JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH COVER SHEET PG 1 CAMPAIGN FINANCE REPORT 2 Total pages filed: 24 1 Filer ID (Ethics Commission Filers) The JC/OH Instruction Guide explains how to complete this form. MS / MRS / MR MI 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** MONIQUE MRS. NAME Date Received NICKNAME SUFFIX BRACEY-HUFF 4 CANDIDATE / ADDRESS / PO BOX APT / SUITE #: STATE: ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** P.O. BOX 38053, DALLAS, TX 75238 Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (972)896-7928 (.) PHONE MS / MRS / MR 6 CAMPAIGN STEPHANIE MRS. **TREASURER** Date Processed NAME NICKNAME LAST SUFFIX Date Imaged ALVARADO STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY STATE ZIP CODE 7 CAMPAIGN TREASURER P.O. BOX 940492, PLANO, TEXAS 75094-0492 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** 441-4658 PHONE (469) 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Day Year COVERED 30 01 THROUGH 06 2025 2025 ELECTION TYPE ELECTION DATE 11 ELECTION Runoff Month Description General Special 03 2026 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE 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 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR \$110.00 CONTRIBUTIONS MADE ELECTRONICALLY 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) S10,235.00 EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$215.00 4. TOTAL POLITICAL EXPENDITURES \$6,415.96 CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$7,106.07 OREPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL POLITICAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY \$7,106.07 OUTSTANDING LOAN TOTALS 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$7,106.07 OUTSTANDING LOAN TOTALS 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$7,106.07 OUTSTANDING LOAN TOTALS 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$7,106.07 OR EXPENDITURES SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all inform required to be reported by me under Title 15. Election Code. SIGNATURE Please complete either option below: The of officer administering of Canadist true and correct and includes all inform required to be reported by me under Title 15. Election Code. SIGNATURE The of officer administering of Canadist true and correct and includes all inform required to be reported by me under Title 15. Election Code. SIGNATURE ON TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$7,106.07 The contribution of the Canadist true and correct and includes all inform required to be reported by me under Title 15. Election Code. SIGNATURE ON TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$7,106.07 The contribution of the Canadist true and correct and includes all inform required to be reported by me under Title 15. Election Code. SIGNATURE OF CANADIST THE REPORT TO THE REPORT TO THE ACCOMPANY TO	5 JC/OH NAME	MONIQUE J HUFF	10	6 Filer ID (Ethics Commission Filers)
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 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. Please complete either option below: NOTARY STAMP/SEAL Sworn to and subscribed before me by NOTARY STAMP/SEAL Sworn to and subscribed before me by NOTARY STAMP/SEAL Sworn to and subscribed before me by NOTARY STAMP/SEAL Sworn to and subscribed before me by NOTARY STAMP/SEAL Sworn to and subscribed before me by NOTARY STAMP/SEAL Sworn to and subscribed before me by NOTARY STAMP/SEAL Sworn to and subscribed before me by NOTARY STAMP/SEAL Sworn to and subscribed before me by NOTARY STAMP/SEAL Sworn to and subscribed before me by NOTARY STAMP/SEAL Sworn to and subscribed before me by NOTARY STAMP/SEAL Sworn to and subscribed before me by NOTARY STAMP/SEAL Sworn to and subscribed before me by NOTARY STAMP/SEAL Sworn to and subscribed before me by NOTARY STAMP/SEAL Sworn to and subscribed before me by NOTARY STAMP/SEAL Sworn to and subscribed before me by It is the Sworn to and subscribed before administering earth Title of officer administering earth Syndadress is (city) (state) (zip code) (country)	17 CONTRIBUTION TOTALS	PLEDGES, LOANS, OR GUARANT	EES OF LOANS, OR	\$110.00
4. TOTAL POLITICAL EXPENDITURES \$215,00 4. TOTAL POLITICAL EXPENDITURES \$6,415.96 CONTRIBUTION BALANCE OF REPORTING PERIOD 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE PORTING PERIOD \$7,106.07 OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$0.00 18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all inform required to be reported by me under Title 15. Election Code. Please complete either option below: OUTSTANDING LOAN AS OF THE SOLUTION OF THE REPORTING PERIOD SIGNATURE Is wear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all inform required to be reported by me under Title 15. Election Code. Please complete either option below: OUTSTANDING LOAN AS OF THE LAST DAY OF THE				\$10,235.00
CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 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. Please complete either option below: NOTARY STAMP/SEAL Sworm to and subscribed before me by NOTARY STAMP/SEAL Sworm to and subscribed before me by Printed name of officer administering oath Printed name of officer administering oath Printed name of officer administering oath OR (city) (state) (zip code) (country)		3. TOTAL UNITEMIZED POLITICAL EX	XPENDITURE.	\$215.00
DUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE 1 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. Please complete either option below: 19 Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by NOTARY STAMP/SEAL Sworn to and subscribed before me by Printed name of officer administering oats (2) Unsworn Declaration My name is (street) (city) (state) (city) (state) (city) (state) (city) (state) (city) (state) (city) (city) (state) (city) (ci		4. TOTAL POLITICAL EXPENDITU	RES	\$6,415.96
AST DAY OF THE REPORTING PERIOD 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. Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by Code of Street State Code of Code of State Code of State Code of Code of State Code of Code of State Code of Code			IS MAINTAINED AS OF THE LAST	\$7,106.07
Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by Academic Supplets: July 6, 2029 NOTARY STAMP/SEAL Sworn to and subscribed before me by Academic Supplets: July 6, 2029 Printed name of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath My name is		[] [] [] [] [] [] [] [] [] []		*0.00
NOTARY STAMP/SEAL Sworn to and subscribed before me by And and seal of office. Signature of officer administering oath Printed name of officer administering oath My name is	(1) Affidavit	NOTARY PUBLIC		
NOTARY STAMP/SEAL Sworn to and subscribed before me by	(1) Affidavit	NOTARY PUBLIC MY COMMISSION # 131197818		
Sworn to and subscribed before me by	NOTARY STAMP/SEA	TEXAS .		
Signature of officer administering oath Printed name of officer administering oath OR (2) Unsworn Declaration My name is		11	1477	500
OR (2) Unsworn Declaration My name is, and my date of birth is, My address is, (city) (state) (zip code) (country)	20 <u>32</u> , to coquity	11 . 111	rilken Cond	y Criminal Court M
(2) Unsworn Declaration My name is, and my date of birth is My address is, (city) (state) (zip code) (country)	Signature of officer administra		0	Title of officer administering oath
My address is	(2) Unsworn Declarati			
(street) (city) (state) (zip code) (country)			, and my date of birth is _	
	My address is			· · · · · · · · · · · · · · · · · · ·
Executed in County, State of , on the day of , 20 (year)	Executed in	County, State of,	on the day of(month)	, 20

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	MONIQUE J. HUFF	20 Filer ID (Ethics Cor	mmission Filers)	
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$10,235.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	NS	\$ 750.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	AL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTR	\$		

SCHEDULE A(J)1

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

Т	he Instruction Guide explains how to complete this f	1 Total pages Schedule A(J)1:	
² FILER NAME MONIQUE J HUFF			3 Filer ID (Ethics Commission Filers)
4 Date 5/27/2025	5 Full name of contributor out-of-state PAC ID#: CAROL DONOVAN 6 Contributor address; City; State; Zip Code 6333 E MOCKINGBIRD LN., STE 147, DALLAS, TX 75214-2672		7 Amount of contribution (\$) \$100.00
8 Contributor's p	principal occupation	9 Contributor's job title	
10 Contributor's e	employer/law firm RABTREE DONOVAN PC	11 Law firm of contributor	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
5/29/2025	Full name of contributor out-of-state PAC ID#: OLEGARIO ESTRADA Contributor address; City; State; Zip Code 5224 W. JEFFERSON BLVD., DALLAS, TX 75211		Amount of contribution (\$) \$1,000.00
Contributor's p	principal occupation	Contributor's job title	
	employer/law firm te of Olegario Estrada, PC	Law firm of contributor	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date 6/2/2025	DANIELLE NEYLAND		Amount of contribution (\$) \$1,500.00
Contributor's principal occupation ACCOUNTING		Contributor's job title	
		Law firm of contributor GRECO NE	's spouse (if any) EYLAND, PC
If contributor is	s a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

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

	The second secon		
Т	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
² FILER NAME MONIQUE J HUFF			3 Filer ID (Ethics Commission Filers)
4 Date 6/10/2025	Full name of contributor Out-of-state PAC II CHARLIE HUMPHREY		7 Amount of contribution (\$) \$200.00
	6 Contributor address; City; 11300 N. CENTRAL EXPRESSWAY DALLAS, TEXAS 75243	State; Zip Code /, STE 430	Ψ200.00
8 Contributor's p	orincipal occupation	9 Contributor's job title	
10 Contributor's e HUMPHR	employer/law firm EYS & PETERSON LAW FIRM PLLC	11 Law firm of contributor	's spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC	D#:)	Amount of contribution (\$)
6/10/2025	OKEY ANYIAM		¢250.00
	P.O. BX 743201, DALLAS, TX	State; Zip Code 75374	\$250.00
ATTORNE	rincipal occupation	Contributor's job title	
	ICE OF OKEY ANYIAM	Law firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC	D#:)	Amount of contribution (\$)
	KRISI KASTL Contributor address; City; 4414 N. CENTRAL EXPRESSW		\$500.00
Contributor's p	SUITE 1000, DALLAS, TX 75204 Principal occupation RNEY	Contributor's job title	
Contributor's 6	employer/law firm _AW PC	Law firm of contributo	r's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

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

Т	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: 9
² FILER NAME MONIQUE J HUFF			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor uut-of-state PAC I	D#:)	7 Amount of contribution (\$)
6/11/2025	DOUGLAS HUFF		\$1,000.00
0,,,,,,,,,,,	6 Contributor address; City; 3300 OAK LAWN, STE 700, DA	State; Zip Code ALLAS, TX 75219	
·	principal occupation	9 Contributor's job title	
10 Contributor's e	employer/law firm DRA GRANT LAW	11 Law firm of contributor	's spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC	D#:)	Amount of contribution (\$)
	LAKISHA LEE		\$100.00
6/11/2025	Contributor address; City;	State; Zip Code	Ψ100.00
	3300 OAK LAWN AVE, DALLA	S, TX 75219	
Contributor's p	principal occupation	Contributor's job title	
ATTORNI			
COU	NTY	Law firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
	WARREN & JOSHUA ABRAN	/IS	
6/11/2025	Contributor address; City; 10300 N. CENTRAL EXPRESS	State: Zip Code	\$500.00
	STE. 283, DALLAS, TX 75231	,	
ATTORNE	principal occupation	Contributor's job title	
Contributor's employer/law firm		Law firm of contributor	's spouse (if any)
	ABRAMS PC		
If contributor is	s 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.

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 6/11/25	5 Full name of contributor out-of-state PAC ID#:		7 Amount of contribution (\$) \$\$75.00		
8 Contributor's p	principal occupation	9 Contributor's job title			
10 Contributor's e	employer/law firm FICES OF MARK T. LASSITER	11 Law firm of contributor's	s spouse (if any)		
12 If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor	D#:)	Amount of contribution (\$)		
6/11/2025	RANDEL CROSS		\$1,000.00		
Contributor address; City; State; Zip Code 3500 OAK LAWN AVE. UNIT 530, DALLAS, TX 75219					
Contributor's p	orincipal occupation NEY	Contributor's job title			
B. Build State Co. Bear	FICE OF RANDEL CROSS	Law firm of contributor's	s spouse (if any)		
The state of the s	s a child, law firm of parent(s) (if any)				
Date 0.444.000.5	Full name of contributor out-of-state PAC I	D#:)	Amount of contribution (\$)		
6/11/2025	BROOLIMITOR		\$500.00		
	Contributor address; City;	State: Zip Code			
2626 COLE AVE., SUITE 300, DALLAS, TX 75204					
Contributor's p	orincipal occupation	Contributor's job title			
Contributor's employer/law firm BRUCE PATTON ATTORNEY AT LAW		Law firm of contributor's	s spouse (if any)		
If contributor is	If contributor is a child, law firm of parent(s) (if any)				

SCHEDULE A(J)1

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

Т	he Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A(J)1: 9
2 FILER NAME	MONIQUE J HUFF		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor)#:)	7 Amount of contribution (\$)
6/3/2025	6 Contributor address; City; 13747 MONTFORT DR., STE 315, I	State; Zip Code DALLAS, TX 75240	\$100.00
8 Contributor's p	orincipal occupation	9 Contributor's job title	
10 Contributor's e	employer/law firm VINAL LAW	11 Law firm of contributor's	s spouse (if any)
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC_ID	0#:)	Amount of contribution (\$)
6/9/2025	JAY ZUCKERMAN Contributor address; City; City; DALLA	State; Zip Code AS, TX 75229	\$500.00
ATTORN	principal occupation	Contributor's job title	
	employer/law firm CKERMAN ATTORNEY AT LAW	Law firm of contributor's	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC_ID	#:)	Amount of contribution (\$)
6/12/2025	REED PROSPERE Contributor address; City; 811 PRESTON RD., STE. 500, [State: Zip Code DALLAS, TX 7522	\$150.00 25
Contributor's ATTORN	orincipal occupation	Contributor's job title	
Contributor's employer/law firm REED PROSPERE ATTORNEY AT LAW		Law firm of contributor's	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

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

Т	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: 9
² FILER NAME MONIQUE J HUFF		3 Filer ID (Ethics Commission Filers)	
4 Date 6/12/2025	5 Full name of contributor uut-of-state PAC I MARK SCOTT 6 Contributor address; City; 1717 MCKINNEY AVE., STE 700, DA	7 Amount of contribution (\$) \$500.00	
8 Contributor's p	orincipal occupation NEY	9 Contributor's job title	
10 Contributor's e	ott LAW GROUP PLLC	11 Law firm of contributor	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date 6/12/2025	Pull name of contributor out-of-state PAC ID#: NANCY OHAN Contributor address; City; State; Zip Code 6440 N. CENTRAL EXPY., STE 710, DALLAS, TX 7520		Amount of contribution (\$) \$250.00
Contributor's p	principal occupation	Contributor's job title	
	employer/law firm CE OF NANCY OHAN	Law firm of contributor	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC	D#:)	Amount of contribution (\$)
6/12/2025	Contributor address; City; 325 N PAUL ST., STE 2100, DA	State: Zip Code ALLAS, TX 75201	\$500.00
Contributor's p	rincipal occupation	Contributor's job title	
Contributor's employer/law firm WILLIAM D COX III LAW OFFICES Law firm of contributor's spouse (if any)			's spouse (if any)
If contributor is	s 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.

SCHEDULE A(J)1

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

The second secon			on the street of		
Т	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: 9		
2 FILER NAME	MONIQUE J HUFF		3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC ID#: JENNIFER CASTILLO 6 Contributor address; City; State; Zip Code 1547 WATERSIDE CT., DALLAS, TX 75218		7 Amount of contribution (\$) \$150.00			
8 Contributor's p	orincipal occupation	9 Contributor's job title			
10 Contributor's e	employer/law firm CE OF JENNIFER CASTILLO	11 Law firm of contributor'	s spouse (if any)		
12 If contributor is	s a child, law firm of parent(s) (if any)				
Date 6/12/2025	Full name of contributor out-of-state PAC REBECCA GREENAN Contributor address; City; PO BOX 471, HICO, TX 76457	State; Zip Code	Amount of contribution (\$) \$100.00		
CO-MAN	orincipal occupation AGER	Contributor's job title			
Contributor's e	employer/law firm	Law firm of contributor's	s spouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)				
Date 6/12/2025	Full name of contributor out-of-state PAC HANK JUDIN Contributor address; City; 6440 N. CENTRAL EXPY., STE 601	State: Zip Code	Amount of contribution (\$) \$100.00		
ATTORNI	principal occupation	Contributor's job title			
Contributor's employer/law firm JUDIN LAW		Law firm of contributor	s spouse (if any)		
If contributor is	If contributor is a child, law firm of parent(s) (if any)				

SCHEDULE A(J)1

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

Т	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME	MONIQUE J HUFF		3 Filer ID (Ethics Commission Filers)
4 Date 6/12/2025	MONIQUE WARD		7 Amount of contribution (\$) \$200.00
8 Contributor's p	rincipal occupation	9 Contributor's job title	
10 Contributor's e	CE OF MONIQUE WARD	11 Law firm of contributor's	s spouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)		
Date 6/12/2025	TONY MARTIN		Amount of contribution (\$) \$100.00
Contributor's p	rincipal occupation	Contributor's job title	
	mployer/law firm TIN & ASSOCIATES LAW OFFICE	Law firm of contributor's	s spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date 6/16/2025	Full name of contributor out-of-state PAC ALEXANDRIA CAZARES-PEF Contributor address; City; 3500 MAPLE AVE., STE. 550, [REZ State: Zip Code	Amount of contribution (\$) \$250.00
Contributor's p	rincipal occupation	Contributor's job title	
Contributor's employer/law firm ALEXANDRIA CAZARES-PEREZ PC		Law firm of contributor	s spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

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

ii the reque	isted information is not applicable, bo No	i ilicidde tilis page il	the report.
Т	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: 9
2 FILER NAME	MONIQUE J HUFF		3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC ID#: OSCAR REY RODRIGUEZ 6 Contributor address; City; State; Zip Code P.O. BOX 703244, DALLAS, TX 75370		7 Amount of contribution (\$) \$250.00	
8 Contributor's p	orincipal occupation	9 Contributor's job title TEXAS CIVIL A	APPELLATE SPECIALIST
10 Contributor's 6	employer/law firm ALD DEVIN MADDEN KENEFIC	11 Law firm of contributor' K HARRIS	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date 6/30/2025	CHARLES MADUKA		Amount of contribution (\$) \$250.00
Contributor's p	principal occupation	Contributor's job title	
	CE OF CHARLES U. MADUKA	Law firm of contributor	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC Contributor address; City;	D#:) State: Zip Code	Amount of contribution (\$)
Contributor's principal occupation Contributor's job		Contributor's job title	
Contributor's e	employer/law firm	Law firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS N	IEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

			•
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:
² FILER NAME MONIQUE J HUFF		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date 6/12/2025	6 Full name of contributor uut-of-state PAC (ID#	Zip Code	8 Amount of Contribution \$\frac{1}{9}\$ In-kind contribution description \$750.00 Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
ATTORN		13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
	employer/law firm (FOR JUDICIAL) ERTO DUENO ATTORNEY AT LAW	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor ut-of-state PAC (ID# Contributor address; City; State;	.,,,,,,,,,,,,,	Amount of - In-kind contribution Contribution \$ description
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDI	ILE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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		EXPENDITURE CATE	GORIES F	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B: Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Ex Salaries/W	pense lages/Contract Labor	Solicitation/Fundraisi Transportation Equipi Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
1 Total pages Schedule F1:	2 FILER N	NAME ONIQUE J. HUFF			3 Filer ID (Ethics	Commission Filers)
⁴ Date 6/11/2025	5 Payeen Dem	_{ame} ocracy Toolbox				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
\$1,400.00	РО В	ox 6250. McKinney	, Texa	s 75071		
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consul	ting Expense		Campaign N	Management	
	(c)	Check if travel outside of Texas. Complete So	chedule T.	Check if Aus	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name		Office sought	Judge, D	Office held allas CCC10
Date	Payee n	ame				
5/29/2025	GoD	addy.com, LLC	(Paid	through Pay	/Pal)	
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$44.34	billin	g@godaddy.com				
	Categor	y (See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Adve	rtising Expense		website		
		Check if travel outside of Texas. Complete So	chedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held las CCC10
Date	Payee n	ame				
6/18/2025	Elite	e News				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$500.00	315	5 S. Lancaster Rd.,	Ste 2	10, Dallas, T	X 75216	
	Categor	y (See Categories listed at the top of this se	chedule)	Description		
PURPOSE OF EXPENDITURE	Adve	rtising Expense		Print Ma	rketing	
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought	ludgo Do	Office held

MONIQUE J HUFF

Judge, Dallas CCC10

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

			1 3		
	EXPEND	DITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Expense Office Over Polling Expense Printing Expense	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME MONIQUE J HU	JFF		3 Filer ID (Ethics Commission Filers)	
4 Date 6/1/2025	5 Payee name Phenixx Marke	ting & Media			
6 Amount (\$)	7 Payee address;		City;	State; Zip Code	
\$1,475.00	1765 Prescott	Pl., Dallas, Texa	as 75234		
8	(a) Category (See Categories	isted at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Exp	ense	Design &	Print	
	(c) Check if travel outside	le of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officehold MONIQUE		Office sought	Judge, Dallas CCC10	
Date	Payee name				
6/30/2025	Ennis State B	ank/Trinity Capi	tal Bank of T	exas	
Amount (\$)	Payee address;		City;	State; Zip Code	
\$5.00	1301 N. RIVER	RFRONT BLVD.	, DALLAS, T	EXAS 75207	
	Category (See Categories lis	sted at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking Service		Service C	Charge	
	Check if travel outside of Texas. Complete Schedule T. Check if Aus		stin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officehold		Office sought	Judge, Dallas CCC10	
Date	Payee name				
6/18/2025	USPS POSTA	AL SERVICE			
Amount (\$)	Payee address;		City;	State; Zip Code	
\$58.40	2825 OAK LAV	VN AVE., DALLA	AS, TX 7521	9	
	Category (See Categories lis	sted at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	FEES		POSTAGE	Ξ	
	Check if travel outsid	e of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold		Office sought	Judge Dallas CCC10	
	11/11/11/11/11/11			THE REPORT OF THE PARTY OF THE	

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

Event Expense Fees Food/Beverage Expense Grit/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	² FILER NAME MONIQUE J HUFF		3 Filer ID (Ethi	cs Commission Filers)
⁴ Date 5/9/2025	USPS POSTAL SERVI	CE			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$117.00	10233 E. NW HWY., STE 333	, DALLAS, T	EXAS 752	38	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	PO Box Rer	ntal		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	ng expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name MONIQUE J HUFF	Office sought	Judge, [Office held Dallas CCC	10
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	ng expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name MONIQUE J HUFF	Office sought	Judge, Da	Office held allas CCC1	0
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	ng expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name MONIQUE J HUFF	Office sought	Judge, D	Office held allas CCC1	0
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

030	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
Judge, Dallas CCC10	Office sought	Candidate / Officeholder name	Complete ONLY if direct expenditure to benefit C/OH		
in, TX, officeholder living expense	Check if Austi	Check if travel outside of Texas. Complete Schedule T.	70000000		
1	Description Storage Uni	Category (See Categories listed at the top of this schedule) Offlice Overhead/Rental Expense	PURPOSE AO BAUTIQNEAXE		
State; Zip Code	City:	Payee address;	(\$) funomA 00.421\$ monthemerudmeA anoitudrinos lestiflod bebnefni		
	ΔN	Payee name ADANTAGE STORAGE - GARLA	Date Date		
Office held Judge, Dallas CCC10	Office sought	Candidate / Officeholder name	Complete ONLY if direct expenditure to benefit C/O		
in, TX, officeholder living expense	Check if Aust	Check if travel outside of Texas. Complete Schedule T.			
KICKOEE	CAMPAIGN P	Category (See Categories listed at the top of this schedule)	SOGAUG FO SAUTIGNEGXE		
76223 State; Zip Code	CIPS, TEXAS	2810 SAMUEL BLVD., SUITE A, DAI	Remonstration in the control of the		
5753 4.2	4:0	Payee address;	(\$) InnomA		
		BEVERAGE DEPOT 1001	6/11/2025		
Judge, Dallas CCC10	Office sought				
		Payee name MONIQUE J HUFF	Complete ONLY if direct expenditure to benefit C/OH		
in, TX, officeholder living expense		Candidate / Officeholder name	Complete ONLY if direct expenditure to benefit C/OH		
in, TX, officeholder living expense	CAMPAIGN (b) Description	FOOD/BEVERAGE EXPENSE Candidate / Officeholder name Candidate / Officeholder name Payee name	Reimbursement from political contributions infended infended 8 PURPOSE Complete ONLY if direct complete to benefit C/OH Sexpenditure to benefit C/OH		
in, TX, officeholder living expense	CPMPAIGN (b) Description	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name	PURPOSE EXPENDITURE 8 PURPOSE OF EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/OH		
Ottice held KICKOFF	CAMPAIGN (b) Description	7331 GASTON AVE., DALLAS, TEX (a) Category (See Categories listed at the top of this schedule) (c) Candidate \ Officeholder name Candidate \ Officeholder name	Reimbursement from political contributions intended intended PURPOSE BYPENDITURE Complete ONLY if direct expenditure to benefit C/OH		
Ottice held KICKOFF	CPWPPIGN I (b) Description City;	TOM THUMB #3570 7 Payee address; (a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE (c) Candidate / Officeholder name Candidate / Officeholder name Payee name	6/12/2025 Be Amount (\$) Reimbursement from political contributions intended intended Be PURPOSE Complete ONLY if direct expenditure to benefit C/OH		
Office held State; Zip Code	CPMPAIGN (b) Description CITY:	5 Payee name 7 Payee address; (a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE (c) Candidate / Officeholder name Candidate / Officeholder name Payee name	1 Total pages Schedule G. A Date 6/12/2025 Reimbursement from \$72.78 Reimbursement from \$72.78 PURPOSE ONLY if direct ONLY if direct ONLY if direct ONLY if direct on the control of t		
Office held State; Zip Code	Check if Austi- Check if Austi- Complete this form. City; City; City; City;	Fees Foodbleverage Expense Polling Expense Pol	Pate 6/12/2025 8 Amount (\$) Reimbursement from political contributions intended OF EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/OH		
Travel In District Travel Out Of District Travel Out Of District Other (enter a category not listed above) 3 Filler ID (Ethics Commission Fillers) State; Zip Code Office held Office held	Check if Austransement Check if Austransement Complete this form. Asges/Contract Labor City; AS 75214 City; AS 75214 City;	Peace Double Expense Sal Committee Candidate / Officeholder name Payee name Payee name (a) Category (See Categories listed at the top of this schedule) (b) Category (See Categories listed at the top of this schedule) (c) Category (See Categories listed at the top of this schedule) Payee address: (c) Check if tavel outside of Texas. Complete Schedule T. Candidate / Officeholder name Candidate / Officeholder name	Accounting/Banking Contuiting Expense Contributions/Donations Made B Condit Card Payment Credit Card Payment 1 Total pages Schedule G A Date 6 Amount (\$) 7 Reimbursement from political contributions intended 8 PURPOSE 8 PURPOSE Complete Oull' if direct Complete Oull' if direct expenditure to benefit C/OH Date		

SCHEDULE G

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office Ov Polling E Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraisi Transportation Equipi Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
1 Total pages Schedule G:	2 FILER NA	MONIQUE	J HU	IFF	3 Filer ID (Ethics	Commission Filers)
4 Date 5/1/2025	5 Payee nar	ntage storage -	GARLA	ND		
6 Amount (\$) \$124.00 Reimbursement from political contributions intended	7 Payee ad	BROADWAY BLVD.,	GARLA	City;	State;	Zip Code
8 PURPOSE	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description		
OF EXPENDITURE	Office C	Overhead/Rental Expe	ense	Storage Unit		
	(c)	Check if travel outside of Texas, Complete S	ichedule T.	Check if Austin,	TX, officeholder living e	xpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	MON	late / Officeholder name		Office sought	Judge, D	Office held allas CCC10
Date	Payee nar	ne				
4/1/2025	ADVAI	NTAGE STORAGE -	GARLA	ND		
Amount (\$) \$124.00 Reimbursement from political contributions intended	3471 E	BROADWAY BLVD.,	GARLA	City; ND, TX 75043	State;	Zip Code
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this Overhead/Rental Expe		Storage Un	it	
		Check if travel outside of Texas. Complete S	Schedule T.		TX, officeholder living e	
Complete ONLY if direct expenditure to benefit C/0		NIQUE J HUF	F	Office sought	Judge, Da	Office held
Date 3/1/2025	Payee nar	ANTAGE STORAGE	- GARL	AND		
Amount (\$) \$124.00 Reimbursement from political contributions intended	Payee ad	BROADWAY BLVD.,	GARL	City; AND, TX 75043	State;	Zip Code
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this Overhead/Rental Exp		Description Storage Unit		
		Check if travel outside of Texas, Complete S	chedule T.	Check if Austin,	TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	F	Office sought	Judge, Da	Office held allas CCC10

SCHEDULE G

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Office O Food/Beverage Expense Polling I By Gift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense Expense Expense Wages/Contract Labor complete this form.	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
1 Total pages Schedule G:	² FILER NAME MONIQUE J HU	JFF	3 Filer ID (Ethics	Commission Filers)
4 Date 2/1/2025	5 Payee name ADVANTAGE STORAGE - GARLA	AND		
6 Amount (\$) \$124.00 Reimbursement from political contributions intended	7 Payee address; 3471 BROADWAY BLVD., GARLA	City; ND, TX 75043	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 Unit		
	(C) Check if travel outside of Texas, Complete Schedule T.	Check if Austin.	TX, officeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/OH	MONIQUE J HUFF	Office sought	Judge, D	Office held allas CCC10
Date 1/2/2025	Payee name ADVANTAGE STORAGE - GARLA	AND		
Amount (\$) \$124.00 Reimbursement from political contributions intended	Payee address; 3471 BROADWAY BLVD., GARLA	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Storage Unit		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name MONIQUE J HUFF	Office sought	Judge, Dal	Office held las CCC10
Date 1/25/2025	Payee name CampaignPartners.com			
Amount (\$) \$4.95 Reimbursement from political contributions intended	Po Box 118, Still River, Massachus	city; setts 01467	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living e	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MONIQUE J HUFF	Office sought	Judge, Da	Office held allas CCC10
_	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED	

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 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

Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Expense Wages/Contract Labor complete this form.	Travel Out Of District Other (enter a category not li	isted above)
1 Total pages Schedule G:	² FILER NAME MONIQUE J HU	JFF	3 Filer ID (Ethics Comm	mission Filers)
4 Date 2/25/2025	5 Payee name CampaignPartners.com			
6 Amount (\$) \$4.95	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	PO Box 118, Still River, Massachus	etts 01467		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising Expense	website		
	(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	e held
expenditure to benefit C/OH	MONIQUE J HUFF		Judge, Dalla	s CCC10
Date	Payee name			
3/25/2025	CampaignPartners.com			
Amount (\$) \$4.95	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	PO Box 118, Still River, Massachus	setts 01467		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	Advertising Expense	website		
	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	e held
expenditure to benefit C/0	MONIQUE J HUFF		Judge, Dallas	CCC10
Date	Payee name			
4/25/2025	CampaignPartners.com			
Amount (\$) \$4.95	Payee address;	City;	State; Zip	Code
Reimbursement from political contributions intended	PO Box 118, Still River, Massachus	setts 01467		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	Advertising Expense	website		
	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		e held
expenditure to benefit C/OH	MONIQUE J HUFF		Judge, Dallas	s CCC10
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	ED	

SCHEDULE G

	EXPENDITURE CATEGOR	IES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Fees Offin Food/Beverage Expense Poll PBy Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense titing Expense aries/Wages/Contract Labor w to complete this form.	Solicitation/Fundraising E. Transportation Equipment Travel In District Travel Out Of District Other (enter a category no	& Related Expense
1 Total pages Schedule G:	² FILER NAME MONIQUE J H	lUFF	3 Filer ID (Ethics Co.	mmission Filers)
4 Date 5/18/2025	5 Payee name CampaignPartners.com		1	
6 Amount (\$) \$5.61 Reimbursement from political contributions intended	7 Payee address; PO Box 118, Still River, Massach	City;	State;	Zip Code
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule Advertising Expense	(b) Description website		
EXPENDITURE			TV -# bold living success	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	off Judge, Dall	ice held
Date 5/25/2025	Payee name CampaignPartners.com			
Amount (\$) \$29.00 Reimbursement from political contributions intended	Payee address; PO Box 118, Still River, Massac	husetts 01467	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul Advertising Expense	Description website		
	Check if travel outside of Texas. Complete Schedule		n, TX, officeholder living exper	
Complete ONLY if direct expenditure to benefit C/	OH MONIQUE J HUFF	Office sought	Judge, Dalla	s CCC10
Date 6/25/2025	Payee name CampaignPartners.com			
Amount (\$) \$29.00 Reimbursement from political contributions intended	Payee address: PO Box 118, Still River, Massach	City:	State; Z	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Advertising Expense	Description website		
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expen	- COLV
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name MONIQUE J HUFF	Office sought	Judge, Dalla	as CCC10

SCHEDULE G

	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Office O Food/Beverage Expense Polling E Printing	Expense Wages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1 Total pages Schedule G:	² FILER NAME MONIQUE J HU	JFF	3 Filer ID (Ethics C	Commission Filers)
4 Date 3/29/2025	5 Payee name Democracy Toolbox			
6 Amount (\$) \$300.00 Reimbursement from political contributions intended	PO Box 6250, McKinney Texas 75	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description April Justice	Tour	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MONIQUE J HUFF	Office sought		office held
Date 2/20/2025	Payee name Democracy Toolbox			
Amount (\$) \$375.00 Reimbursement from political contributions intended	Payee address; PO Box 6250, McKinney Texas 7	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Big Blue Bl	BQ Sponsor	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH MONIQUE J HUFF	Office sought	Judge, Dalla	as CCC10
Date 1/15/2025	Payee name Democracy Toolbox			
Amount (\$) \$500.00 Reimbursement from political contributions intended	Payee address, PO Box 6250, McKinney Texas 75	City; 5071	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign	Management	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name MONIQUE J HUFF	Office sought		las CCC10
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	DED	

SCHEDULE G

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	² FILER NAME MONIQUE J	HUFF	3 Filer ID (Ethics Commission Filers)
4 Date 6/26/2025	5 Payee name The 23rd Senatorial District	Tejano Democrats	
\$20.00 Reimbursement from political contributions intended	7 Payee address; P.O. Box 226534, Dallas, Tex	City; as 75222-6534	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch	Membership	p Renewal
9	(c) Check if travel outside of Texas. Complete Sche Candidate / Officeholder name	Office sought	tin, TX, officeholder living expense Office held
Complete ONLY if direct expenditure to benefit C/OH	MONIQUE J HUFF		Judge, Dallas CCC10
Date 6/1/2025	Payee name Phenixx Marketing & Media		
Amount (\$) \$353.46 Reimbursement from political contributions intended	Payee address; 1765 Prescott PI, Dallas, Texa	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Advertising Expense		Design & Print
	Check if travel outside of Texas. Complete Sche	edule T. Check if Aus	itin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name MONIQUE J HUFF	Office sought	Judge, Dallas CCC10
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch		TV offenbalds Edin
	Check if travel outside of Texas. Complete Sche	Office sought	tin, TX, officeholder living expense Office held
Complete ONLY if direct expenditure to benefit C/OH	MONIQUE J HUFF		Judge, Dallas CCC10
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFIC	E USE ONLY
Date Received	
Date Hand-deliv	ered or Date Postmarked
Receipt #	Amount \$
Date Processed	
Date Imaged	

Filer name	MONIQ	UE J	HUFF

1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.

Filer ID #

- 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 \$33,910 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 <u>JAN. JUNE 2025</u> eport due on <u>JULY 15, 2025</u>. 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	CARLA GILKEY NOTARY PUBLIC MY COMMISSION # 13115 EXAS		Yans		457	
NOTARY STAMP/SEAR	Mai	re Huf	thi	Signature s the	day of(Tilly.
Signature of officer administer	which, witness my hand and seal of o	ame of officer administe	koy ring bath	Coun	Tipe of officer	administering oath
		OR				
(2) Unsworn Declaratio	n					
My name is	, and my date of birth is					
My address is	(street)		(city)	(state)	(zip code)	(country)
Executed in	County, State of	, on the	day of	(month)	, 20 (year)	
			Signature of Filer (Declarant)			

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