	State: Zip Code State: Amount of contribution (\$) State: Zip Code Amount of contribution (\$)
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 Full name of contributor out-of-state PAC II Contributor address; City;	State: Zip Code \$5.00
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)	

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ELECTIONS DEPARTMENT

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Monique J Huff	
4 Date 5 Full name of contributor out-of-state PAC ID#:	7 Amount of contribution (\$)
6 Contributor address; City; State; Z	ip Code \$1.25.00
45 FLEWHER DED LA., Bronx NY	104524
8 Contributor's principal occupation 9 Contribute	or's job title
10 Contributor's employer/law firm	of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
Date	
Pull name of contributor out-of-state PAC ID#: Contributor out-of-state PAC ID#: Contributor address; City; State; Z	Amount of contribution (\$)
11300 N. CONTROL EVEN Se 430 Da	11/18 74 75243
Contributor's principal occupation Contribut	or'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 Full name of contributor □ out-of-state PAC ID#:) Amount of contribution (\$)
about David Traylor	(DIM. W)
Contributor address; City; State: Z 1412 Noin & Jall Dallas Ta.75	202
	or's job title
Contributor's employer/law firm	of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

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Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Monique J H	uff	
4 Date	5 Full name of contributor Out-of-state PAC ID#:	7 Amount of contribution (\$) Code
Attur	Principal occupation 9 Contributor	
10 Computor's e	employer/law firm of	contributor's spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)	
Date	Full name of contributor	Amount of contribution (\$)
15/0/01	Contributor address; City; State; Zip 2804 LaComple Dr Dallas 7	Code 8/1000.00.
AHOUR	orincipal occupation Contributor	's job title
Dand	THE STANT LOW	contributor's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	
Date	Full name of contributor	Amount of contribution (\$)
10/9/21	Contributor address; City; State: Zip 1570 N. BLCKLEY FOR PORTAS 7x	3150:00 15103
AHDAN	principal occupation Contributor ASCITU	nt Public Defender
Dark	s 60.	f contributor's spouse (if any)
It contributor i	s a child, law firm of parent(s) (if any)	

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
	2 Files ID (Ethios Commission Files)
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Monique J Huff	_
4 Date 5 Full name of contributor Out-of-state PAC ID#:	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code	\$320.0
11304 91 WIN FeL. HE 8W FAIRS 12	18252
8 Contributor's principal occupation 9 Contributor's job title	
10 Contributor's employer/law firm 11 Law firm of contributor The second of the seco	r's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor cut-of-state PAC ID#:	Amount of contribution (\$)
Contributor address; City; State: Zip Code	\$100.00
3917 W. Sublett Rd., Arlington Tx 7607	}
Contributor's principal occupation Contributor's job title	
POPULU	
Contributor's employer/law firm Law firm of contributor	or's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor	Amount of contribution (\$)
Contributor address; City; State: Zip Code	Bim.@
970 Modey Rd. Cedar Hill, Tx 7510	4
Contributor's principal occupation Contributor's job title	
Contributor's employer/law firm Contributor's employer/law firm POWICK NCLA Law firm of contributor Contributor's employer/law firm POWICK NCLA POWICK NCLA Contributor's employer/law firm POWICK NCLA POWIC	or's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

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The Instruction Guide explains how to complete this form	1 Total pages Schedule A(J)1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Monique J Huff	
5 Full name of contributor out-of-state PAC ID#:_ Contributor address; City;	State; Zip Code STAT-15340
S Contributor's principal occupation 9	Contributor's job title
10 Contributor's employer/law firm	Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Out-of-state PAC ID#: Contributor address; City; Contributor address; City;	State; Zip Code 7 75705
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 Full name of contributor Qut-of-state PAC ID#:_	State: Zip Code 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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DALLAS COUNTY
ELECTIONS SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page 122 JAN helpoRM 4: 08

TI	ne Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A(J)1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Monique J H	ıff		
4 Date	5 Full name of contributor out-of-state PAC ID)#:)	7 Amount of contribution (\$)
12/1/21	DAVID CIONFALT 6 Contributor address; City; 5750 F. University Blue.	State; Zip Code	\$ 2500
			00
8 Contributor's p	rincipal occupation	9 Contributor's job title	
10 Contributor's e	mployer/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	Full name of contributor	D#:)	Amount of contribution (\$)
12//21	Contributor address; City;	State; Zip Code	\$100.00 5338
Contributor's p	rincipal occupation	Contributor's job title	
Contributor's e	mployer/law firm	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 out-of-state PAC_II	D#:)	Amount of contribution (\$)
nlahi	Mark Smither		Pu - A
12 10	Contributor address; City;	State: Zip Code	040000
	1200 Main St. Dallas Ty	757.07	
Gantributor's p	rincipal occupation	Contributor's job title	
Contributor's e	moloyer/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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DALLAS COLINTY
ELECTIONSCHEDULE (A)1

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The Instruction Guide explains how to complete this fo	Total pages Schedule A(J)1:
2 FILER NAME	3 Filer iD (Ethics Commission Filers)
Monique J Huff	
5 Full name of contributor out-of-state PAC ID 6 Contributor address; City;	State; Zip Code
8 Contributor's principal occupation 10 Contributor's employer/law firm	9 Contributor's job title 11 Law firm of contributor's spouse (if any)
COLF U	
12 If contributor is a child, law firm of parent(s) (if any)	
122/ Cemerce Camer	State; Zip Code State: Dip Code 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, aw firm of parent(s) (if any)	
Date Full name of contributor Out-of-state PAC II Contributor address; City:	State: Zip Code State: Zip Code Amount of contribution (\$) Amount of contribution (\$)
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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ELECTION SCHEDULE A(J)1

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Т	he Instruction Guide explains how to complete this form.		1 Total pages schedule A(J)1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Monique J H	uff		
4 Date 12/0/21_	5 Full name of contributor out-of-state PAC ID#: 6 Contributor address; City; State 705 POSS AVL DAVISS TU	e; Zip Code	7 Amount of contribution (\$)
8 Contributor's p	rincipal occupation 9 Cor	ntributor's job title	
10 Contributor's e	mployer/law firm	firm of contributor	s spouse (if any)
Lew Off	OF OF GHICH DONCK		
12 If contributor is	s a child, law firm of parent(s)/(if any)		
D-1-			
Date	Full name of contributor)	Amount of contribution (\$)
	Contributor address; City; State	000000 Wades 19701	
Contributor's p	rincipal occupation Cor	ntributor's job title	
Contributor's e	mployer/law firm Law	v firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC ID#)	Amount of contribution (\$)
	Contributor address; City; State	e: Zip Code	
Contributor's p	principal occupation Cor	ntributor's job title	
Contributor's e	employer/law firm Lav	v firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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DALLAS CSCHEDULE A2
ELECTIONS DEPARTMENT

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Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAMI Monique J			3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 500.00
5 Date 8 2 102 102 10 Principal occ	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of Contribution \$\\ \text{9 In-kind contribution description} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Attor	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	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	Zip Code	Amount of - In-kind contribution Contribution \$ description
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor'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)		
_	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDU	LE AS NEEDED

Forms provided by Texas Ethics Commission

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EXPENDITURE CATEGORIES FOR BOX 8(a) 2022 JAN 14 PM 4: 08

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

Event Expense Fees Food/Beverage Expense Gifl/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	al Committee Legal Services Salaries The Instruction Guide explains how to	s/Wages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Monique J Huff		3 Filer ID (Ethics Commission Filers)
125/202	5 Payee name CampaignPartner.com Data B	Ecology LLC	
6 Amount (\$) 49.00	PO Box 118, Still River, MA	City; 01467	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description website fee	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Monique J Bracey Huff Dallas	Office sought County Criminal Court N	Office held No. 10 Judge
825hozl	Payee name CampaignPartner.com	Data Ecology	LLC
Amount (\$) 49.00	Payee address; PO Box 118, Still River, MA 01467	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description website fee	
OF		website fee	n, TX, officeholder living expense
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	website fee	Office held
OF EXPENDITURE Complete ONLY if direct	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Monique J Bracey Huff Dall	Check if Austin	Office held t No. 10 Judge
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Monique J Bracey Huff Payee name	Check if Austi Office sought as County Criminal Court Data Ecology City;	Office held t No. 10 Judge
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Monique J Bracey Huff Payee name CampaignPartner.com Payee address;	Check if Austi Office sought as County Criminal Court Data Ecology City;	Office held t No. 10 Judge LLC State; Zip Code
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 125 702 Amount (\$) PURPOSE OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Monique J Bracey Huff Payee name CampaignPartner.com Payee address; PO Box 118, Still River, MA (Category (See Categories listed at the top of this schedule)	Check if Austin Office sought as County Criminal Court City; Data Ecology City; Description website fee	Office held t No. 10 Judge LLC State; Zip Code
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date Amount (\$) PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Monique J Bracey Huff Payee name CampaignPartner.com Payee address; PO Box 118, Still River, MA (Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin Office sought as County Criminal Court City; Data Ecology City; Description website fee	Office held t No. 10 Judge LLC State; Zip Code n, TX, officeholder living expense Office held

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense 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 Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: Monique J Huff 5 Payee name CampaignPartner.com Data Ecology LLC City; Zip Code 7 Payee address; State 6 Amount (\$) 49.00 PO Box 118, Still River, MA 01467 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Advertising Expense website fee **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Dallas County Criminal Court No. 10 Judge Monique J Bracey Huff Payee name CampaignPartner.com Data Ecology LLC Pavee address: City; State: Zip Code PO Box 118, Still River, MA 01467 Category (See Categories listed at the top of this schedule) Description website fee Advertising Expense PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Monique J Bracey Huff Dallas County Criminal Court No. 10 Judge Payee name Date Data Ecology LLC CampaignPartner.com Payee address; State: Zip Code PO Box 118, Still River, MA 01467 Description Category (See Categories listed at the top of this schedule) Advertising Expense PURPOSE website fee OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Monique J Bracey Huff Dallas County Criminal Court No. 10 Judge ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PALLAS SCHEBULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) Monique J Huff Payee name Payee address; 8 **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Dallas County Criminal Court No. 10 Judge Monique J Bracey Huff Payee name State Code Amount (\$) **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Monique J Bracey Huff Dallas County Criminal Court No. 10 Judge Payee name Date City; Zip Code Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Monique J Bracey Huff Dallas County Criminal Court No. 10 Judge

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If the requested information is not applicable, DO NOT include this page in the report. 2022 JAN 14 PM 4: 08 **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politica	
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 Pate 20/2	5 Paree name HNN XX Marutina
6 Amount (\$)	7 Payee address; City; State; Zip Code
1, 600 00	12923 Epps Field Rd., Dallas, Tx 75234
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Advortising Expose Compaign Maurials/printing
	(c) Check if traveled tside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office sought Office held
expenditure to benefit 5/5/	Monique 3 Bracey Huπ Dalias County Criminal Court No. 10 Judge
8 27 21	Thurs Marketing
Amount (\$)	Payee address; City; State; Zip Code
450.00	12923 Fpps Field Rd., Dallas Tx 75234
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	Advertising Expense Chimpaign makinals/printing
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
	Monique J Bracey Huff Dallas County Criminal Court No. 10 Judge
8 29/2021	Payee name TYCSE MUXELY Faindarion
Amount (\$)	Payee address; City; State; Zip Code
532.01	12923 Epps Field Rd., Dally 7275234
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Event Sponsor
	Check if travel outside of Texas. Complete Schedule T. 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 Monique J Bracey Huff Dallas County Criminal Court No. 10 Judge
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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ELECTIONS DEPARTMENT

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EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Fees Food/Beverage Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		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)
Credit Card Payment	The Instruction Guide explain	ins how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Monique J Huff		3 Filer ID (Ethics Commission Filers)
4 Date 4 202	5 Payee name	etina	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
(250.00	12913 Epos Field	Ra, Dallas,	Tx 75234
8	(a) Category (See Categories listed at the top of thi	s schedule) (b) Description	,
PURPOSE OF EXPENDITURE	Advertising Expire	Clumpaign	materials frinting
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Monique J Bracey Huff	Office sought Dallas County Criminal Court N	Office held No. 10 Judge
Date	Payee name	Ser.	
95/2021	Phenix Marke	Hng	
Amount (\$)	Payee address;	City;	State; Zip Code
711.00	12923 Epps Fiel	d Rd., Dalh	S TX 75234
	Category (See Categories listed at the top of this	schedule) Description	4
PURPOSE OF EXPENDITURE	Kdvertising Expur	ise Chimpaia	n materials/prings
	Check if travel outside of Texas. Complete	Schedule T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	Monique J Bracey Huff	Dallas County Criminal Cour	t No. 10 Judge
Date	Payee name		
7/0/2021	Walmart		
Amount (\$)	Payee address;	City;	State; Zip Code
110.05	1801 Market place	Dr. Garlan	d Tx 75041
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	schedule) Description	Campaign Workings
	Check if travel outside of Texas. Complete S	Schedule T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Monique J Bracey Huff	Office sought Dallas County Criminal Cou	Office held rt No. 10 Judge

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2022 JAN 14 PM 4: 08

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Candidate/Officeholder/Political Committee

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: Monique J Huff 6 Amount (\$ (b) Description 8 listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** (c) utside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Dallas County Criminal Court No. 10 Judge Monique J Bracey Huff Pavee name State; Zip Code Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Sche Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Monique J Bracey Huff Dallas County Criminal Court No. 10 Judge Date Zip Code Description **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Monique J Bracey Huff Dallas County Criminal Court No. 10 Judge

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FLECTIONS DEPARTMENT

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2022 JAN 14 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense 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. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Total pages Schedule F1 Monique J Huff 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** materials OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Dallas County Criminal Court No. 10 Judge Monique J Bracey Huff Payee name Amount (\$) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Monique J Bracey Huff Dallas County Criminal Court No. 10 Judge Date State: Zip Code Category (See Categories listed at the top of this schedule) **PURPOSE EXPENDITURE** ide of Texas. Complete Schedule T. Che ck if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Monigue J Bracey Huff Dallas County Criminal Court No. 10 Judge

DALLAS COUNCHEDULE 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 Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: Monique J Huff 4 Date 8 **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Dallas County Criminal Court No. 10 Judge Monique J Bracey Huff Payee name Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Monique J Bracey Huff Dallas County Criminal Court No. 10 Judge Date City; Zip Code Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Se Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Monique J Bracey Huff Dallas County Criminal Court No. 10 Judge ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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DALLASSCHEDULE F1

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ELECTIONS DEPARTMENT

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		EXPENDITURE CAT	EGORIES F	OR BOX 8(a)	ZUZZ JAN 14	rn 4- 00
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	5	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor	Travel In District Travel Out Of Distri	ipment & Related Expense
1 Total pages Schedule F1:	2 FILER N	IAME			3 Filer ID (Ethi	cs Commission Filers)
13	Monique	e J Huff			,	
4 Date 10 27 702	5 Payee na	are of Non	in Vo	HERS OF 1	Dallas	
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
75.00	leder	ON. Central 1	Expris	Ste Son	Dullas	TK 75200
8	(a) Categor	ry (See Categories listed at the top of the	nis schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fu	S		Wembe	rship	
	(c)	Check if travel outside of Texas. Complete	e Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense
9 Complete ONLY if direct	Candio	date / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	¹ Monic	que J Bracey Huff	Dallas Co	ounty Criminal Court N	lo. 10 Judge	
Date 102	Payee na	Mix Mar	ketin	Q		
Amount (\$)	1292	ddress; 3 Epps Fil	ld Re	oity; L. Dalla	State;	zip Code
	Category	(See Categories listed at the top of thi	s schedule)	Description	1	
PURPOSE OF EXPENDITURE	Pave	Fising Expen	TC	Campaign	Materia	als/printing
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense
Complete ONLY if direct	Candid	late / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	Monique J Bracey Huff Dallas County Criminal Court No. 10 Judge					
Date	Payee n	ame				
1/7/2021	Dem	acratic Mont	hly			
Amount (\$)	Payee ad	ddress;	1	City;	State;	Zip Code
2000	payme	NTC HEWELLENSIA	trnatn	wal. com		
	Category	(See Categories listed at the top of this	s schedule)	Description		
PURPOSE OF EXPENDITURE	Advu	rtism Expin	X	Ad pur	chase	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	TX officeholder livir	ng expense

Complete ONLY if direct expenditure to benefit C/OH

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Office sought

Dallas County Criminal Court No. 10 Judge

Candidate / Officeholder name

Monique J Bracey Huff

Office held

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DALLAS COUSEHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(2)22 JAN 14 PM 4: 08

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/Donations Made B Candidate/Officeholder/Politica					
Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Monique J Huff				
4 Date 102	Act Bue-East Dalas Canty Domocratis				
6 Ambunt (\$)	7 Payee address; City; State; Zip Code				
25.00	last dallas county democrats e gmal. com.				
8	(a) Category (See Categories listed at the lop of this schedule) (b) Description				
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OF EXPENDITURE	tees Wemberthip springing p				
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct	Candidate / Officeholder name Office sought Office held				
expenditure to benefit C/OF	Monique J Bracey Huff Dallas County Criminal Court No. 10 Judge				
Date	Payee name				
11/10/2021	Dallas County Democratic Party				
Amount (\$)	Payee address; City; State; Zip Code				
500.00	1414 N. Washington Ave. Dallas, Tx 75204				
	Category (See Categories listed at the top of this schedule) Description				
PURPOSE OF EXPENDITURE	Contributions/Donations Party Fundraiser-Event Exp				
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
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expenditure to benefit C/OF	Monique J Bracey Huff Dallas County Criminal Court No. 10 Judge				
Date	Payee name				
11/16/2021	Act Bue- Storewall Democrats of Dalkis				
Amount (\$)	Payee address; City; State; Zip Code				
2500	P.D. Box 192305, Palias, TX 75219				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ontributions Donatrons Description Fruit Sombring				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held				
expenditure to benefit C/OF	Monique J Bracey Huff Dallas County Criminal Court No. 10 Judge				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

RECEIVED FOR FILING DALLSCHEDUKE F1

If the requested information is not applicable, DO NOT include this page in the report, 2022 JAN 14 PM 4: 08 **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel In District

