

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: 19			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS. MONIQUE J			MI SUFFIX NICKNAME LAST			
	BRACEY HUFF HUFF						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			P.O. BOX 38053, DALLAS, TX 75238			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER			EXTENSION (972) 896-7928			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS. STEPHANIE			MI SUFFIX NICKNAME LAST			
	ALVARADO						
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;			STATE; ZIP CODE P.O. BOX 940492, PLANO, TEXAS 75094-0492			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER			EXTENSION (469) 441-4658			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input 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 07	Day 01	Year 2025	THROUGH <input checked="" type="checkbox"/>	Month 12	Day 31	Year 2025
11 ELECTION	Month 03	Day 03	Year 2026	ELECTION DATE	<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)			
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	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

SUBTOTALS - JC/OH**FORM JC/OH
COVER SHEET PG 3**

19 FILER NAME	MONIQUE J HUFF	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,534.83
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ 10,430.35
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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	\$ 1,473.30
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 588.03
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

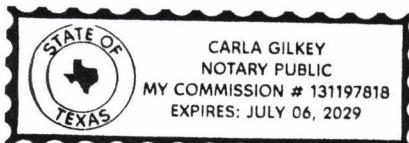
15 JC/OH NAME	MONIQUE J HUFF	
16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 240.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,774.83
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 350.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,841.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ \$4,393.05
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS		

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.



Signature of Candidate/Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Monique Huff this the 15 day of January,
20 20, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

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)

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
7	MONIQUE J HUFF	
4 Date	5 Payee name	
12/4/2025	THE PRESTON HOLLOW DEMOCRATS	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$55.00	P.O. BOX 670631, DALLAS, TEXAS 75367-0631	
<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	FEES	MEMBERSHIP RENEWAL
(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	Office sought
	MONIQUE J HUFF	Office held
		Judge, Dallas CCC10
Date	Payee name	
11/21/2025	DALLAS LGBT BAR ASSOCIATION	
Amount (\$)	Payee address;	City; State; Zip Code
\$300.00	1717 MAIN ST., DALLAS, TX 75201-2703	
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	EVENT EXPENSE	2025 VISIBILITY BALL SPONSOR
<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
	MONIQUE J HUFF	Office held
		Judge, Dallas CCC10
Date	Payee name	
9/1/2025	ActBlue - Political Contributions - STONEWALL DEMOCRATS OF DALLAS	
Amount (\$)	Payee address;	City; State; Zip Code
\$250.00	P.O. BOX 192305, DALLAS, TEXAS 75219-2305	
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	EVENT EXPENSE	After Dark - DRAG OUT THE VOTE Event Sponsor
<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
	MONIQUE J HUFF	Office held
		Judge, Dallas CCC10
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1</i>	2 FILER NAME MONIQUE J HUFF	3 Filer ID (Ethics Commission Filers)
4 Date 10/11/2025	5 Payee name LAKE HIGHLANDS/WHITE ROCK AREA DEMOCRATS	
6 Amount (\$) \$135.00	7 Payee address; http://lhwrdemocrats.org <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description MEMBERSHIP RENEWAL EVENT SPONSR-CHILI COOKOUT
	(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 HUFF	Office sought Office held Judge, Dallas CCC10
Date 12/6/2025	Payee name DEMOCRACY TOOLBOX	
Amount (\$) \$1,500.00	Payee address; PO BOX 6250, MCKINNEY, TX 75071 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description CAMPAIGN MANAGEMENT
	<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 HUFF	Office sought Office held Judge, Dallas CCC10
Date 12/5/2025	Payee name DEMOCRACY TOOLBOX	
Amount (\$) \$1,560.00	Payee address; PO BOX 6250, MCKINNEY, TX 75071 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description CAMPAIGN MANAGEMENT
	<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 HUFF	Office sought Office held Judge, Dallas CCC10
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME MONIQUE J HUFF	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code Type text here
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(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 HUFF	
	Office sought	Office held Judge, Dallas CCC10
Date 12/25/2025	Payee name CampaignPartner.com	
Amount (\$) \$29.00	Payee address; <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code P.O. BOX 118, STILL RIVER, MA 01467
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING EXPENSE	WEBSITE FEE
	<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 HUFF	
	Office sought	Office held Judge, Dallas CCC10
Date 11/25/2025	Payee name CampaignPartner.com	
Amount (\$) \$29.00	Payee address; <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code P.O. BOX 118, STILL RIVER, MA 01467
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING EXPENSE	WEBSITE FEE
	<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 HUFF	
	Office sought	Office held Judge, Dallas CCC10
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$29.00	P.O. BOX 118, STILL RIVER, MA 01467	
<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	ADVERTISING EXPENSE	WEBSITE 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
	MONIQUE J HUFF	Office held
		Judge, Dallas CCC10
Date	Payee name	
10/20/2025	DEMOCRACY TOOLBOX	
Amount (\$)	Payee address;	City; State; Zip Code
\$1,775.00	PO BOX 6250, MCKINNEY, TX 75071	
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	CONSULTING EXPENSE	CAMPAIGN MANAGEMENT
<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
	MONIQUE J HUFF	Office held
		Judge, Dallas CCC10
Date	Payee name	
9/29/2025	PHENIXX MARKETING MEDIA	
Amount (\$)	Payee address;	City; State; Zip Code
\$1,117.50	1765 PRESCOTT PL., DALLAS, TX 75234	
<input checked="" type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING EXPENSE	MARKETING
<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
	MONIQUE J HUFF	Office held
		Judge, Dallas CCC10
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2 <i>X</i>	MONIQUE J HUFF	
4 Date 9/29/2025	5 Payee name CampaignPartner.com	
6 Amount (\$) \$29.00	7 Payee address; P.O. BOX 118, STILL RIVER, MA 01467 <input type="checkbox"/> Check if individual's residence address.	City; 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) <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 HUFF	Office sought Office held Judge, Dallas CCC10
Date 8/27/2025	Payee name AFL-CIO	
Amount (\$) \$80.00	Payee address; 1408 N WASHINGTON AVE., #240, DALLAS, TEXAS 75204 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description LABOR DAY BREAKFAST
	<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 HUFF	Office sought Office held Judge, Dallas CCC10
Date 8/25/2025	Payee name CampaignPartner.com	
Amount (\$) \$29.00	Payee address; P.O. BOX 118, STILL RIVER, MA 01467 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description WEBSITE FEE
	<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 HUFF	Office sought Office held Judge, Dallas CCC10
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME MONIQUE J HUFF	3 Filer ID (Ethics Commission Filers)
4 Date 8/3/2025	5 Payee name EB DBWA SPARKLER	
6 Amount (\$) \$33.85	7 Payee address; 2101 ROSS AVE., DALLAS, TEXAS 75201	City; State; Zip Code
<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description TICKET
	(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 HUFF	Office sought Office held Judge, Dallas CCC10
Date 7/30/2025	Payee name DALLAS AFL-CIO	
Amount (\$) \$200.00	Payee address; 1408 N WASHINGTON AVE., #240, DALLAS, TEXAS 75204	City; State; Zip Code
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description AD SPACE
	<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 HUFF	Office sought Office held Judge, Dallas CCC10
Date 7/25/2025	Payee name CampaignPartner.com	
Amount (\$) \$29.00	Payee address; P.O. BOX 118, STILL RIVER, MA 01467	City; State; Zip Code
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description WEBSITE FEE
	<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 HUFF	Office sought Office held Judge, Dallas CCC10
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME MONIQUE J HUFF	3 Filer ID (Ethics Commission Filers)
4 Date 7/8/2025	5 Payee name ELITE NEWS	
6 Amount (\$) \$250.00	7 Payee address; 3155 S LANCASTER RD., STE 240, DALLAS, TEXAS 75216	City; State; Zip Code
<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description AD SPACE
	(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 HUFF	Office sought Office held Judge, Dallas CCC10
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Check if individual's residence address.		
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 HUFF	Office sought Office held Judge, Dallas CCC10
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Check if individual's residence address.		
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 HUFF	Office sought Office held Judge, Dallas CCC10
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

**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: **7**

2 FILER NAME MONIQUE J HUFF		3 Filer ID (Ethics Commission Filers)															
4 Date 7/31/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ BRUCE KAYE	7 Amount of contribution (\$) \$514.80															
8 Contributor's principal occupation ATTORNEY		9 Contributor's job title ATTORNEY															
10 Contributor's employer/law firm SELF		11 Law firm of contributor's spouse (if any)															
12 If contributor is a child, law firm of parent(s) (if any)																	
<table border="1"> <tr> <td>Date 11/17/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ ERIN HENDRICKS</td> <td>Amount of contribution (\$) \$100.00</td> </tr> <tr> <td colspan="2">Contributor address; City; State; Zip Code 8150 N. CENTRAL EXPY., M2070, DALLAS TX 75206</td> <td></td> </tr> <tr> <td colspan="2">Contributor's principal occupation ATTORNEY</td> <td>Contributor's job title ATTORNEY</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm SELF</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ ERIN HENDRICKS	Amount of contribution (\$) \$100.00	Contributor address; City; State; Zip Code 8150 N. CENTRAL EXPY., M2070, DALLAS TX 75206			Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ ERIN HENDRICKS	Amount of contribution (\$) \$100.00															
Contributor address; City; State; Zip Code 8150 N. CENTRAL EXPY., M2070, DALLAS TX 75206																	
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY															
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any)															
If contributor is a child, law firm of parent(s) (if any)																	
<table border="1"> <tr> <td>Date 11/18/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ ROBERT GREGG</td> <td>Amount of contribution (\$) \$257.54</td> </tr> <tr> <td colspan="2">Contributor address; City; State; Zip Code 2024 COMMERCE ST., DALLAS, TX 75201</td> <td></td> </tr> <tr> <td colspan="2">Contributor's principal occupation LAWYER</td> <td>Contributor's job title LAWYER</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm ROBERT GREGG LAW FIRM</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ ROBERT GREGG	Amount of contribution (\$) \$257.54	Contributor address; City; State; Zip Code 2024 COMMERCE ST., DALLAS, TX 75201			Contributor's principal occupation LAWYER		Contributor's job title LAWYER	Contributor's employer/law firm ROBERT GREGG LAW FIRM		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ ROBERT GREGG	Amount of contribution (\$) \$257.54															
Contributor address; City; State; Zip Code 2024 COMMERCE ST., DALLAS, TX 75201																	
Contributor's principal occupation LAWYER		Contributor's job title LAWYER															
Contributor's employer/law firm ROBERT GREGG 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.

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

2 FILER NAME MONIQUE J HUFF		3 Filer ID (Ethics Commission Filers)
4 Date 9/25/2025	5 Full name of contributor JEFFREY ROSENFIELD 6 Contributor address; City; State; Zip Code JUDGEROSENFIELD@GMAIL.COM	7 Amount of contribution (\$) \$103.20
8 Contributor's principal occupation JUDGE		9 Contributor's job title RETIRED JUDGE
10 Contributor's employer/law firm DALLAS COUNTY		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 11/18/25	Full name of contributor JASON BESS Contributor address; City; State; Zip Code 3322 HAMPDEN DR., GARLAND, TX 75043	Amount of contribution (\$) \$1,000.00
Contributor's principal occupation ATTORNEY		Contributor's job title CORPORATE COUNSEL
Contributor's employer/law firm NEMESTCHEK		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 11/19/2025	Full name of contributor THOMAS COX Contributor address; City; State; Zip Code P.O. BOX 192198, DALLAS, TEXAS 75219	Amount of contribution (\$) \$1,000.00
Contributor's principal occupation ATTORNEY		Contributor's job title OWNER
Contributor's employer/law firm THE LAW OFFICES OF THOMAS R. COX III		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.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: *X*

2 FILER NAME MONIQUE J HUFF		3 Filer ID (Ethics Commission Filers)
4 Date 11/19/2025	5 Full name of contributor TAYLOR JOHNSON 6 Contributor address; City; State; Zip Code 900 JACKSON ST., STE 650, DALLAS, TX 75202	7 Amount of contribution (\$) \$500.00
8 Contributor's principal occupation ATTORNEY	9 Contributor's job title ATTORNEY	
10 Contributor's employer/law firm TAYLOR R JOHNSON, ATTORNEY AT LAW	11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/19/2025	Full name of contributor GEORGE MILNER Contributor address; City; State; Zip Code 1845 WOODALL RODGERS FWY., STE 1500, DALLAS TX 75201	Amount of contribution (\$) \$250.00
Contributor's principal occupation ATTORNEY	Contributor's job title ATTORNEY	
Contributor's employer/law firm GEORRGE R MILNER III, ATTORNEY AT LAW	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		
Date 11/19/2025	Full name of contributor BRADY WYATT Contributor address; City; State; Zip Code 3300 OAK LAWN AVE., STE 600, DALLAS, TX 75219	Amount of contribution (\$) \$500.00
Contributor's principal occupation ATTORNEY	Contributor's job title ATTORNEY	
Contributor's employer/law firm LAW OFFICES OF BRADY T. WYATT, III	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.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: **X**

2 FILER NAME MONIQUE J HUFF		3 Filer ID (Ethics Commission Filers)
4 Date 11/19/2025	5 Full name of contributor JIM BURNHAM 6 Contributor address; 6116 N. CENTRAL EXPWY., STE 515, DALLAS, TX 75206	7 Amount of contribution (\$) \$300.00
8 Contributor's principal occupation ATTORNEY	9 Contributor's job title ATTORNEY	
10 Contributor's employer/law firm JIM BURNHAM, ATTORNEY AT LAW	11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/19/2025		
Full name of contributor JENNIFER CASTILLO Contributor address; 6934 ROCKY TOP CIR., DALLAS, TEXAS 75252		Amount of contribution (\$) \$150.00
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY
Contributor's employer/law firm LAW OFFICE OF JENNIFER CASTILLO		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/19/2025		
Full name of contributor MARTIN LENOIR Contributor address; 3300 OAK LAWN AVE., STE 600, DALLAS, TX 75219		Amount of contribution (\$) \$250.00
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY
Contributor's employer/law firm LAW OFFICE OF MARTIN LENOIR		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.

**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 11/19/2025	5 Full name of contributor JAMES HAWKINS 6 Contributor address; 701 COMMERCE ST., 5TH FL., DALLAS, TX 75202	7 Amount of contribution (\$) \$100.00												
8 Contributor's principal occupation ATTORNEY		9 Contributor's job title ATTORNEY												
10 Contributor's employer/law firm LAW OFFICES OF JAMES BRIAN HAWKINS, II		11 Law firm of contributor's spouse (if any)												
12 If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 11/19/2025</td> <td>Full name of contributor JACLYN GALLIAN Contributor address: 3500 MAPLE AVE., STE. 720, DALLAS, TX 75219</td> <td>Amount of contribution (\$) \$500.00</td> </tr> <tr> <td colspan="2">Contributor's principal occupation ATTORNEY</td> <td>Contributor's job title ATTORNEY</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm GALLIAN FIRM, LLC</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 11/19/2025	Full name of contributor JACLYN GALLIAN Contributor address: 3500 MAPLE AVE., STE. 720, DALLAS, TX 75219	Amount of contribution (\$) \$500.00	Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	Contributor's employer/law firm GALLIAN FIRM, LLC		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 11/19/2025	Full name of contributor JACLYN GALLIAN Contributor address: 3500 MAPLE AVE., STE. 720, DALLAS, TX 75219	Amount of contribution (\$) \$500.00												
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY												
Contributor's employer/law firm GALLIAN FIRM, LLC		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 11/19/2025</td> <td>Full name of contributor DEANDRA GRANT Contributor address: 3300 OAK LAWN AVE., STE 700, DALLAS, TX 75219</td> <td>Amount of contribution (\$) \$257.54</td> </tr> <tr> <td colspan="2">Contributor's principal occupation ATTORNEY</td> <td>Contributor's job title ATTORNEY/OWNER</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm DEANDRA GRANT LAW</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 11/19/2025	Full name of contributor DEANDRA GRANT Contributor address: 3300 OAK LAWN AVE., STE 700, DALLAS, TX 75219	Amount of contribution (\$) \$257.54	Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY/OWNER	Contributor's employer/law firm DEANDRA GRANT LAW		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 11/19/2025	Full name of contributor DEANDRA GRANT Contributor address: 3300 OAK LAWN AVE., STE 700, DALLAS, TX 75219	Amount of contribution (\$) \$257.54												
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY/OWNER												
Contributor's employer/law firm DEANDRA GRANT LAW		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.

**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: <i>X</i>												
2 FILER NAME MONIQUE J HUFF		3 Filer ID (Ethics Commission Filers)												
4 Date 11/19/2025	5 Full name of contributor THOMAS WAYNE 6 Contributor address; 1845 WOODALL RODGERS FWY., STE 1500, DALLAS TX 75201	7 Amount of contribution (\$) \$250.00												
8 Contributor's principal occupation ATTORNEY		9 Contributor's job title ATTORNEY												
10 Contributor's employer/law firm MILNER WYNNE		11 Law firm of contributor's spouse (if any)												
12 If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 11/19/2025</td> <td>Full name of contributor ANDREW JEE Contributor address; 8150 N. CENTRAL EXPWY., 10TH FL., DALLAS, TX 75206</td> <td>Amount of contribution (\$) \$250.00</td> </tr> <tr> <td colspan="2">Contributor's principal occupation ATTORNEY</td> <td>Contributor's job title ATTORNEY</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm JEE LAW</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 11/19/2025	Full name of contributor ANDREW JEE Contributor address; 8150 N. CENTRAL EXPWY., 10TH FL., DALLAS, TX 75206	Amount of contribution (\$) \$250.00	Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	Contributor's employer/law firm JEE LAW		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 11/19/2025	Full name of contributor ANDREW JEE Contributor address; 8150 N. CENTRAL EXPWY., 10TH FL., DALLAS, TX 75206	Amount of contribution (\$) \$250.00												
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY												
Contributor's employer/law firm JEE LAW		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 11/19/2025</td> <td>Full name of contributor SORSHA HUFF Contributor address; 924 S. CLINTON AVE., DALLAS, TEXAS 75208</td> <td>Amount of contribution (\$) \$51.75</td> </tr> <tr> <td colspan="2">Contributor's principal occupation ATTORNEY</td> <td>Contributor's job title ATTORNEY</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm MICHAEL & ASSOCIATES</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 11/19/2025	Full name of contributor SORSHA HUFF Contributor address; 924 S. CLINTON AVE., DALLAS, TEXAS 75208	Amount of contribution (\$) \$51.75	Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	Contributor's employer/law firm MICHAEL & ASSOCIATES		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 11/19/2025	Full name of contributor SORSHA HUFF Contributor address; 924 S. CLINTON AVE., DALLAS, TEXAS 75208	Amount of contribution (\$) \$51.75												
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY												
Contributor's employer/law firm MICHAEL & ASSOCIATES		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.

**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: 1
2 FILER NAME MONIQUE J HUFF		3 Filer ID (Ethics Commission Filers)
4 Date 11/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ LULU ELIZABETH SKEMP 6 Contributor address: _____ City: _____ State: _____ Zip Code: _____ 7285 HONEYBEE LANE, FRISCO, TX 75036	7 Amount of contribution (\$) \$100.00
8 Contributor's principal occupation RETIRED		9 Contributor's job title RETIRED
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 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ PATRICK MCLAIN Contributor address: _____ City: _____ State: _____ Zip Code: _____ 970 MOBLEY RD., CEDAR HILL TX 75104	Amount of contribution (\$) \$100.00
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY
Contributor's employer/law firm LAW OFFICE OF PATRICK J MCLAIN 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 <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; _____ City; _____ 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)		

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

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
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>5</i>	2 FILER NAME MONIQUE J HUFF	3 Filer ID (Ethics Commission Filers)
4 Date 7/1/2025	5 Payee name THE 23RD SENATORIAL DISTRICT TEJANO DEMOCRATS	
6 Amount (\$) \$20.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; P.O. BOX 226534, DALLAS, TEXAS 75222-6534 <input type="checkbox"/> Check if individual's residence address.	City: _____ State: _____ Zip Code: _____
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	(b) Description MEMBERSHIP RENEWAL
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MONIQUE J HUFF Office sought _____ Office held _____	
Date 12/3/2025	Payee name THE 23RD SENATORIAL DISTRICT TEJANO DEMOCRATS	
Amount (\$) 150.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; P.O. BOX 226534, DALLAS, TEXAS 75222-6534 <input type="checkbox"/> Check if individual's residence address.	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	Description HOLIDAY SOIREE SPONSORSHIP
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MONIQUE J HUFF Office sought _____ Office held _____	
Date 11/20/2025	Payee name PHENIXX MARKETING & MEDIA	
Amount (\$) \$112.50 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 1765 PRESCOTT PL., DALLAS, TX 75234 <input checked="" type="checkbox"/> Check if individual's residence address.	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	Description MARKETING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MONIQUE J HUFF Office sought _____ Office held _____	
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
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>S</i>	2 FILER NAME MONIQUE J HUFF	3 Filer ID (Ethics Commission Filers)
4 Date 11/1/2025	5 Payee name ADVANTAGE STORAGE - GARLAND	
6 Amount (\$) \$134.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 3471 BROADWAY BLVD., GARLAND, TEXAS 75043 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD/RENTAL EXPENSE	(b) Description STORAGE 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MONIQUE J HUFF Office sought Office held Judge, Dallas CCC10	
Date 12/1/2025	Payee name ADVANTAGE STORAGE - GARLAND	
Amount (\$) \$134.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 3471 BROADWAY BLVD., GARLAND, TEXAS 75043 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD/RENTAL EXPENSE	Description STORAGE FEE
	<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 HUFF Office sought Office held Judge, Dallas CCC10	
Date 10/1/2025	Payee name ADVANTAGE STORAGE - GARLAND	
Amount (\$) \$134.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 3471 BROADWAY BLVD., GARLAND, TEXAS 75043 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD/RENTAL EXPENSE	Description STORAGE FEE
	<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 HUFF Office sought Office held Judge, Dallas CCC10	
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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)

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1 Total pages Schedule G: <i>S</i>	2 FILER NAME MONIQUE J HUFF	3 Filer ID (Ethics Commission Filers)
4 Date 9/2/2025	5 Payee name ADVANTAGE STORAGE - GARLAND	
6 Amount (\$) \$124.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 3471 BROADWAY BLVD., GARLAND, TEXAS 75043 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD/RENTAL EXPENSE	(b) Description STORAGE 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MONIQUE J HUFF	Office sought Office held Judge, Dallas CCC10
Date 8/1/2025	Payee name ADVANTAGE STORAGE - GARLAND	
Amount (\$) \$124.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 3471 BROADWAY BLVD., GARLAND, TEXAS 75043 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD/RENTAL EXPENSE	Description STORAGE FEE
	<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 HUFF	Office sought Office held Judge, Dallas CCC10
Date 7/1/2025	Payee name ADVANTAGE STORAGE - GARLAND	
Amount (\$) \$124.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 3471 BROADWAY BLVD., GARLAND, TEXAS 75043 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD/RENTAL EXPENSE	Description STORAGE FEE
	<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 HUFF	Office sought Office held Judge, Dallas CCC10
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
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
5 Date	5 Payee name	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
10212 E NW HWY., DALLAS, TEXAS 75238		
<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	FOOD/BEVERAGE EXPENSES	JURY
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Candidate / Officeholder name		Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office held
MONIQUE J HUFF		Judge, Dallas CCC10
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Check if individual's residence address.		
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	
Candidate / Officeholder name		Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office held
MONIQUE J HUFF		Judge, Dallas CCC10
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Check if individual's residence address.		
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	
Candidate / Officeholder name		Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office held
MONIQUE J HUFF		Judge, Dallas CCC10
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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 G: <i>5</i>	2 FILER NAME MONIQUE J HUFF	3 Filer ID (Ethics Commission Filers)
4 Date 11/19/2025	5 Payee name FASTSIGNS	
6 Amount (\$) \$156.68 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 1417 N. COCKRELL HILL RD., #104, DALLAS, TX 75211 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description SIGNS
	(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 HUFF Office sought Office held Judge, Dallas CCC10	
Date 11/19/2025	Payee name STONELEIGH P	
Amount (\$) \$200.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 4218 LEMMON AVE, DALLAS, TEXAS 75219 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE	Description CAMPAIGN FUNDRAISER
	<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 HUFF Office sought Office held Judge, Dallas CCC10	
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 MONIQUE J HUFF Office sought Office held Judge, Dallas CCC10	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
12/22/2025	LA COMIDA MEXICAN KITCHEN	
6 Amount (\$) \$386.29	7 Payee address; 1101 N BECKLEY AVE., DALLAS, TEXAS 75203	City State Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) EVENT EXPENSE	(b) Description (See instructions regarding type of information required.) COURT HOLIDAY YPARTY
Date 7/25/2025	Payee name COWBOY CHICKEN	
Amount (\$) \$142.89	Payee address; 5315 GREENVILLE AVE., DALLAS, TEXAS 75206	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FOOD/BEVERAGE EXPENSES	Description (See instructions regarding type of information required.) COURT STAFF LUNCHEON
Date 8/1/2025	Payee name JASON'S DELI	
Amount (\$) \$58.85	Payee address; 9100 N. CENTRAL EXPWY., DALLAS, TEXAS 75231	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FOOD/BEVERAGE EXPENSES	Description (See instructions regarding type of information required.) COURT STAFF LUNCHEON
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name MONIQUE J HUFF	Filer ID #
-------------------------------------	------------

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the County Clerk report due on 1/15/2024. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Signature of Filer

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Monique J. Huff, and my date of birth is 10/21/1982.
My address is P.O. Box 138053, Dallas, TX, 75238 USA.
Executed in Dallas County, State of Texas, on the 15 day of January 20 2024.

Monique J. Huff
Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**

