

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form. **1** Filer ID (Ethics Commission Filers) **2** Total pages filed: **24**

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR FIRST MI
MRS. MONIQUE J
NICKNAME LAST SUFFIX
BRACEY-HUFF HUFF

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
P.O. BOX 38053, DALLAS, TX 75238
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE PHONE NUMBER EXTENSION
(972) 896-7928

6 CAMPAIGN TREASURER NAME
MS / MRS / MR FIRST MI
MRS. STEPHANIE
NICKNAME LAST SUFFIX
ALVARADO

7 CAMPAIGN TREASURER ADDRESS
STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
P.O. BOX 940492, PLANO, TEXAS 75094-0492
(Residence or Business)

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(469) 441-4658

9 REPORT TYPE
 January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED
Month Day Year Month Day Year
01 / 01 / 2025 THROUGH 06 / 30 / 2025

11 ELECTION
ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
03 / 03 / 2026 General Special

12 OFFICE OFFICE HELD (if any) **13** OFFICE SOUGHT (if known)
Judge, Dallas County Criminal Court No. 10

14 NOTICE FROM POLITICAL COMMITTEE(S)
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.
 Additional Pages
COMMITTEE TYPE COMMITTEE NAME
 GENERAL COMMITTEE ADDRESS
 SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received
JUL 15 2025
JUL 15 3 30 PM '25
JUL 15 2025
JUL 15 2025

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

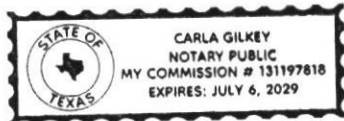
15 JC/OH NAME MONIQUE J HUFF		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$110.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$10,235.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$215.00
	4. TOTAL POLITICAL EXPENDITURES	\$6,415.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING 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 information required to be reported by me under Title 15, Election Code.

Monique J Huff
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Monique Huff this the 15th day of July, 2025, to certify which, witness my hand and seal of office.

Carla Gilkey Signature of officer administering oath
Carla Gilkey Printed name of officer administering oath
County Criminal Court Mgr. Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

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

19 FILER NAME MONIQUE J. HUFF		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$10,235.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 750.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$3,599.74
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$2,601.22
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 9
2 FILER NAME MONIQUE J HUFF		3 Filer ID (Ethics Commission Filers)
4 Date 5/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ CAROL DONOVAN	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 6333 E MOCKINGBIRD LN., STE 147, DALLAS, TX 75214-2672		
8 Contributor's principal occupation ATTORNEY		9 Contributor's job title
10 Contributor's employer/law firm CAROL CRABTREE DONOVAN PC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 5/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ OLEGARIO ESTRADA	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 5224 W. JEFFERSON BLVD., DALLAS, TX 75211		
Contributor's principal occupation ATTORNEY		Contributor's job title
Contributor's employer/law firm Law Office of Olegario Estrada, PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 6/2/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ DANIELLE NEYLAND	Amount of contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code 702 WELCH ST., HOUSTON, TX 77006		
Contributor's principal occupation ACCOUNTING		Contributor's job title
Contributor's employer/law firm GRECO NEYLAND, PC		Law firm of contributor's spouse (if any) GRECO NEYLAND, PC
If contributor is a child, law firm of parent(s) (if any)		

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 9
2 FILER NAME MONIQUE J HUFF		3 Filer ID (Ethics Commission Filers)
4 Date 6/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ CHARLIE HUMPHREY	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 11300 N. CENTRAL EXPRESSWAY, STE 430 DALLAS, TEXAS 75243		
8 Contributor's principal occupation ATTORNEY		9 Contributor's job title
10 Contributor's employer/law firm HUMPHREYS & PETERSON LAW FIRM PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 6/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ OKEY ANYIAM	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code P.O. BX 743201, DALLAS, TX 75374		
Contributor's principal occupation ATTORNEY		Contributor's job title
Contributor's employer/law firm LAW OFFICE OF OKEY ANYIAM		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 6/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ KRISI KASTL	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 4414 N. CENTRAL EXPRESSWAY, SUITE 1000, DALLAS, TX 75204		
Contributor's principal occupation ATTORNEY		Contributor's job title
Contributor's employer/law firm KASTL LAW PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 9
2 FILER NAME MONIQUE J HUFF		3 Filer ID (Ethics Commission Filers)
4 Date 6/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ DOUGLAS HUFF	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 3300 OAK LAWN, STE 700, DALLAS, TX 75219		
8 Contributor's principal occupation ATTORNEY		9 Contributor's job title
10 Contributor's employer/law firm DEANDRA GRANT LAW		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 6/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ LAKISHA LEE	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3300 OAK LAWN AVE, DALLAS, TX 75219		
Contributor's principal occupation ATTORNEY		Contributor's job title
Contributor's employer/law firm COUNTY		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 6/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ WARREN & JOSHUA ABRAMS	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 10300 N. CENTRAL EXPRESSWAY, STE. 283, DALLAS, TX 75231		
Contributor's principal occupation ATTORNEY		Contributor's job title
Contributor's employer/law firm WARREN ABRAMS PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 9
2 FILER NAME MONIQUE J HUFF		3 Filer ID (Ethics Commission Filers)
4 Date 6/11/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ MARK LASSITER	7 Amount of contribution (\$) \$75.00
6 Contributor address; City; State; Zip Code 3300 OAK LAWN, STE 700, DALLAS, TX 75219		
8 Contributor's principal occupation ATTORNEY		9 Contributor's job title
10 Contributor's employer/law firm LAW OFFICES OF MARK T. LASSITER		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 6/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ RANDEL CROSS	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 3500 OAK LAWN AVE. UNIT 530, DALLAS, TX 75219		
Contributor's principal occupation ATTORNEY		Contributor's job title
Contributor's employer/law firm LAW OFFICE OF RANDEL CROSS		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 6/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ BRUCE PATTON	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 2626 COLE AVE., SUITE 300, DALLAS, TX 75204		
Contributor's principal occupation ATTORNEY		Contributor's job title
Contributor's employer/law firm BRUCE PATTON ATTORNEY AT LAW		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 9
2 FILER NAME MONIQUE J HUFF		3 Filer ID (Ethics Commission Filers)
4 Date 6/3/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ KENDALL CASTELLO	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 13747 MONTFORT DR., STE 315, DALLAS, TX 75240		
8 Contributor's principal occupation ATTORNEY		9 Contributor's job title
10 Contributor's employer/law firm MC CRIMINAL LAW		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 6/9/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ JAY ZUCKERMAN	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 3507 AINSWORTH DR., DALLAS, TX 75229		
Contributor's principal occupation ATTORNEY		Contributor's job title
Contributor's employer/law firm JAY D. ZUCKERMAN ATTORNEY AT LAW		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 6/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ REED PROSPERE	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 811 PRESTON RD., STE. 500, DALLAS, TX 75225		
Contributor's principal occupation ATTORNEY		Contributor's job title
Contributor's employer/law firm REED PROSPERE ATTORNEY AT LAW		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 9
2 FILER NAME MONIQUE J HUFF		3 Filer ID (Ethics Commission Filers)
4 Date 6/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ MARK SCOTT	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 1717 MCKINNEY AVE., STE 700, DALLAS, TX 75202		
8 Contributor's principal occupation ATTORNEY		9 Contributor's job title
10 Contributor's employer/law firm MARK SCOTT LAW GROUP PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 6/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ NANCY OHAN	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 6440 N. CENTRAL EXPY., STE 710, DALLAS, TX 75206		
Contributor's principal occupation ATTORNEY		Contributor's job title
Contributor's employer/law firm LAW OFFICE OF NANCY OHAN		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 6/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ BILL COX	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 325 N PAUL ST., STE 2100, DALLAS, TX 75201		
Contributor's principal occupation ATTORNEY		Contributor's job title
Contributor's employer/law firm WILLIAM D COX III LAW OFFICES		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 9
2 FILER NAME MONIQUE J HUFF		3 Filer ID (Ethics Commission Filers)
4 Date 6/12/2025	5 Full name of contributor <input type="checkbox"/> 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 principal occupation ATTORNEY		9 Contributor's job title
10 Contributor's employer/law firm LAW OFFICE OF JENNIFER CASTILLO		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 6/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ REBECCA GREENAN Contributor address; City; State; Zip Code PO BOX 471, HICO, TX 76457	Amount of contribution (\$) \$100.00
Contributor's principal occupation CO-MANAGER		Contributor's job title
Contributor's employer/law firm GREENAN LLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 6/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ HANK JUDIN Contributor address; City; State; Zip Code 6440 N. CENTRAL EXPY., STE 601, DALLAS, TX 75206	Amount of contribution (\$) \$100.00
Contributor's principal occupation ATTORNEY		Contributor's job title
Contributor's employer/law firm JUDIN LAW		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 9
2 FILER NAME MONIQUE J HUFF		3 Filer ID (Ethics Commission Filers)
4 Date 6/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ MONIQUE WARD 6 Contributor address; City; State; Zip Code 445 E. FM 1382, STE 3, #3642, CEDAR HILL, TX 75104	7 Amount of contribution (\$) \$200.00
8 Contributor's principal occupation ATTORNEY		9 Contributor's job title
10 Contributor's employer/law firm LAW OFFICE OF MONIQUE WARD		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 6/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ TONY MARTIN Contributor address; City; State; Zip Code 125 CENTRE ST., DALLAS, TEXAS 75208	Amount of contribution (\$) \$100.00
Contributor's principal occupation ATTORNEY		Contributor's job title
Contributor's employer/law firm TONY MARTIN & ASSOCIATES LAW OFFICE		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 6/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ ALEXANDRIA CAZARES-PEREZ Contributor address; City; State; Zip Code 3500 MAPLE AVE., STE. 550, DALLAS, TX 75219	Amount of contribution (\$) \$250.00
Contributor's principal occupation ATTORNEY		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)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 9
2 FILER NAME MONIQUE J HUFF		3 Filer ID (Ethics Commission Filers)
4 Date 6/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ OSCAR REY RODRIGUEZ	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code P.O. BOX 703244, DALLAS, TX 75370		
8 Contributor's principal occupation ATTORNEY		9 Contributor's job title TEXAS CIVIL APPELLATE SPECIALIST
10 Contributor's employer/law firm MACDONALD DEVIN MADDEN KENEFICK HARRIS		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 6/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ CHARLES MADUKA	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2201 MAIN ST., STE 800, DALLAS TEXAS 75201		
Contributor's principal occupation ATTORNEY		Contributor's job title
Contributor's employer/law firm LAW OFFICE OF CHARLES U. MADUKA		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1
2 FILER NAME MONIQUE J HUFF		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 6/12/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROBERTO DUENO	8 Amount of Contribution \$ \$750.00
7 Contributor address; City; State; Zip Code 1547 WATERSIDE CT., DALLAS, TX 75218		9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL) ATTORNEY		13 Contributor's job title (FOR JUDICIAL) (See Instructions) ATTORNEY
14 Contributor's employer/law firm (FOR JUDICIAL) SELF-ROBERTO DUENO ATTORNEY AT LAW		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**POLITICAL EXPENDITURES MADE FROM
POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | 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 Schedule F1: 3	2 FILER NAME MONIQUE J. HUFF	3 Filer ID (Ethics Commission Filers)
4 Date 6/11/2025	5 Payee name Democracy Toolbox	
6 Amount (\$) \$1,400.00	7 Payee address; City; State; Zip Code PO Box 6250. McKinney, Texas 75071	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Campaign Management
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MONIQUE J HUFF	Office sought Office held Judge, Dallas CCC10
Date 5/29/2025	Payee name GoDaddy.com, LLC (Paid through PayPal)	
Amount (\$) \$44.34	Payee address; City; State; Zip Code billing@godaddy.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description website
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MONIQUE J HUFF	Office sought Office held Judge, Dallas CCC10
Date 6/18/2025	Payee name Elite News	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 3155 S. Lancaster Rd., Ste 210, Dallas, TX 75216	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Print Marketing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MONIQUE J HUFF	Office sought Office held Judge, Dallas CCC10

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	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 Schedule F1: 3	2 FILER NAME MONIQUE J HUFF	3 Filer ID (Ethics Commission Filers)
4 Date 6/1/2025	5 Payee name Phenixx Marketing & Media	
6 Amount (\$) \$1,475.00	7 Payee address; City; State; Zip Code 1765 Prescott Pl., Dallas, Texas 75234	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Design & Print
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MONIQUE J HUFF	Office sought Office held Judge, Dallas CCC10
Date 6/30/2025	Payee name Ennis State Bank/Trinity Capital Bank of Texas	
Amount (\$) \$5.00	Payee address; City; State; Zip Code 1301 N. RIVERFRONT BLVD., DALLAS, TEXAS 75207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Service Charge
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MONIQUE J HUFF	Office sought Office held Judge, Dallas CCC10
Date 6/18/2025	Payee name USPS POSTAL SERVICE	
Amount (\$) \$58.40	Payee address; City; State; Zip Code 2825 OAK LAWN AVE., DALLAS, TX 75219	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description POSTAGE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MONIQUE J HUFF	Office sought Office held Judge, Dallas CCC10

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	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 Schedule F1: 3	2 FILER NAME MONIQUE J HUFF	3 Filer ID (Ethics Commission Filers)
4 Date 5/9/2025	5 Payee name USPS POSTAL SERVICE	
6 Amount (\$) \$117.00	7 Payee address; City; State; Zip Code 10233 E. NW HWY., STE 333, DALLAS, TEXAS 75238	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description PO Box Rental
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MONIQUE J HUFF	Office sought Office held Judge, Dallas CCC10
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MONIQUE J HUFF	Office sought Office held Judge, Dallas CCC10
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MONIQUE J HUFF	Office sought Office held Judge, Dallas CCC10

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Banking Consulting Expense
- Contributions/Donations Made By Candidate/Officer/Officer/Political Committee
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Awards/Memorials Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Solicitation/Fundraising Expense
- Transportation Equipment & Related Expense
- Travel In District
- Travel Out Of District
- Other (enter a category not listed above)
- Credit Card Payment

The Instruction Guide explains how to complete this form.

1	Total pages Schedule G	7
2	FILER NAME	MONIQUE J HUFF
3	Filer ID (Ethics Commission Filers)	
4	Date	6/12/2025
5	Payee name	TOM THUMB #3570
6	Amount (\$)	\$72.78
7	Payee address:	7331 GASTON AVE., DALLAS, TEXAS 75214
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE (b) Description CAMPAIGN KICKOFF
9	Complete ONLY if direct expenditure to benefit C/OH	<input type="checkbox"/>

6/11/2025	Date
BEVERAGE DEPOT 1001	Payee name
Amount (\$)	\$152.57
<input checked="" type="checkbox"/>	Reimbursement from political contributions intended
2810 SAMUEL BLVD., SUITE A, DALLAS, TEXAS 75223	Payee address:
City:	State:
Zip Code	
PURPOSE OF EXPENDITURE	FOOD/BEVERAGE EXPENSE
Complete ONLY if direct expenditure to benefit C/OH	<input type="checkbox"/>
MONIQUE J HUFF	Candidate / Officer name
Judge, Dallas CCC10	Office held

6/2/2025	Date
ADVANTAGE STORAGE - GARLAND	Payee name
Amount (\$)	\$124.00
<input type="checkbox"/>	Reimbursement from political contributions intended
3471 BROADWAY BLVD., GARLAND, TX 75043	Payee address:
City:	State:
Zip Code	
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense
Complete ONLY if direct expenditure to benefit C/OH	<input type="checkbox"/>
MONIQUE J HUFF	Candidate / Officer name
Judge, Dallas CCC10	Office held

6/2/2025	Date
ADVANTAGE STORAGE - GARLAND	Payee name
Amount (\$)	\$124.00
<input type="checkbox"/>	Reimbursement from political contributions intended
3471 BROADWAY BLVD., GARLAND, TX 75043	Payee address:
City:	State:
Zip Code	
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense
Complete ONLY if direct expenditure to benefit C/OH	<input type="checkbox"/>
MONIQUE J HUFF	Candidate / Officer name
Judge, Dallas CCC10	Office held

6/2/2025	Date
ADVANTAGE STORAGE - GARLAND	Payee name
Amount (\$)	\$124.00
<input type="checkbox"/>	Reimbursement from political contributions intended
3471 BROADWAY BLVD., GARLAND, TX 75043	Payee address:
City:	State:
Zip Code	
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense
Complete ONLY if direct expenditure to benefit C/OH	<input type="checkbox"/>
MONIQUE J HUFF	Candidate / Officer name
Judge, Dallas CCC10	Office held

6/2/2025	Date
ADVANTAGE STORAGE - GARLAND	Payee name
Amount (\$)	\$124.00
<input type="checkbox"/>	Reimbursement from political contributions intended
3471 BROADWAY BLVD., GARLAND, TX 75043	Payee address:
City:	State:
Zip Code	
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense
Complete ONLY if direct expenditure to benefit C/OH	<input type="checkbox"/>
MONIQUE J HUFF	Candidate / Officer name
Judge, Dallas CCC10	Office held

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