Solicitation/Fundraising Expense

Candidate/Officeholder/Politic	7 Triving Expense				
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 Pare 202	5 Payee name				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
799.50	8300 W. Davis St., Dallas Tx 75206				
8	(a) Category (See Categories listed at the top of this schedule) (b) Description				
PURPOSE OF EXPENDITURE	Advertising Expense Photo/Flection Marketing				
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought Office held Monique J Bracey Huff Dallas County Criminal Court No. 10 Judge				
Date) (Payee name				
12 7 202	Act Blue - Dur Revolution				
Amount (\$)	Payee address; City; State; Zip Code				
5.00	PO BOX 66208, Washington DC 20035				
	Category (See Categories listed at the top of this schedule) Description				
PURPOSE OF EXPENDITURE	Fels membership				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held				
expenditure to benefit C/OF	Monique J Bracey Huff Dallas County Criminal Court No. 10 Judge				
Date	Payee name				
12/07021 Amount (\$)	Young Latino Democrats				
Amount (4)	Payee address: City; State; Zip Code				
1500	421 S. Dwight Ave. Dallas 1475211-4433				
	Category (See Categories listed at the top of this schedule) Description				
PURPOSE OF EXPENDITURE	Contributions/ Danamons Event Sponsorphip				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held				
experientare to benefit C/OH	Monique J Bracey Huff Dallas County Criminal Court No. 10 Judge				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politica	Gift/Awards/Memorials Expense	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District 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 Monique J Huff		3 Filer ID (Ethics Commission Filers)
4. Date 3 202	5 Payee name Camy Am	aranc Pary	
6 Amount (\$)	7 Payee address; Wushingt	th Ave. Dall	State; Zip Code AS, Tx 75204
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
PURPOSE OF EXPENDITURE	Fles	Filling F	el
i i	(C) Check if travel outside of Texas. Complete Sch	nedule T. Check if Austin	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Monique J Bracey Huff	Office sought Dallas County Criminal Court No	Office held b. 10 Judge
12/9/W	Payfal-Lake Highla	inds What Roc	CIC Democratis
Amount (\$) 25	Payee address; Category (See Categories listed at the top of this sch	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Fees	member	Thip
	Check if travel outside of Texas. Complete Sch		TX, officeholder living expense Office held
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Monique J Bracey Huff	Office sought Dallas County Criminal Court	
Pale /2021 to /2/31/2021	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
259 18	354 War Poll	nt Blvd. Dur	1 Francisco CA 940
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Description OCCUSS	Inq
1	Check if travel outside of Texas. Complete Sch		TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Monique J Bracey Huff	Office sought Dallas County Criminal Court	Office held No. 10 Judge
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEED	DED

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ELECTIONS DEPARTMENT

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EXPENDITURE CATEGORIES FOR BOX 8(a) 2022 JAN 14 PM 4: 08						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Overhel Polling Expen Printing Exper Salaries/Wage	nse es/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:	2 FILER N	ΔME			3 Filer ID (Ethic	cs Commission Filers)
13	Monique				O THE TE (Earl	os commission i ners)
4 Date 3 30 1 6 Amount (\$)	7 Payee address; City;			State;	Zip Code	
350-0	Dem	Ocraticmonth	1 601	n		
8	(a) Categor	y (See Categories listed at the top of thi	s schedule) (b) Description		
PURPOSE OF EXPENDITURE	Adve	rtising Expe	nje	Ad an	rchase	
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	1	ate / Officeholder name	Dallas Cou	Office sought nty Criminal Court N	lo. 10 Judge	Office held
Date 8 5 302 \	Payee na	L Marin		City;	State;	Zip Code
Amount (\$)	Payee ac	e Simulated	Conce	ots. con	∩ State,	Zip Gode
PURPOSE OF EXPENDITURE	Category	Check if travel outside of Texas. Complete:	ense	Description Check if Austin	OT WOT	g expense
Complete ONLY if disent	Candid	ate / Officeholder name		Office sought		Office held
	expenditure to benefit C/OH			unty Criminal Court No. 10 Judge		
Date	Payee na	ame				
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)	Description		, and the second
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name ue J Bracey Huff	Dallas Co	Office sought	t No. 10 Judge	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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ELECTIONS DESCHEDULE G

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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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District 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 G:	Mongue 7. Huff	3 Filer	ID (Ethics Commission Filers)		
12/13/202\	5 Payee name 7. Huff				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended	2833 Colken Dr.	GARLAND T	X 75043		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Fees Filing Fee				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office			
Complete ONLY if direct expenditure to benefit C/OH	Mangue J. Bracky Huff	Office sought TUGELDUIGS	Carry Criminal Car		
Date	Payee name	9 3	,		
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE	Category (See Categories listed at the top of this schedule)	Description			
OF EXPENDITURE		<u> </u>	Monthly Control of the Control of th		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH					
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
LAFEITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	nolder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED			