FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00057750 27 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Martin J. NAME Date Received **ELECTRONICALLY FILED** 01/13/2024 NICKNAME LAST **SUFFIX** Hoffman CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Monica W. NAME NICKNAME LAST **SUFFIX** Latin **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 855-3000 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 68 Dallas District Judge District 68

Forms provided by Texas Ethics Commission

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Version V3.5.1.0f381ab6

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 27

13 C / OH NAME	Hoffman, Martin J. (T	(Ethics Com	nmission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	ceholder's kn	o support the owledge or expenditures.							
Additional Pages	COMMITTEE TYPE COMMITTEE NAME								
	GENERAL	COMMITTEE ADDRESS							
	SPECIFIC	COMMITTEE / ISSNESS							
		COMMITTEE CAMPAIGN TREASURER NAME	Ē						
		COMMITTEE CAMPAIGN TREASURER ADDR	RESS						
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THES OF LOANS, OR CONTRIBUTIONS MADE E		\$	0.00				
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	ANO.	\$	0.00				
EXPENDITURE TOTALS	3. TOTAL UNITEM	ANS)	\$	245.57					
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	15,075.94				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	E LAST DAY OF THE	\$	231,306.03				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AS OF THE LAST DAY	\$	0.00					
17 AFFIDAVIT		I swear, or affirm, under pen true and correct and include under Title 15, Election Code	s all information required						
		The Ho	norable Martin J. Hoffr	nan					
		Signature	of Candidate or Officeho	older					
AFFIX NO	TARY STAMP / SEAL AB	DVE							
		aid	, this the		day				
of	, 20, to c	ertify which, witness my hand and seal of office.							
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	er administer	ing oath				
Signature or one	co. daminiotoring oddi		The of office	J. 44.111113101					

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			3 of 27									
Hoffman,	18 FILER NAME Hoffman, Martin J. (The Honorable) 19 Filer ID (Ethics Commission Filers) 00057750 20 SCHEDULE SUBTOTALS											
20 SCHEDUL NAME OF	SUBTOTAL AMOUNT											
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$									
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$									
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$									
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$									
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 15,075.94									
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$									
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$									
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$									
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$									
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$									
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$									
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		<u>_</u>
1	Total pages Schedule F1: Sch: 1/24 Rpt: 4/27	2 FILER NAME Hoffman, Martin J. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00057750
4	Date	5 Payee name
	08/15/2023	AFL CIO
6	Amount (\$) \$110.00	7 Payee address; City; State; Zip Code 1408 N Washington Ave # 240 Dallas, TX 75204
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense Advertisement and ticket for AFL-CIO Labor Day Breakfast
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/07/2023	African American Museum
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	3536 Grand Ave,
		Dallas, TX 75210
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Donation to museum
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/19/2023	Al Biernat's North
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.39	5251 Spring Valley Road
		Dallas, TX 75254
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Lunch with political supporter
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 2/24 Rpt: 5/27	Hoffman, Martin J. (The Honorable) 00057750						
4	Date	5 Payee name						
	12/19/2023	Aven, Gary (Ms.)						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$100.00	600 Commerce						
		Dallas, TX 75202						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Cift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Year end gift for Court bailiff						
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
	experientare to benefit crof	'						
	Date	Payee name						
	11/03/2023	B's Donuts						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$26.73	11738 Marsh Lane						
		Dallas, TX 75229						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Doughnuts for jury						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
	Date	Payee name						
	09/22/2023	B's Donuts						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$27.19	11738 Marsh Lane						
		Dallas, TX 75229						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Doughnuts for jurors						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/Ol							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V	ages/Contract Labor OTHER (enter a category not listed above)
•	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/24 Rpt: 6/27	Hoffman, Martin J. (The Honorable)	00057750
4 Date	5 Payee name	•
09/15/2023	B's Donuts	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$39.81	11738 Marsh Lane	
20.02		
	Dollar TV 75220	
	Dallas, TX 75229	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Doughnuts for jurors
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		Since Hold
Dete		
Date	Payee name	
11/04/2023	Babou's	
Amount (\$)	Payee address; City; State; Zip Co	de
\$311.00	2598 N Harwood St	
	Dallas, TX 75201	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
LA LINDITORE		Check if Austin, TX, officeholder living expense
		Happy hour prior to Dallas Association of Young Lawyers Gala
Opening the ONII Wife disease	Constitute (Office helden seems	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held
'		
Date	Payee name	
11/02/2023	CBD Provisions	
Amount (\$)	Payee address; City; State; Zip Co	de
\$79.00	1530 Main St	
	Dallas, TX 75202	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Lunch with former judicial interns
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held
experiulture to benefit C/O		

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/24 Rpt: 7/27	Hoffman, Martin J. (The Honorable) 00057750
4	Date	5 Payee name
	10/31/2023	CBD Provisions
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$86.00	1530 Main St
		Dallas, TX 75202
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch with political supporters
		Lunen with political supporters
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	10/11/2023	CBD Provisions
H	Amount (\$)	Payee address; City; State; Zip Code
	\$46.00	1530 Main St
	* ******	
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Lunch with former judicial interns
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊢	Date	Davisa nama
	10/03/2023	Payee name CBD Provisions
	Amount (\$)	Payee address; City; State; Zip Code
	\$91.00	1530 Main St
		Dallag TV 75000
		Dallas, TX 75202
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch with former judicial interns
一	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
Г		
1		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Total pages Schedule F1: Sch: 5/24 Rpt: 8/27	2 FILER NAME Hoffman, Martin J. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00057750
4	Date	5 Payee name
	09/20/2023	CBD Provisions
6	Amount (\$) \$67.29	7 Payee address; City; State; Zip Code 1530 Main St Dallas, TX 75202
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense Lunch with political supporters
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/06/2023	CBD Provisions
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.66	1530 Main St
		Dallas, TX 75202
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Lunch with former judicial intern
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/14/2023	CVS Pharmacy
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	3798 Forest Lane
	,	
		Dallas, TX 75229
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Gift for year end holiday party for court staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		<u> </u>
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form.)	
L			ilue explains now to col	iipie	te this form.	_			
1	Total pages Schedule F1:					3	Filer ID	(Ethics Commission	Filers)
L	Sch: 6/24 Rpt: 9/27	Hoffman, Martin J. (The Hor	norable)				00057750		
4	Date	Payee name							
l	07/22/2023	Cafe Brazil							
6	Amount (\$)	Payee address; City;	State; Zip Coo	de					
l	\$34.09	2071 N Central Expy							
l									
		Richardson, TX 75080							
8	PURPOSE	a) Category (See Categories listed at the	ne top of this schedule)	(b)	Description				
l	OF EXPENDITURE	Food/Beverage Expense			=		de of Texas. Com		
l					—		officeholder living		dao
l					Lunch with po	ווווו	cai consulta	nt and another ju	uge
_									
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office soug	ght			Office he	eld	
L									
l	Date	Payee name							
l	09/26/2023	Campisi's Restaurant							
Г	Amount (\$)	Payee address; City;	State; Zip Coo	de					
l	\$127.26	5405 W Lovers Lane							
l									
		Dallas, TX 75209							
┡	DUDDOCE			/b\					
l	PURPOSE OF	a) Category (See Categories listed at th	ne top of this schedule)	(D)	Description	outci	de of Texas. Com	ploto Schodulo T	
l	EXPENDITURE	Food/Beverage Expense			=		officeholder living		
l					Lunch for jurd				
l					,				
⊢	Complete ONLY if direct	Candidate/Officeholder name	Office sout	aht			Office he	eld	
l	expenditure to benefit C/O			y					
⊨	Dete								
l	Date	Payee name	'avaa						
L	09/20/2023	Cassandra Hernandez for T							
l	Amount (\$)	Payee address; City;	State; Zip Co	de					
l	\$100.00	P.O. Box 1289,							
l									
l		Addison, TX 75001							
Г	PURPOSE	a) Category (See Categories listed at th	ne top of this schedule)	(b)	Description				
l	OF EXPENDITURE	Contributions/Donations Ma			ш		de of Texas. Com		
l	EXPENDITORE	Candidate/Officeholder/Polit	tical Committee		_		officeholder living		
					Donation to S	Stat	e Represent	tative campaign	
L									
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office souç	ght			Office he	eld	
L	experiorare to benefit C/OI								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/24 Rpt: 10/27	Hoffman, Martin J. (The Honorable) 00057750
4	Date	5 Payee name
	12/01/2023	Chet's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.40	208 N Market St #100
		Dallas, TX 75202
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense Lunch with intern applicant and current intern
		Lunon with intern applicant and current intern
_	On and the ONE Wife disease	Open Highest (Office health and a second sec
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/30/2023	CiboDivino
	Amount (\$)	Payee address; City; State; Zip Code
	\$310.00	1868 Sylvan Avenue D100
	Ψ010.00	1000 Gylvan / Wellac D100
		Dallas, TX 75208
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Campaign birthday celebration with former judicial interns and political supporters
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/11/2023	Dakota's Steakhouse
	Amount (\$)	Payee address; City; State; Zip Code
	\$130.00	600 N Akard St
	Φ130.00	000 N AKAIU St
		Dellas TV 75202
		Dallas, TX 75202
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Happy hour with current and former judicial interns
		Trappy from Mar out of the foundation of the fou
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Gift/Awards/Memor			/ages	/Contract Labor		Travel Out of OTHER (ente		ict ategory not listed above)
		_			Guide explains	110W to CO	inple	ete triis form.	_			
1	Total pages Schedule F1:	2							3			(Ethics Commission Filers)
	Sch: 8/24 Rpt: 11/27			artin J. (The I	Honorable)					0005775	0	
4	Date	5	Payee name									
L	10/02/2023		Dallas Asso	cation of Yo	ung Lawyers							
6	Amount (\$)	7	Payee addres	ss; City;	State	e; Zip Co	de					
	\$28.52		2101 Ross	Avenue								
			Ste 1795									
			Dallas, TX 7	'5201								
8	PURPOSE	(a)	Category 192	e Categories listed	at the top of this scl	hedule)	(b)	Description				
	OF		Event Expe		top of tillo 301			_ `	outsi	de of Texas. C	Comple	ete Schedule T.
	EXPENDITURE							Check if Austin				
											ion (of Young Lawyers
L		L						Dinner with th	ne .	Judiciary		
9	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	ght			Office	held	d
	expenditure to benefit C/OI											
	Date		Payee name									
	10/22/2023		Dallas Bar A	Association								
	Amount (\$)		Payee addres	ss; City;	State	e; Zip Co	de					
	\$760.00		2101 Ross	Avenue								
			Dallas, TX 7	'5202								
	PURPOSE OF	(a)			at the top of this scl	hedule)	(b)	Description			_	
	EXPENDITURE		Event Expe	nse				Check if travel of Check if Austin				ete Schedule T.
								—				ociation Board of
								Directors Ret			.000	Section Board of
	Complete ONLY if direct		Candidate/Offi	ceholder name	. (Office sou	ght			Office	held	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	09/20/2023		Dallas Bar A	Association								
	Amount (\$)		Payee addres	ss; City;	State	e; Zip Co	de					
	\$255.00		2101 Ross /			,						
	,											
			Dallas, TX 7	'5202			_		_		_	
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this scl	hedule)	(b)	Description				
	OF EXPENDITURE		Gift/Awards	/Memorials E	xpense							ete Schedule T.
								Contribution f				xpense s to Justice Program
								COMMINUMENT	iUľ	∟quai AC(-೮১১	to Justice Program
	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	aht			Office	hel	<u> </u>
	expenditure to benefit C/O		Canadato, Offi	Jonolaci Haille	,	Cinco 30u	Ailt			Onice		u.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense		xpens Vages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
L	Sch: 9/24 Rpt: 12/27		Hoffman, M	artin J. (The Hon	orable)					00057750	
4	Date	5	Payee name					•			
	09/06/2023		Dallas Bar A	Association							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$50.00		2101 Ross	Avenue							
			Dallas, TX 7	75202							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Event Expe			,				de of Texas. Comp	
	_//							\Box		officeholder living	expense ation 150th Anniversary
								celebration	ııas	Dai Assucia	alion 130th Allinversary
9	Complete ONLY if direct	<u> </u>	`andidato/Offi	ceholder name		Office sou	lapt			Office he	ald
9	expenditure to benefit C/Oh		Zandidate/Oni	centituel flame		mice sou	ignt			Office fie	eiu.
	Date		Payee name								
L	08/29/2023		Dallas Bar A	Association							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode				
	\$400.00		2101 Ross	Avenue							
			Dallas, TX 7	75202							
	PURPOSE	(a)	Category (Se	ee Categories listed at the	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Food/Bever	age Expense						de of Texas. Comp	
								ш		officeholder living	ation 150 Anniversary
								Gala	iius	Dai Associa	ation 150 Anniversary
_	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	<u>l</u> ıaht			Office he	eld
	expenditure to benefit C/Oh						J. /•			00.110	
H	Date		Payee name								
	08/01/2023		Dallas Bar A	Association							
_	Amount (\$)	\vdash	Payee addres		State:	Zip Co	nde				
	\$648.58		2101 Ross		Sidio,	p					
	Ψ00.00			31140							
			Dallas, TX 7	75202							
	PURPOSE OF	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description			
	EXPENDITURE		Travel Out	of District				ш		de of Texas. Comp	
								_		officeholder living	expense sociation Board of
								Directors Ret			
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ıght			Office he	eld
	expenditure to benefit C/O						-				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense 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)

	Credit Card Payment		The Instruction Guide explains how to co	omple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 10/24 Rpt: 13/27		Hoffman, Martin J. (The Honorable) 00057750					
4	Date	5	Payee name					
l	07/25/2023		Dallas Bar Association					
6	Amount (\$)	7	Payee address; City; State; Zip C	ode				
l	\$250.00		2101 Ross Avenue					
l								
			Dallas, TX 75202					
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description			
l	OF EXPENDITURE		Event Expense		Check if travel outside of Texas. Complete Schedule T.			
l					Check if Austin, TX, officeholder living expense Registration for Dallas Bar Association Bench Bar			
l					Conference			
9	Complete ONLY if direct		Candidate/Officeholder name Office so	l ught	Office held			
L	expenditure to benefit C/O	H						
Г	Date		Payee name					
	11/27/2023		Dallas County Young Democrats					
	Amount (\$)		Payee address; City; State; Zip C	ode				
	\$290.77		1414 Washington Avenue					
			Dallas, TX 75204					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE		Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
					Sponsorship of Dallas County Young Democrats			
					Roast			
┢	Complete ONLY if direct		Candidate/Officeholder name Office soil	<u>l</u> ught	Office held			
l	expenditure to benefit C/O	Н		_				
H	Date	Π	Payee name					
	08/02/2023		Dallas Democratic Party					
┢	Amount (\$)	┢	Payee address; City; State; Zip C	ode				
l	\$2,500.00		1414 N Washington Avenue					
			Ü					
l			Dallas, TX 75204					
┝	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description			
l	OF	```	Event Expense	(~)	Check if travel outside of Texas. Complete Schedule T.			
l	EXPENDITURE		Ziem Zipenee		Check if Austin, TX, officeholder living expense			
l					Tickets to Dallas Democratic Party Johnson Jordan			
L					Dinner			
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office so	ught	Office held			
L	experience to beliefit 6/01							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/24 Rpt: 14/27	Hoffman, Martin J. (The Honorable) 00057750
4	Date	5 Payee name
	10/03/2023	Dallas Hispanic Bar Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	2101 Ross Avenue
		Dallas, TX 75201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Public Official Sponsorship of Dallas Hispanic Bar
		Gala
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	10/23/2023	Dallas Women Lawyers Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$233.02	2101 Ross Avenue
		Dallas, TX 75202
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Dallas Women Lawyer Association Annual Event
		tickets
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/15/2023	Del Frisco
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.00	2323 Olive
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch with political supporters
		Lunion with political supporters
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1: Sch: 12/24 Rpt: 15/27	2 FILER NAME Hoffman, Martin J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00057750
4	Date 09/14/2023	5 Payee name Del Frisco	00037730
6	Amount (\$) \$62.00	7 Payee address; City; State; Zip Code 2323 Olive Dallas, TX 75201	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch with former intern
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 07/31/2023	Payee name Ellen's Southern Kitchen	
	Amount (\$) \$51.31	Payee address; City; State; Zip Code 1790 Record Street	
	PURPOSE OF EXPENDITURE	Dallas, TX 75202 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Breakfast with political supporters
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 07/22/2023	Payee name Ellen's Southern Kitchen	
	Amount (\$) \$9.19	Payee address; City; State; Zip Code 1790 Record Street	
		Dallas, TX 75202	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Breakfast with political supporter
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/24 Rpt: 16/27	Hoffman, Martin J. (The Honorable) 00057750
4	Date	5 Payee name
	09/26/2023	Gaylord
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$376.03	1501 Gaylord Trail
		Grapevine , TX 76051
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Hotel for Dallas Bar Association Bench Bar
		Conference
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/19/2023	Gomez, Marissa
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	600 Commerce
		Dallas, TX 75202
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Year end gift for court clerk
		real end gilt for court clerk
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	11/30/2023	II Bracco
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$59.54	8416 Preston Center Plaza
	Ψ33.34	0410 Fleston Center Flaza
		Dallas, TX 75225
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lunch with political supporters
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political		
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/24 Rpt: 17/27	Hoffman, Martin J. (The Honorable) 00057750
4	Date	5 Payee name
	10/02/2023	Il Bracco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$112.01	8416 Preston Center Plaza
		Dallas, TX 75225
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch with prospective members of Mac Taylor Inn
		of Court
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/11/2023	Il Bracco
	Amount (\$)	Payee address; City; State; Zip Code
	\$99.00	8416 Preston Center Plaza
		Dallas, TX 75225
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch with political supporters
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/01/2023	India Palace
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.71	12817 Preston Rd Suite # 105
		Dallas, TX 75230
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch with political supporter
		P. C. P. P. C. P. C. P. P. P. C. P. P. P. C. P.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 15/24 Rpt: 18/27	Hoffman, N	Martin J. (The Honorable	e)				00057750		
4	Date	5 Payee name	e							
	08/17/2023	J.L. Turnei	Legal Association Four	ndation						
6	Amount (\$)	7 Payee addr	ess; City; S	state; Zip Co	ode					
	\$2,000.00	2101 Ross	Avenue							
		Dallas, TX	75201							
8	PURPOSE OF	(a) Category (See Categories listed at the top of th	is schedule)	(b)	Description				
	EXPENDITURE	Event Exp	ense			_		ide of Texas. Com , officeholder living	plete Schedule T.	
						Table for J.L.				
									3	
9	Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Office sou	ight			Office he	eld	
F	Date	Payee name								
	10/03/2023	J.L. Turnei	Legal Association							
H	Amount (\$)	Payee addr	ess; City; S	state; Zip Co	ode					
	\$150.00	2101 Ross	S Avenue							
		Dallas, TX	75201							
	PURPOSE OF		See Categories listed at the top of th	is schedule)	(b)	Description				
	EXPENDITURE	Gift/Award	s/Memorials Expense			=		ide of Texas. Com , officeholder living	plete Schedule T.	
						ш			ssociation gala	
								J	ŭ	
	Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Office sou	ight			Office he	eld	
F	Date	Payee name								
	09/19/2023	Jason's De	eli							
Г	Amount (\$)	Payee addr	ess; City; S	state; Zip Co	ode					
	\$142.56	1409 Main	Street							
		Dallas, TX	75202							
	PURPOSE	(a) Category (See Categories listed at the top of th	is schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	erage Expense						plete Schedule T.	
						Lunch for jurc		, officeholder living	g expense	
\vdash	Complete ONLY if direct	L Candidate/Of	ficeholder name	Office sou	<u>l</u> ight			Office he	eld	
	expenditure to benefit C/OI		-		J .					
\vdash										
1										
Ļ										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 16/24 Rpt: 19/27	Hoffman, Martin J. (The Honorable) 00057750
4	Date	5 Payee name
	08/18/2023	Jason's Deli
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$230.00	1409 Main Street
		D. H TV 75000
		Dallas, TX 75202
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch for participants at courthouse AV Training
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/12/2023	Jason's Deli
	Amount (\$)	Payee address; City; State; Zip Code
	\$435.87	1409 Main Street
		Dallas, TX 75202
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch with judicial interns and Federal judges and
		clerks
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	
	Date	Payee name
	11/08/2023	LGBT Bar Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$161.90	2101 Ross Avenue
		Dallas, TX 75202
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sponsorship of LGBT Bar Association Visibility Ball
		Sponsorship of Lodi asi Association visibility dali
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services The Instruction Guid	Salaries/\ le explains how to co	-	s/Contract Labor ete this form.		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME];	3	Filer ID	(Ethics Commission File
	Sch: 17/24 Rpt: 20/27		artin J. (The Hond	orable)				00057750	
4	Date	5 Payee name				I			
	09/20/2023	Mac Taylor	Inn of Court						
6	Amount (\$)	7 Payee addres	ss; City;	State; Zip Co	ode				
	\$225.00	1445 Ross /	Avenue						
		Dallas, TX 7	5202						
8	PURPOSE				(h)	Description			
٠	OF	Fees	e Categories listed at the	top of this schedule)	(5)	Check if travel or	utsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE	rees				Check if Austin,			
						Annual dues fo	or	Mac Taylor	Inn of Court
9	Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	ıght			Office he	eld
	expenditure to benefit C/O	Н							
	Date	Payee name							
	09/09/2023	Mercat Bistr	0						
	Amount (\$)	Payee addres	ss; City;	State; Zip Co	ode				
	\$74.00		wood St Suite 225	5					
		Dallas, TX 7	75201						
	PURPOSE				(h)	Description			
	OF	1	e Categories listed at the	top of this schedule)	(6)	Description Check if travel or	utsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE	F00u/Bever	age Expense			ш		officeholder living	
						Bruch with for	me	er judicial int	terns
	Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	ıght			Office he	eld
	expenditure to benefit C/O	Н							
	Date	Payee name							
	07/29/2023	Mercat Bistr	0						
	Amount (\$)	Payee addres	ss; City;	State; Zip Co	ode				
	\$173.00	1	wood St Suite 225						
	42.0.00								
		Dallas, TX 7	'5201						
	DUDDOCE				0.5	5 10			
	PURPOSE OF		e Categories listed at the	top of this schedule)	(a)	Description Check if travel or	utei	de of Teyas Com	plete Schedule T.
	EXPENDITURE	Food/Bever	age Expense			_		officeholder living	
						Lunch with for			
								,	
	Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	<u>l</u> Jaht			Office he	eld
	expenditure to benefit C/O		The state of the s	S65 300	9.10			211100 110	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
ᆫ		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
L	Sch: 18/24 Rpt: 21/27	Hoffman, Martin J. (The Honorable) 00057750
4	Date	5 Payee name
	09/25/2023	Mesero
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$63.96	2822 N Henderson Avenue
		Dallas, TX 75206
Ļ	DUDD 0.05	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxas, Complete Schedule T
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch with former judicial intern
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨		
	Date	Payee name
	10/25/2023	Mexican American Bar Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$180.00	2101 Ross Avenue
		Dallas , TX 75201
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Ticket to Mexican American Bar Association Gala
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/27/2023	Miriam Cocina Latina
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$131.47	2015 Woodall Rodgers Freeway
	,	
		Dallas, TX 75201
L		<u></u>
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch with political supporters and judicial interns
1		,
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
L		

SCHEDULE F1

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)

	Credit Card Payment	The Instruction Guide explains how to complete	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 19/24 Rpt: 22/27	Hoffman, Martin J. (The Honorable)	00057750
4	Date	5 Payee name	'
	12/07/2023	Pelican House	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$300.00	107 S Cedar Ridge Drive	
		Duncanville, TX 75116	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
_	OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Holiday lunch for court staff
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	- CAPCHARLATO TO BOTTONIC GFO		
	Date	Payee name	
	12/19/2023	Pinson, Rhonda (Ms.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	600 Commerce	
		Dallas, TX 75202	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Year end gift for court coordinator
			Total on a gire for obtain aboramator
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	10/14/2023	Primos MX Kitchen	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$98.16	3309 McKinney Ave,	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,	
		Dallas, TX 75204	
	PURPOSE		Description
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 ood/beverage Expense	Check if Austin, TX, officeholder living expense
			Happy hour prior to Dallas Hispanic Bar Association
			Gala
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/24 Rpt: 23/27	Hoffman, Martin J. (The Honorable) 00057750
4	Date	5 Payee name
	12/19/2023	Reagor, Toni (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	600 Commerce
		Dallas, TX 75202
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Year end gift for court reporter
		garan sala garan sala sala sala sala sala sala sala sa
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/20/2023	Sassetta
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.00	1530 Main St STE 100,
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Lunch with former judicial interns
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payso nama
	12/05/2023	Payee name Sassetta
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.40	1530 Main St STE 100,
	400.10	
		Dallas, TX 75201
	PURPOSE	I and
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lunch with political supporter
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense 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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	, -	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 21/24 Rpt: 24/27	Hoffman, Martin J. (The Honorable) 00057750	
4	Date	5 Payee name	
	12/19/2023	Sixty Vines	_
6	Amount (\$) \$68.84	7 Payee address; City; State; Zip Code 500 Crescent Ct Suite 160	
	φ00.04	300 Crescent Ct Suite 100	
		Dallas, TX 75201	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
	OF EXPENDITURE	Food/Beverage Expense	
	LAFENDITORE	Check if Austin, TX, officeholder living expense Lunch with former judicial interns	
		Lunch with former judicial interns	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	_
	10/17/2023	Sum Dang Good Chinese	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$42.88	3011 Gulden Lane	
		Dallas	
		Texas, TX 75212	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Lunch with judicial interns	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to benefit e/or	<u> </u>	_
	Date	Payee name	
	08/09/2023	TJs Seafood	_
	Amount (\$)	Payee address; City; State; Zip Code 6025 Royal Ln #110	
	\$93.53	0025 ROYAI LII #110	
		Dallas, TX 75230	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Lunch with former judicial interns	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
F			_

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor				Travel in District Travel Out of District OTHER (enter a category not listed above)				
	credit card r dyment		The Instruction Guid	le explains hov	w to comp	lete this form.				
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission	Filers)
	Sch: 22/24 Rpt: 25/27	Hoffman, N	Martin J. (The Hond	orable)				00057750)	
4	Date	5 Payee name								
	10/10/2023	Tacodeli	-							
6	Amount (\$)	7 Payee addre	•	State; Z	Zip Code					
	\$42.28	1878 Sylva	an Avenue							
		Dallas, TX	75208							
8	PURPOSE	(a) Catagony			(h) Description				
ľ	OF		See Categories listed at the	top of this schedul	le)	:	outs	ide of Texas. Co	implete Schedule T.	
	EXPENDITURE	F00u/beve	rage Expense			_		, officeholder liv		
						Lunch with ju	ıdic	ial interns		
9	Complete ONLY if direct	 Candidate/Of	ficeholder name	∩ffi	ce sough			Office	held	
,	expenditure to benefit C/O		necholder name	Olik	cc sough			Office	iliciu	
	Date	Payee name	 _							
	12/12/2023	Tacodeli								
_	Amount (\$)	Payee addre	ess; City;	State; Z	7in Code					
	\$42.06	1878 Sylva		Otato, 2	_ip					
	Ψ42.00	1076 Sylva	an Avenue							
		Dallas, TX	75208							
	PURPOSE	(a) Category (s	See Categories listed at the	top of this schedul	le) (b) Description				
	OF EXPENDITURE	l	rage Expense	•	,	Check if travel	outs	ide of Texas. Co	mplete Schedule T.	
	EXPENDITORE					ш		, officeholder liv		
						Lunch with co	urre	ent judicial	interns	
	Complete ONLY if direct		ficeholder name	Offic	ce sough	t		Office	held	
	expenditure to benefit C/OI	H								
_	Date	Payee name								
	07/25/2023	Tacodeli	5							
	Amount (\$)	Payee addre		State; Z	Zip Code					
	\$63.92	1878 Sylva	an Avenue							
		Dallas, TX	75208							
	PURPOSE		See Categories listed at the	ton of this	le) (h) Description				
	OF	1	rage Expense	top of this schedul	ie)		outsi	ide of Texas. Co	mplete Schedule T.	
	EXPENDITURE	1 ooa/beve	rage Expense			ш		, officeholder liv		
						Lunch with ju				
						_				
-	Complete ONLY if direct	L Candidate/Of	ficeholder name	∩ffi	ce sough	 †		Office	held	
	expenditure to benefit C/O		noonolaci Hailic	Offic	oo oougii	•		Jilioe	noid	
Eor	ms provided by Texas E	thice Commice	ion was	w othics stat	to ty uo				\/arcion \/3 5 1 (1f201ah6

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 23/24 Rpt: 26/27	Hoffman, Martin J. (The Honorable) 00057750	
4	Date	5 Payee name	
	07/18/2023	Tacodeli	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$91.09	1878 Sylvan Avenue	
		Dallas, TX 75208	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		☐ Check if Austin, TX, officeholder living expense Lunch with judicial interns	
		Euron with judicial interns	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
\vdash	Date	Davies same	
		Payee name Torget	
	10/15/2023	Target	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$64.95	9440 Marsh Ln	
		Dallas, TX 75220	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense Picture frames for judicial interns	
		Ficture frames for judicial interns	
_	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
Date I a			
	Date	Payee name Taken Demograte of the 22rd Constarial District	
	09/04/2023	Tejano Democrats of the 23rd Senatorial District	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.00	P.O. Box 226534	
		Dallas, TX 75220	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Annual dues	
		Ailliuai uues	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/24 Rpt: 27/27	Hoffman, Martin J. (The Honorable) 00057750
4	Date	5 Payee name
	08/15/2023	The Green and Green Company
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	350 N. St Paul
		Suite 2105
		Dallas, TX 75201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Tickets to the Dallas Lawyer Magazine Annual Gala
		Tickets to the Ballas Lawyer Magazine Armaai Gala
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
	10/21/2023	Westin Galleria Dining
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$77.00	13340 Dallas Pkwy
		Dallas, TX 75240
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Happy hour prior to J.L. Turner Legal Association
		gala
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
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l		
1		