

# 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: <b>9</b>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>MRS. MONIQUE J</b>	<b>OFFICE USE ONLY</b>  Date Received <b>2024 JAN 16 PM 4:12</b> <b>FILED</b> <b>JOHN F. WARREN</b> <b>COUNTY CLERK</b> <b>DALLAS COUNTY</b> BY <b>SD</b> DEPUTY	
NICKNAME LAST SUFFIX <b>HUFF</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>4942 GASTON AVE., DALLAS, TX 75214</b>		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	AREA CODE PHONE NUMBER EXTENSION <b>( 214 ) 653-5695</b>		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR FIRST MI <b>STEPHANIE</b>		
<b>6</b> CAMPAIGN TREASURER NAME	NICKNAME LAST SUFFIX <b>ALVARADO</b>	Date Hand-delivered or Date Postmarked	
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>P.O. BOX 601022, DALLAS TX 75206</b>		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>( 469 ) 441-4658</b>		
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>07 / 01 / 2023    THROUGH    12 / 31 / 2023</b>		
<b>11</b> ELECTION	ELECTION DATE Month Day Year <b>/ /</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any) <b>JUDGE, COUNTY CRIMINAL COURT NO. 10</b>	<b>13</b> OFFICE SOUGHT (if known)	
<b>14</b> 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. <i>THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.</i> CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
COMMITTEE TYPE	COMMITTEE NAME		
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

<b>15</b> JC/OH NAME MONIQUE J HUFF		<b>16</b> Filer ID (Ethics Commission Filers)
<b>17</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 35.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 235.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 100.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 403.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 105.70
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.

*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 16th day of January, 2024, to certify which, witness my hand and seal of office.

*Julia Jaramillo*  
Signature of officer administering oath

Julia Jaramillo  
Printed name of officer administering oath

Notary  
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 <b>MONIQUE J HUFF</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 200.50
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 174.70
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	\$ 121.08
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: <b>1</b>
2 FILER NAME Monique J. Huff		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/1/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>Douglas Huff</b>	7 Amount of contribution (\$)  <b>\$200.00</b>
6 Contributor address; City; State; Zip Code <b>3300 Oak Lawn, Ste 700, Dallas, Texas</b>		
8 Contributor's principal occupation <b>Attorney</b>		9 Contributor's job title <b>Partner</b>
10 Contributor's employer/law firm <b>Deandra Grant Law</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <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)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

# POLITICAL EXPENDITURES MADE FROM 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.

<b>1</b> Total pages Schedule F1: <b>4</b>	<b>2</b> FILER NAME <b>MONIQUE J HUFF</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>7/26/23</b>	<b>5</b> Payee name <b>CampaignPartner.com Data Ecology LLC</b>	
<b>6</b> Amount (\$) <b>4.95</b>	<b>7</b> Payee address; City; State; Zip Code <b>P.O. Box 118, Still River, MA 01467</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>website fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>MONIQUE J HUFF</b>	Office sought <b>Judge, CCC #10</b>
Date <b>8/26/23</b>	Payee name <b>CampaignPartner.com</b>	
Amount (\$) <b>4.95</b>	Payee address; City; State; Zip Code <b>P.O. Box 118, Still River, MA 01467</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>website fee</b>
	<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 <b>MONIQUE J HUFF</b>	Office held <b>Judge, CCC #10</b>
Date <b>9/26/23</b>	Payee name <b>CampaignPartner.com</b>	
Amount (\$) <b>4.95</b>	Payee address; City; State; Zip Code <b>P.O. Box 118, Still River, MA 01467</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>website fee</b>
	<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 <b>MONIQUE J HUFF</b>	Office held <b>Judge, CCC #10</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	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.

<b>1</b> Total pages Schedule F1: <u>4</u>	<b>2</b> FILER NAME MONIQUE J HUFF	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>10/26/23</u>	<b>5</b> Payee name CampaignPartner.com Data Ecology LLC	
<b>6</b> Amount (\$) <u>4.95</u>	<b>7</b> Payee address; City; State; Zip Code P.O. Box 118, Still River, MA 01467	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description website fee
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MONIQUE J HUFF	Office sought Office held Judge, CCC #10
Date <u>11/26/23</u>	Payee name CampaignPartner.com	
Amount (\$) <u>4.95</u>	Payee address; City; State; Zip Code P.O. Box 118, Still River, MA 01467	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description website fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MONIQUE J HUFF	Office sought Office held Judge, CCC #10
Date <u>12/26/23</u>	Payee name CampaignPartner.com	
Amount (\$) <u>4.95</u>	Payee address; City; State; Zip Code P.O. Box 118, Still River, MA 01467	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description website fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MONIQUE J HUFF	Office sought Office held Judge, CCC #10

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | 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: <b>4</b>	2 FILER NAME <b>MONIQUE J HUFF</b>	3 Filer ID (Ethics Commission Filers)
-------------------------------------	---------------------------------------	---------------------------------------

4 Date	5 Payee name <b>GoDaddy.com</b>		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
	<b>2155 E. GoDaddy Way Tempe, AZ 85284</b>		

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>MONIQUE J HUFF</b>	Office sought	Office held <b>Judge, CCC #10</b>
--	--	---------------	--------------------------------------

Date <b>10/13/23</b>	Payee name <b>Lake Highlands Democrats</b>		
Amount (\$) <b>\$100.00</b>	Payee address;	City;	State; Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>MONIQUE J HUFF</b>	Office sought	Office held <b>Judge, CCC #10</b>
--	--	---------------	--------------------------------------

Date <b>8/22/23</b>	Payee name <b>Stonewall Democrats</b>		
Amount (\$) <b>\$35.00</b>	Payee address;	City;	State; Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Membership</b>
	(c) <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 <b>MONIQUE J HUFF</b>	Office sought	Office held <b>Judge, CCC #10</b>
--	--	---------------	--------------------------------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | 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.

<b>1</b> Total pages, Schedule F1: <u>4</u>	<b>2</b> FILER NAME MONIQUE J HUFF	<b>3</b> Filer ID (Ethics Commission Filers)
---	---------------------------------------	--

<b>4</b> Date <u>12/17/23</u>	<b>5</b> Payee name <u>SL Turner Holiday Party</u>		
----------------------------------	---	--	--

<b>6</b> Amount (\$) <u>10.00</u>	<b>7</b> Payee address;	City;	State;	Zip Code
--------------------------------------	-------------------------	-------	--------	----------

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Event Fee</u>	<b>(b)</b> Description
	<b>(c)</b> <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, CCC #10
--	---	---------------	-------------------------------

Date	Payee name		
------	------------	--	--

Amount (\$)	Payee address;	City;	State;	Zip Code
-------------	----------------	-------	--------	----------

<b>PURPOSE OF EXPENDITURE</b>	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, CCC #10
--	---	---------------	-------------------------------

Date	Payee name		
------	------------	--	--

Amount (\$)	Payee address;	City;	State;	Zip Code
-------------	----------------	-------	--------	----------

<b>PURPOSE OF EXPENDITURE</b>	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, CCC #10
--	---	---------------	-------------------------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <u>1</u>	<b>2</b> FILER NAME MONIQUE J HUFF	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 8/22/23	<b>5</b> Payee name Garland NAACP	
<b>6</b> Amount (\$) 121.00 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description 32nd Annual NAACP Brunch & Auction
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MONIQUE J HUFF	Office sought Office held Judge, CCC #10
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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, CCC #10
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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, CCC #10

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED