#### JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The JC/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Monigue J. NAME Date Received NICKNAME SUFFIX **Bracey Huff** 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; **OFFICEHOLDER** 4942 Gaston Ave., Dallas, Texas 75214 MAILING ADDRESS Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (214)785-6259 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN **TREASURER** Stephanie Date Processed NAME NICKNAME SUFFIX Date Imaged Alvarado STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN ZIP CODE **TREASURER** P.O. Box 601022, Dallas, Texas 75206 **ADDRESS** T (Residence or Business) AREA CODE 8 CAMPAIGN PHONE NUMBER EXTENSION **TREASURER** PHONE (469) 441-4658 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign $\times$ treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Month Dav COVERED 2022 THROUGH 14 2022 20 ELECTION DATE 11 ELECTION **ELECTION TYPE** Primary Runoff Other Month Day Year Description General Special 2022 24 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Judge, Dallas County Criminal Court No. 10 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME			
Monique J H	uff		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL C PLEDGES, LOANS, OR GUARANT CONTRIBUTIONS MADE ELECTRO	FES OF LOAMS OF	\$ 21080.00
	2. TOTAL POLITICAL CONTRIBUT (OTHER THAN PLEDGES, LOANS,	F <b>IONS</b> OR GUARANTEES OF LOANS)	\$ /4.1050.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EX	XPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITU	RES	\$ 13.197.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	S MAINTAINED AS OF THE LAST	DAY \$ 1419.13
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18 SIGNATURE I sw	ear, or affirm, under penalty of periupy that the	20.000000000000000000000000000000000000	
requ	ear, or affirm, under penalty of perjury, that thi ired to be reported by me under Title 15, Electio	n Code.	and correct and includes all information
	Plane a smulate	Signature of Cano	didate/Officeholder
	Please complete	e either option below:	<u> </u>
My Nota	ORENO ORTEGON by ID # 126717926 March 17, 2025		CA E G
Sworn to and subscribed b	efore me by Monique J.	Huff this the	16 day of <u>May</u> .
	hich, witness my hand and seal of office.	uns me	day of
00	Anita Moren	o Ortason	Notein Public
Signature of officer administering	ng oath Printed name of officer ad	Iministering oath	Title of officer administering oath
	OR		
(2) Unsworn Declaration	1	**	
My name is			=
My address is		, and my date of birth is	
	(ahaa ah)	(city) (state	e) (zip code) (country)
Executed in	(street)County, State of, or	theday of	
		(month)	, 20 (year)
	-	Signature of Candidate	/Officeholder (Declarant)

### SUBTOTALS - JC/OH

#### FORM JC/OH COVER SHEET PG 3

l	NAME Onique J. Huff	20 Filer ID (Ethics Co	mmiss	ion Fil	lers)
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3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS		\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$	13	197.1	
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 FU	JNDS	\$	7~3	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$	-5	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$	s-style	= = =
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBU TO FILER	TIONS RETURNED	\$	3	
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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
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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Other (enter a category not listed above) Salaries/Wages/Contract Labor 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) Monigue J. Huff 4 Date ee name 6 Amount City; State; Zip Code 8 isted at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE (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/OH Monique J. Bracey Huff Judge, Dallas County Criminal Court No. 10 Payee name 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 Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Judge, Dallas County Criminal Court No. 10 Monique J. Bracey Huff Date 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 Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Monique J. Bracey Huff Judge, Dallas County Criminal Court No. 10

SCHEDULE F1

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SCHEDULE F1

If the requested information is not applicable, DO NOT

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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 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 Contributions/Donations Made By Travel In District Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages, Schredule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monique J. Huff Date Payee name 6 Amount (\$) 7 Payee address; City State; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Monique J. Bracey Huff Judge, Dallas County Criminal Court No. 10 Payee address; 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 Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Monique J. Bracey Huff Judge, Dallas County Criminal Court No. 10 Date Payee name Amount (\$) State; Zip Code ategories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Monique J. Bracey Huff Judge, Dallas County Criminal Court No. 10 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE F1

