# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to	o complete this form.	1 Filer ID (Ethics (	Commission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER	MS /MR / MR	Monique J.		MI	OFFICE	USE ONLY
NAME	NICKNAME Bracey Huff	LAST		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; 4942 Gaston Av	APT / SUITE #; ve., Dallas, Texas	T5214 STATE;	ZIP CODE		ELEC DALL DALL DALL DALL DALL DALL DALL DAL
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214 ) 785-6	PHONE NUMBER	EXTENS	SION	Date Hand-delivered	D
6 CAMPAIGN TREASURER	MS / MRS / MR	Stephanie		МІ	Receipt #  Date Processed	Aymount \$
NAME	NICKNAME	Alvarado		SUFFIX	Date Imaged	0
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		PO BOX PLEASE); APT / S		<i>t</i> ,	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	( 469 ) 441-	PHONE NUMBER	EXTENS	SION		
9 REPORT TYPE	January 15	30th day before		inoff	treasurer ap (Officeholde	r Only)
	July 15	8th day before e	lection	ceeded Modified porting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month Day Year 5 / 15 / 2022 THROUGH 6 / 30 / 2022					
11 ELECTION	Month Day	Year Primary  2022 Seneral	200	Other Description		
12 OFFICE	OFFICE HELD (if any)		12-20	SOUGHT (if known	ty Criminal Co	urt No. 10
14 NOTICE FROM POLITICAL	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.			DEK 3 KNOWLEDGE OK		
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN T	REASURER ADDRESS			
GO TO PAGE 2						

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT COVE

FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME	Monigne of Huff 2022 JUL 16 Files	19 (Ethig Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 425.40
	2. TOTAL POLITICAL CONTRIBUTIONS  (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1124.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2915.98
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     OF REPORTING PERIOD	\$ 24888
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	wear, or affirm, under penalty of perjury, that the accompanying report is true and corruptive to be reported by me under Title 15, Election Code.	rect and includes all information
	Signature of Candidate	Officeholder D
	Please complete either option below:	
(1) Affidavit  NOTARY STAMP/SEA	PATRICIA SANDERS Notary Public, State of Texas Comm. Expires 11-07-2024 Notary ID 126717472	
· Y )	which, witness my hand and seal of office.	day of Auly.
eignature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	_
My name is	, and my date of birth is	
	(street) (city) (state) (2	zip code) (country)
Executed in	County, State of, on theday of(month)	_, 20 (year)
	Signature of Candidate/Office	holder (Declarant)

#### SUBTOTALS - JC/OH

### FORM JC/OH COVER SHEET PG 3

19	Monique J. Huff  2022 JUL 15 Rt 4:33 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 600.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 524.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 29  5.98
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2000:00
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 (JUDICIAL)

### SCHEDULE A(J)1

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

	COLL DOL 10 MILLIONS			
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#:  SNAMAI A WILL  6 Contributor address; City;  SNAWAI Trung 75	State; Zip Code			
8 Contributor's principal occupation 9				
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's principal occupation	Contributor's job title			
Contributor's employer/law firm BUTON & BUL PLLC	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 (\$)			
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)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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

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 O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 524.00
5 Date 6 Full name of contributor out-of-state PAC (ID#:		siot	8 Amount of Contribution \$ In-kind contribution description  Contribution \$ In-kind contribution description  Contribution \$ In-kind contribution description  Contribution \$ In-kind contribution  Contribution \$ In-kind contribution
10 Principal occ	upation / Job title (FOR NON-اللوكDICIAL) (See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTAOU APPLEIOUS CONTRACT		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE F1

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

#### EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Advertising Expense Event Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Monique J. Huff 4 Date 5 Payee name Zip Code City; 7 Payee address; (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (c) Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct Judge, Dallas County Criminal Court No. 10 expenditure to benefit C/OH Monique J. Bracey Huff Date Zip Code City: State: Category (See Categories listed at the top of this schedule) PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Judge, Dallas County Criminal Court No. 10 Monique J. Bracey Huff Payee name Date State: Zip Code Payee address; City; parland Tx Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of xas 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 Judge, Dallas County Criminal Court No. 10 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

	EXPENDITURE CATEGORI	ES FOR BOX 8(a) 5 0 4:33 0	
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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	5 Payee name		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name  Monique J. Bracey Huff	Judge, Dallas County Criminal Court No. 10	
5/16/22	EXECUTIVE Pr	rss	
Amount (\$) 389.70	Payee address;	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Profile Explose	Description .	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austha X, officeholder living expense	
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5/17/22	Payee name  Down Pruit	-	
Amount (\$)	Payee address; P.O. Box 425, La	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Poll Workers	
Complete <u>ONLY</u> 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	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report  $\beta$  2  $\rho$ 

#### EXPENDITURE CATEGORIES FOR BOX 8(a) and Expense Loan Repayment/Reimbursement

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica		es/Contract Labor Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how to com	nplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
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4 Date   0   12	5 Payee name		
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8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Tagally Darrel	Cas	
OF EXPENDITURE	Travel in District	6100	
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	(C) Check if travel outside of Texas. Complete Schedule T.		
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	
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Date	Payee name		
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31/1/95			
71.0		Description	
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	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	Judge, Dallas County Criminal Court No. 10	
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	Check if travel outside of exas. 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	Judge, Dallas County Criminal Court No. 10	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting 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. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: Monique J. Huff 5 Payername City; State: Zip Code 7 Payee address; (b) Description (a) Category (See Categories listed at the top of **PURPOSE** 11 Workers OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Office held Candidate / Officeholder name 9 Complete ONLY if direct Judge, Dallas County Criminal Court No. 10 expenditure to benefit C/OH Monique J. Bracey Huff Zip Code City: State; Payee address; Description Category (See Categories listed at the top of this schedule) PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Judge, Dallas County Criminal Court No. 10 Monique J. Bracey Huff Payee nam Date City; State: Zip Code Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** de 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 Judge, Dallas County Criminal Court No. 10

SCHEDULE F1

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

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	50433P
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Office Over Food/Beverage Expense Polling Ex Printing Ex Prin		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 o	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Monique J. Huff		3 Filer ID (Ethics Commission Filers)
5/26/12	5 Payee name	ners	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	_
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	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name  Monique J. Bracey Huff	Office sought  Judge, Dalla	office held s County Criminal Court No. 10
Date SMM	Payee name  Ohnou Mau	din	
Amount (\$)	Payee address;	City;	State; Zip Code
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PURPOSE OF EXPENDITURE	Polling Expinse.		
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Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit 6/01	Monique J. Bracey Huff	Judge, Dalla	as County Criminal Court No. 10
Date 6/24/22	Payee name		
Amount (\$)	Payee address	City;	State; Zip Code
180.00	4236 Firewood	Dr. Da	1kg Tx 7521+
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PURPOSE OF EXPENDITURE	Polling Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name  Monique J. Bracey Huff	Office sought  Judge, Dallas	Office held s County Criminal Court No. 10
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED
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#### 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 Accounting/Banking Loan Repayment/Reimbursement Event Expense Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District Travel Out Of District

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salanes/N  The Instruction Guide explains how to c	Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Monique J. Huff	3 Filer ID (Ethics Commission Filers)	
4 Date 5 23 22	5 Payee name HS DWALT		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
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8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Polling Expanel		
	(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/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	
	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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held  Judge, Dallas County Criminal Court No. 10	
	Monique J. Bracey Huff	Judge, Dallas Gourty Griffina 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	
	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  Monique J. Bracey Huff	Office sought Office held  Judge, Dallas County Criminal Court No. 10	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### 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 Accounting/Banking

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 Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor  Travel Out Of District Other (enter a category not listed above)	
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1 Total pages Schedule G:	Processor and the processor assets	3 Filer ID (Ethics Commission Filers)	
	Monique J. Huff		
5/10/22	5 Payee name Workaul Huff		
6 Amount (\$)	7 Payee address	City; State; Zip Code	
Reimlusement from political contributions intended	PiD. Box 940492	Plano Tx 75094	
8 DUBBOSE	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising Pollus	45	
	(c) Check if travel outside of Texas. Complete Sche		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
Complete ONLY if direct expenditure to benefit C/OH		Judge, Dallas County Criminal Court No. 10	
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip Code	
Reimbursement from political contributions intended			
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Reimbursement from political contributions intended			
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			