

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		OFFICE USE ONLY <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Date Received BY 2025 JUL 15 PM 3:30 JUDGE DALLAS COUNTY CLERK OF COURT CLERK OF COURT CLERK OF COURT </div> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Date Hand-delivered or Date Postmarked 30 </div> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Receipt # Amount \$ </div> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Date Processed </div> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Date Imaged </div>								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE P.O. BOX 38053, DALLAS, TX 75238										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 896-7928										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MRS. STEPHANIE NICKNAME LAST SUFFIX ALVARADO										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE P.O. BOX 940492, PLANO, TEXAS 75094-0492										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 441-4658										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 03 / 03 / 2026 <input type="checkbox"/> General <input type="checkbox"/> Special										
12 OFFICE	OFFICE HELD (if any) OFFICE SOUGHT (if known) Judge, Dallas County Criminal Court No. 10										
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

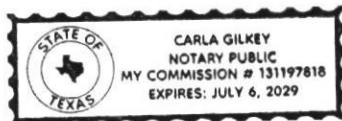
15 JC/OH NAME MONIQUE J HUFF		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$110.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES 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.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

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 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 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 Contributor address; City; State; Zip Code 5224 W. JEFFERSON BLVD., DALLAS, TX 75211	Amount of contribution (\$) \$1,000.00
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 Contributor address; City; State; Zip Code 702 WELCH ST., HOUSTON, TX 77006	Amount of contribution (\$) \$1,500.00
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)		
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 6/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: DOUGLAS HUFF 6 Contributor address; City; State; Zip Code 3300 OAK LAWN, STE 700, DALLAS, TX 75219	7 Amount of contribution (\$) \$1,000.00
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 Contributor address; City; State; Zip Code 3300 OAK LAWN AVE, DALLAS, TX 75219	Amount of contribution (\$) \$100.00
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 Contributor address; City; State; Zip Code 10300 N. CENTRAL EXPRESSWAY, STE. 283, DALLAS, TX 75231	Amount of contribution (\$) \$500.00
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**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 6/11/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: MARK LASSITER 6 Contributor address; City; State; Zip Code 3300 OAK LAWN, STE 700, DALLAS, TX 75219	7 Amount of contribution (\$) \$75.00
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 Contributor address; City; State; Zip Code 3500 OAK LAWN AVE. UNIT 530, DALLAS, TX 75219	Amount of contribution (\$) \$1,000.00
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 Contributor address; City; State; Zip Code 2626 COLE AVE., SUITE 300, DALLAS, TX 75204	Amount of contribution (\$) \$500.00
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)		
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 6/3/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ KENDALL CASTELLO 6 Contributor address; City; State; Zip Code 13747 MONTFORT DR., STE 315, DALLAS, TX 75240	7 Amount of contribution (\$) \$100.00
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 Contributor address; City; State; Zip Code 3507 AINSWORTH DR., DALLAS, TX 75229	Amount of contribution (\$) \$500.00
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 Contributor address; City; State; Zip Code 811 PRESTON RD., STE. 500, DALLAS, TX 75225	Amount of contribution (\$) \$150.00
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)		
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#: _____ MARK SCOTT 6 Contributor address; City; State; Zip Code 1717 MCKINNEY AVE., STE 700, DALLAS, TX 75202	7 Amount of contribution (\$) \$500.00
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 Contributor address; City; State; Zip Code 6440 N. CENTRAL EXPY., STE 710, DALLAS, TX 75206	Amount of contribution (\$) \$250.00
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 Contributor address; City; State; Zip Code 325 N PAUL ST., STE 2100, DALLAS, TX 75201	Amount of contribution (\$) \$500.00
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 6 Contributor address; City; State; Zip Code P.O. BOX 703244, DALLAS, TX 75370	7 Amount of contribution (\$) \$250.00
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 Contributor address; City; State; Zip Code 2201 MAIN ST., STE 800, DALLAS TEXAS 75201	Amount of contribution (\$) \$250.00
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#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE A2

The Instruction Guide explains how to complete this form.

3 Filer ID (Ethics Commission Filers)

\$

☐ Check if travel outside of Texas. Complete Schedule T.

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

☐ Check if travel outside of Texas. Complete Schedule T.

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Revised 1/1/2025

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule 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	
8 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE FROM
POLITICAL CONTRIBUTIONS****SCHEDULE F1**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 8(a)**Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card PaymentEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/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: 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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule 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 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 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 Judge, Dallas CCC10

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officer/Officer/Political Committee
Gift/Awards/Memorials Expense
Food/Beverage Expense
Fees
Event 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 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
(a) Category (See Categories listed at the top of this schedule)
(b) Description: CAMPAIGN KICKOFF

8 PURPOSE OF EXPENDITURE
(c) Check if travel outside of Texas. Complete Schedule T.
Office sought
Office held

9 Complete ONLY if direct expenditure to benefit C/OH
MONIQUE J HUFF
Judge, Dallas CCC10

Date: 6/11/2025
Payee name: BEVERAGE DEPOT 1001

Amount (\$): \$152.57
Reimbursement from political contributions intended
2810 SAMUEL BLVD., SUITE A, DALLAS, TEXAS 75223
City: State: Zip Code

PURPOSE OF EXPENDITURE
FOOD/BEVERAGE EXPENSE
CAMPAIGN KICKOFF
Description

Complete ONLY if direct expenditure to benefit C/OH
MONIQUE J HUFF
Judge, Dallas CCC10

Date: 6/2/2025
Payee name: ADVANTAGE STORAGE - GARLAND

Amount (\$): \$124.00
Reimbursement from political contributions intended
3471 BROADWAY BLVD., GARLAND, TX 75043
City: State: Zip Code

PURPOSE OF EXPENDITURE
Office Overhead/Rental Expense
Storage Unit
Category (See Categories listed at the top of this schedule)
Description

Complete ONLY if direct expenditure to benefit C/OH
MONIQUE J HUFF
Judge, Dallas CCC10

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 7	2 FILER NAME MONIQUE J HUFF	3 Filer ID (Ethics Commission Filers)
4 Date 5/1/2025	5 Payee name ADVANTAGE STORAGE - GARLAND	
6 Amount (\$) \$124.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3471 BROADWAY BLVD., GARLAND, TX 75043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Storage Unit
	(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 Judge, Dallas CCC10
Date 4/1/2025	Payee name ADVANTAGE STORAGE - GARLAND	
Amount (\$) \$124.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3471 BROADWAY BLVD., GARLAND, TX 75043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Storage Unit
	<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 held Judge, Dallas CCC10
Date 3/1/2025	Payee name ADVANTAGE STORAGE - GARLAND	
Amount (\$) \$124.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3471 BROADWAY BLVD., GARLAND, TX 75043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Storage Unit
	<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 held Judge, Dallas CCC10
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 7	2 FILER NAME MONIQUE J HUFF	3 Filer ID (Ethics Commission Filers)
4 Date 2/1/2025	5 Payee name ADVANTAGE STORAGE - GARLAND	
6 Amount (\$) \$124.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3471 BROADWAY BLVD., GARLAND, TX 75043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Storage Unit
	(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 Judge, Dallas CCC10
Date 1/2/2025	Payee name ADVANTAGE STORAGE - GARLAND	
Amount (\$) \$124.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3471 BROADWAY BLVD., GARLAND, TX 75043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Storage Unit
	<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 held Judge, Dallas CCC10
Date 1/25/2025	Payee name CampaignPartners.com	
Amount (\$) \$4.95 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 118, Still River, Massachusetts 01467	
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 held Judge, Dallas CCC10
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 7	2 FILER NAME MONIQUE J HUFF	3 Filer ID (Ethics Commission Filers)
4 Date 2/25/2025	5 Payee name CampaignPartners.com	
6 Amount (\$) \$4.95 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 118, Still River, Massachusetts 01467	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description website
	(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 Judge, Dallas CCC10
Date 3/25/2025	Payee name CampaignPartners.com	
Amount (\$) \$4.95 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 118, Still River, Massachusetts 01467	
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 held Judge, Dallas CCC10
Date 4/25/2025	Payee name CampaignPartners.com	
Amount (\$) \$4.95 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 118, Still River, Massachusetts 01467	
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 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/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 7	2 FILER NAME MONIQUE J HUFF	3 Filer ID (Ethics Commission Filers)
4 Date 5/18/2025	5 Payee name CampaignPartners.com	
6 Amount (\$) \$5.61 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 118, Still River, Massachusetts 01467	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description website
	(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 Judge, Dallas CCC10
Date 5/25/2025	Payee name CampaignPartners.com	
Amount (\$) \$29.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 118, Still River, Massachusetts 01467	
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 held Judge, Dallas CCC10
Date 6/25/2025	Payee name CampaignPartners.com	
Amount (\$) \$29.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 118, Still River, Massachusetts 01467	
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 held Judge, Dallas CCC10

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 7	2 FILER NAME MONIQUE J HUFF	3 Filer ID (Ethics Commission Filers)
4 Date 3/29/2025	5 Payee name Democracy Toolbox	
6 Amount (\$) \$300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 6250, McKinney Texas 75071	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description April Justice Tour
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name MONIQUE J HUFF	Office sought Office held Judge, Dallas CCC10
Date 2/20/2025	Payee name Democracy Toolbox	
Amount (\$) \$375.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 6250, McKinney Texas 75071	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Big Blue BBQ Sponsor
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name MONIQUE J HUFF	Office sought Office held Judge, Dallas CCC10
Date 1/15/2025	Payee name Democracy Toolbox	
Amount (\$) \$500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 6250, McKinney Texas 75071	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Management
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name MONIQUE J HUFF	Office sought Office held Judge, Dallas CCC10
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 7	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	
6 Amount (\$) \$20.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 226534, Dallas, Texas 75222-6534	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Membership Renewal
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MONIQUE J HUFF	Office sought Judge, Dallas CCC10
Date 6/1/2025	Payee name Phenixx Marketing & Media	
Amount (\$) \$353.46 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1765 Prescott Pl, Dallas, Texas 75234	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Marketing Design & Print
	<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 held Judge, Dallas CCC10
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended	Category (See Categories listed at the top of this schedule)	
PURPOSE OF EXPENDITURE	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 held Judge, Dallas CCC10
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 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.

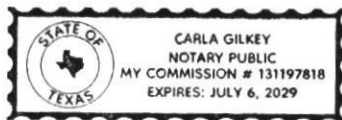
Filer name MONIQUE J HUFF	Filer ID #
-------------------------------------	------------

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

1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$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 JAN. - JUNE 2025 report due on JULY 15, 2025.
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

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.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Filer (Declarant)

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