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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fee Foo By Gift	ent Expense es od/Beverage Expense /Awards/Memorials Expense all Services	Office Ove Polling Ex Printing Ex		Travel In District Travel Out Of Distri	ipment & Related Expense
orean Card Payment	TI	he Instruction Guide exp	plains how to c	complete this form.	,	,,
1 Total pages Schedule F1	Monique J. H				3 Filer ID (Ethio	cs Commission Filers)
4 Date 3 2 122	5 Paye name	mon #	021	0073		
6 Amount (\$)	7 Payee addres	ss;	00.1	City;	State;	Zip Code
35100						
8	(a) Category (Se	e Categories listed at the top of	f this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	F	US		Chas	Chrysai	an toub
	(c) Check	k if travel outside of Texas. Comple	ete Schedule T.	Check if Aust	in, TX, officeholder livin	G. THACL
9 Complete ONLY if direct expenditure to benefit C/OI		Officeholder name que J. Bracey Hufl	f	Office sought		Office held inal Court No. 10
Date 317/22 Amount (\$)	Payee name  Payee address	l Hefrer	r (	Ao Black	BUSINC State;	∬ Zip Code
500.00					State,	2.0000
PURPOSE OF EXPENDITURE	Advert	Categories listed at the top of the complete of the complete outside of Texas. Complete outside of Texas.	sense.	Description		7 1 2 0 2 6
Complete ONLY if direct		Officeholder name			n, TX, officeholder living	
expenditure to benefit C/OH	1	e J. Bracey Huff		Office sought  Judge, Dalla	s County Crim	Office held inal Court No. 10
3/16/12	Payee name	ny Mi	ANNAR S	utt S	FOOd	S.V.
Amount (\$)	Payee address		<u> </u>	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See C	Categories listed at the top of th	is schedule)	Description		
		ftravel outside of Texas. Complete	e Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Officeholder name IE J. Bracey Huff		Office sought Judge, Dallas	County Crimin	Office held nal Court No. 10
	ATTACH	ADDITIONAL COPIE	S OF THIS S	CHEDULE AS NEE	DED	

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 Office Overhead/Rental Expense Accounting/Banking Solicitation/Fundraising Expense Fees Consulting Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense 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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monique J. Huff avee name Pavee address State; Zip Code 8 (b) Description **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Monique J. Bracev Huff Judge, Dallas County Criminal Court No. 10 Payee name Payee address; State: Zip Code 1) Category (See Categories listed at the top of this schedule) Description **PURPOSE** 17 OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Monique J. Bracey Huff Judge, Dallas County Criminal Court No. 10 Amount (\$) Payee address; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED Forms provided by Texas Ethics Commission

**PURPOSE** OF **EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit C/OH

Description

Office sought

Check if Austin, TX, officeholder living expense

Judge, Dallas County Criminal Court No. 10

Category (See Categories listed at the top of this schedule)

Candidate / Officeholder name

Monique J. Bracey Huff

Check if travel outside of Texas. Complete Schedule T.

Office held

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

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 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) Monique J. Huff 4 Date Payee name 6 Amount 7 Payee address: City; State; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expens 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Monique J. Bracey Huff Judge, Dallas County Criminal Court No. 10 Payee name Amount (\$) Payee address; State: 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 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Judge, Dallas County Criminal Court No. 10 Monique J. Bracey Huff Date Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule)

**PURPOSE** OF **EXPENDITURE** 

expenditure to benefit C/OH

Description

Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct

Candidate / Officeholder name Monique J. Bracey Huff Office sought

Check if Austin, TX, officeholder living expense

Office held Judge, Dallas County Criminal Court No. 10

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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) ant 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

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 Control of Participation Control of Participation

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

Payee address;

Category (See Categories listed at the top of this schedule)

Candidate / Officeholder name

Monique J. Bracey Huff

Check if travel outside of Texas. Complete Schedule T.

Amount (\$)

PURPOSE OF EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

City;

Description

Office sought

State:

Check if Austin, TX, officeholder living expense

Judge, Dallas County Criminal Court No. 10

Zip Code

Office held

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2:
<sup>2</sup> FILER NAME Monique J. Huff	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUT	IONS \$ 2,250.00
5 Date 6 Full name of contributor out-of-state PAC (ID#:	Check if travel outside of Texas. Complete Schedule Temployer (FOR NON-JUDICIAL) (See Instructions)  Contributor's job title (FOR JUDICIAL) (See Instructions)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	Law finn of contributor's spouse (if any) (FOR JUDICIAL)
Date  Full name of contributor out-of-state PAC (ID#:	Amount of Contribution \$   In-kind contribution description   Campaign Event
Principal occupation / Joh title (FOR NON WINDOW)	Check if travel outside of Texas. Complete Schedule T
Contributor's principal accuration (FOR HIPIOLAN)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's employer/law firm (EOD, ILIDIOLAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)  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 THIS SO	CHEDULE AS NEEDED de for additional reporting requirements.

### 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	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 (\$)
1 m Tani Maria	
6 Contributor address; City; State; Zip Code,	\$ 100 a
Lancadic Ti DC121	100
Carvally 1x 15154	
8 Contributor's principal occupation 9 Contributor's job title	
10. Contributor's employer/law firm	r's spouse (if any)
Law Office 12 long Martin	
12 If contributor is a child, law firm of parent(s) (if any)	
Date Fylf)name of contributor out;of-state PAC (ID#:)	Amount of contribution (\$)
Signal de las lastas	(4)
5/1/20 100 00 00 00 00 00 00 00	D100-00
Contributor address; City; State; Zip Code	
100 Mar Hels	
Contributor's job title	<del></del>
Contributor's employer/law firm Law firm of contributor	's spouse (if any)
1000 Office	
If contributor is a child, law firm of parent(s) (if any)	730
	्य हुई क
Date Full name of contributor ☐ out-of-state PAC ID#:)	Amount of contribution (\$)
1 12 Clark Fird Sall	
Contributor address; City; State: Zip Code	ST 120.00
Talks To 75222	1 25U
Contributor's principal Occupation Contributor's job title	
Contributor's principal occupation  Contributor's job title	
Contributor's employer/law firm  Law firm of contributor	's snouse (if any)
Jan min di sontingator	s spouse (ii ariy)
If contributor is a child, law firm of parent(s) (if any)	
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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### 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	3 Filer ID (Ethics Commission Filers)
Monique J. Huff	
4 Date 5 ,Ful name of contributor □ out-of-state PAC ID#:	7 Amount of contribution (\$)
5110 Coll Ave. Dalks Tx 752	- B b - 102
8 Contributor's principal occupation 9 Contributor's job	title
10 Contributor's employer law firm  11 Law firm of contri	ibutor'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#:	Amount of contribution (\$)
SIND DAVID GONZALZ  Contributor address; City; State; Zip Code  TO UNIVERSE TY 75	520,250.00
Contributor's principal occupation  Contributor's job	title
LOCKNEAD MAITH	butor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	- Constant
Date Full name of contributor	Amount of contribution (\$)
5 ND Contributor address; City; State: Zip Code	S 500
Contributor's principal occupation  Contributor's poble	2
KHOV NEU	ittle
Contributor's employer/law firm  Law firm of contributor is a child, law firm of parent(s) (if any)	butor's spouse (if any)
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#### 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	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	7 Amount of contribution (\$)  \$\mathcal{T}\$ 500 \( \pi \)
8 Contributor's principal occupation 9 Contributor's job	title
10 Contributor's employer/law firm	
11 Law firm of contri	butor'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#:	Amount of contribution (\$)
Contributor's principal occupation  Catalum Cara  City; State; Zip Code  Contributor's principal occupation  Contributor's job	§ 200.0
Kenred	
Contributor's employer/law firm Law firm of contrib	outor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	- 1 · · · · · · · · · · · · · · · · · ·
Date  Full name of contributor out-of-state PAC ID#:  Contributor address; City; State: Zip Code	Amount of contribution (\$)
4026 Lummon Ave Dallas, Tx 752	
Contributor's principal occupation  Contributor's job t	itle
Sut-implaced	outor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
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#### SCHEDULE A(J)1

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2 FILER NAME		3 Filer ID (Ethics Commiss	sion Filers)
Monique J. Huff			
4 Date 5 Folk name of contributor Qut-of-state PAC	ID#:)	7 Amount of contribution	(\$)
6 Contributor address; City;	State; Zip Code	\$100.2	
100 Kicher Dr. The	7 mm Tx 75097	1 " (00	
8 Contributor's principal occupation	9 Contributor's job title		
MATO NEW			
10 Contributor's employer haw 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 J out-of-state PAC I	ID#:)	Amount of contribution	(\$)
dolon Dawna King		tin00	
Contributor address; City;	State; Zip Code	350 D	
1811 1 BT FING Str 480 I	Dalves T. 750	CP ,0	
Contributor's principal occupation	Contributor's job title	<u> </u>	7 - 1 r
Homey			TA (1)
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)			9 1-45
in contributor is a criffic, law little of parent(s) (if any)			
Date Full name of contributor out-of-state PAC	D#:)	Amount of contribution	(\$)
alala HILXANNIA CINZAYO	1-40M7		
Contributor address; City;	State: Zip Code	B1000.00	
JYANA	To 75039	JUDO	
Contributor's principal occupation	Contributor's job title		
Contributor's employer aw firm	Law firm of contributor's	s spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
be a sime, leave min or parent(s) (if any)			
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#### SCHEDULE A(J)1

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The Instruction Guide explains how to complete the	his form.	1 Total pages Schedule A(J)1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Monique J. Huff		
5 Full perme of contributor Unit-of-state P  Contributor address; City;	State; Zip Code	7 Amount of contribution (\$)
8 Contributor's principal occupation	9 Contributor's job title	
Attiviners	o continuator o job allo	
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 <sub>t</sub> of-state P.	AC ID#:)	Amount of contribution (\$)
SMN Contributor address; City; City;	State; Zip Code	8/00:00
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)		
		रत है कि
Date Full name of contributor out-of-state P/	AC ID#:	Amount of contribution (\$)
5/1/2 ALISM ATTHU Contributor address; City; UT38 DID Jettles Way	State: Zip Code	A STOCK OF CONTINUES (4)
Contributor's principal occupation	Contributor's job title	ψ <u>-</u>
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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#### 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 for	orm.	1 Total pages Schedule	A(J)1:
2 FILER NAME		3 Filer ID (Ethics Comm	nission Filers)
Monique J. Huff			
5 Full name of contributor out-of-state PAC I	JUCK Bay Byr State; Zip Code Dallas TXTS	7 Amount of contribution	on (\$)
8 Contributor's principal occupation	9 Contributor's job title	20 1	
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 II	D#: )	Amount of contribution	on (\$)
5500 Maran FD, contributor address; city; PAN, RUNG St. Agilla;	State; Zip Code STAT5202	St 100:40	RECEIVE
Contributor's principal occupation	Contributor's job title		
Contributor's employer (law) firm	Law firm of contributor'	's spouse (if any)	13
If contributor is a child, law firm of parent(s) (if any)	<u> </u>		<u> </u>
			9.07
Date  Full name of contributor  Out-of-state PAC ID	D#:)	Amount of contribution	on (\$)
6512 Contributor address; City; 5729 Wornon Rd. F150	State: Zip Code	\$ 500.00	
Centributor's principal occupation	Contributor's job title		
If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor'	's spouse (if any)	
2			
ATTACH ADDITIONAL CODIES OF			

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#### 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	n. 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#:  6 Contributor address; City;	State; Zip Code  TT 75214  7 Amount of contribution (\$)
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#:  Contributor address;  Contributor address;	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)	
Full name of contributor out-of-state PAC ID#:_ Contributor address: City;	State: Zip Code
Contributor's principal occupation	Contributor's job title
If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's spouse (if any)
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#### 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 f	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  6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$)
8 Contributer's principal occupation	9 Contributor's job title	
Board	9 Contributor's Job title	
10 Contributar'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)		
Date  Full name of contributor  Contributor address;  City;  Contributor address;  City;	D#: State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation	Contributor's job title	
Contributor's employer/law firm	Law firm of contributor's	
If contributor is a child, law firm of parent(s) (if any)		
		η ( ο
Contributor's principal occupation  Contributor's employer/law firm	State: Zip Code  Contributor's job title  Law firm of contributor's	Amount of contribution (\$)  I / D · L L  Spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
n contributor is a crillo, law littli of parent(s) (if any)		

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#### SCHEDULE A(J)1

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	(2.1.100 Commission Filers)
4 Date 5 Full name of contributor Dout-of-state PAC	ID#:
6 Contributor address; City;	State; Zip Code \$\int \big(\text{DD}\) \forall \big(\text{DD}\)
8 Contributor's principal occupation	9 Contributor's job title
10 Contributor's employer/land 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	ID#:Amount of contribution (\$)
A WOMM City;	PAC 57 100.00 State; Zip Code
11 PU BOX 1213 M	veral well by toplex
Contributor's principal occupation	Contributor's job title
Contributor's employer/law finin	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	(n
Date Full name of contributor Out-of-state PAC II	D#:) Amount of contribution (\$)
41372 Contributor address; City;	State: Zip Code
3 28 22 0320 Boulder La Aug	Stin Tr 7872 Miles
Contributor's employer/law firm	Contributor's job title
If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's spouse (if any)
, an inition parent(s) (ii arry)	
ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruc	ction guide for additional reporting requirements

#### SCHEDULE A(J)1

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	(Limes commission Filers)
4 Date 5 Eull name of contributor out-of-state PAC ID#:	tate; Zip Code
KUND	Contributor's job title
10 Contributor's employer/law firm	aw firm of contributor's spouse (if any)
12 16	
12 If contributor is a child, law firm of parent(s) (if any)	
Contributor's principal occupation	Amount of contribution (\$)  ate; Zip Code  Contributor's job title
Lawyer	
MINORALAW FIRM PLU.	aw firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	7 12
Contributor's principal occupation  Contributor's principal occupation  Contributor's principal occupation  Contributor's principal occupation  Contributor's principal occupation	Amount of contribution (\$)  te: Zip Code  LAS 75247  Contributor's job title  aw firm of contributor's spouse (if any)
ATTACH ADDITIONAL COPIES OF THIS If contributor is out-of-state PAC, please see instruction o	SCHEDULE AS NEEDED

### 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 f	form.	1 Total pages Schedule A(J)1:	
2 FILER NAME		3 Filer ID (Ethics Commission F	ilers)
Monique J. Huff			,
4 Date 5 Full name of contributor out-of-state PAC  4 Date 5 Full name of contributor out-of-state PAC  6 Contributor address; City;  COT TONELL ST., DAILS	nn & Holans L State; Zip Code Ty 75217	7 Amount of contribution (\$) Dan Un. on 745 SI 500.00	
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 I  Contributor address;  City;	State; Zip Code	Amount of contribution (\$)	
Contributor's principal occupation	Contributor's job title		C
Contributor's employer/faw firm	Law firm of contributor	's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		73	
Date  Full name of contributor  Out-of-state PAC II  Contributor address;  City;	State: Zip Code	Amount of contribution (\$)  SQ 50 i 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)			
ATTAQUA PRITIQUES			

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

### SCHEDULE 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		
Date  5 Full name of contributor out-of-state PAC  DOUT OUT-OF-state PAC  Contributor address; City;	ID#:) State; Zip Code	7 Amount of contribution (\$)
2024 Commerce St. Dal	Las Tx75201	\$350.00
8 Contributor's principal occupation	9 Contributor's job title	
LAW OFFICE OF ROOM + Grag	11 Law firm of contributor's	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 II	ID#:)	Amount of contribution (\$)
Contributor address; City;	State; Zip Code	21,720,00
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)		
Date Full name of contributor out-of-state PAC	ID#:)	Amount of contribution (\$)
Contributor address; City;	State: Zip Code STL 75214	DO.00
Contributor; 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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The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME MANGHE THUFF		3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC  3 24 22  6 Contributor address; City;  5024 W. Tefferson Dalks	State; Zip Code	7 Amount of contribution (\$)
8 Contributor's principal occupation	9 Contributor's job title	
Attorney	9 Contributor's Job title	
10 Contributor's employer/law firm  W Office of Discrete PC  12 If contributor is a child, law firm of parent(s) (if any)	11 Law firm of contributor's	s spouse (if any)
in any)		
Date Full name of contributor out-of-state PAC_I	D#:	Amount of contribution (\$)
3/23/20 Alexandra Cazares - City; Truly	State; Zip Code	\$500-00
Contributor's principal occupation	Contributor's job title	100
AHORNEU		
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)		
Data		
Date  Full name of contributor  Out-of-state PAC III  Contributor address;  City;  Contributor's principal occupation	Dallas-Toda	Amount of contribution (\$) Hill \$\frac{3}{250}\$
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.		1 Total pages Schedule A(J)1:
2 FILER NAME MONGUL TP HU	f f	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Out-of-state PAC II Contributor address; City;	State; Zip Code	7 Amount of contribution (\$)  S O O - W
8 Contributor's principal occupation  Attornoon	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 I	D#:)	Amount of contribution (\$)
3/18/72 Contributor address; City;  Beckly Palas	State; Zip Code	100-00
Contributor's principal occupation  HHW NUV	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)		No.
Date  Full name of contributor  Contributor address;  City;	State: Zip Code	Amount of contribution (\$)
Contributor's principal occupation	Contributor's job title	ť '
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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2 FILER NAME MONGUL T HUFF	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC ID#:	7 Amount of contribution (\$)
3/14/22 6 Contributor address; Gity; State; Zip Code 2520 K AVE Paro Tx75074	SI/100.00
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	Amount of contribution (\$)
Contributor address; City; State; Zip Code	\$250.00
Contributor's principal occupation  Contributor's job title	
Contributor's employer taw 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 (\$)
3 50 Contributor address; City; State: Zip Code	#200.00
Contributor's principal occupation  Contributor's job title	
Contributor's employer/law firm  Law firm of contributor  Law firm of contributor	's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

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2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Monique J. Huff	
4 Date 5 Full name of contributor Quit-of-state PAC ID#: City; 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	or's spouse (if any)
12 If contributo is a child, law firm of parent(s) (if any)	
Date  Full-name of contributor Out-of-state PAC ID#:	Amount of contribution (\$)
3/10/11 Contributor address; City; State; Zip Code 752/14	St 100.00
Contributor's principal occupation Contributor's job title	
Contributor's employer(law firm  Law firm of contributor  Law firm of contributor  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 out-of-state PAC ID#:  Contributor address; City; State: Zip Code  Contributor address; TX 75000	Amount of contribution (\$)
Contributor's principal occupation Contributor's job title	
Contributor's employer/law firm  Law firm of contribute  Law firm of contribute  Law firm of contribute  Law firm of contribute  Law firm of contribute	or's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
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SCHEDULE A(J)1

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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 (\$)	
8 Contributor's principal occupation 9 Contributor's job title  10 Contributor's employer/law firm  11 Law firm of contributor	<u> </u>	
Deanta (want Law) " Law III of contributor	s spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)		
Date  Full name of contributor	Amount of contribution (\$)	
Contributor's principal occupation  Contributor's job title		
If contributor is a child, law firm of parent(s) (if any)	s spouse (if any)	
Date  Full name of contributor  Out-of-state PAC ID#:  Contributor address;  City;  State: Zip Code  Contributor's principal occupation  Contributor's job title	Amount of contribution (\$)	
Contributor's employed law firm  Law firm of contributor's lf contributor is a child, law firm of parent(s) (if any)	spouse (if any)	
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2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Monique J. Huff		
5 Full name of contributor out-of-state PAC  6 Contributor address; City;	State; Zip Code  State; Zip Code	
8 Contributor's principal occupation  10 Contributor's employer/law firm	9 Contributor's job title	
Klairaal	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 II  Contributor address;  City;	Amount of contribution (\$)  State; Zip Code	
Contributor's principal occupation	Contributor's job title	
Contributor's employed 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 III  Contributor address;  City;  Contributor's principal occupation	Amount of contribution (\$)  State: Zip Code 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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