JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

Tł	e JC/OH Instruction	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commis 00057750	sion Filers)	2 Total pages fil	ed: 9
3	CANDIDATE /	MS / MRS / MR	FIRST		MI		
ľ	OFFICEHOLDER						JSE ONLY
	NAME	The Honorable	Martin J.			Date Received	
						ELECTRONIC	ALLY FILED
						. 01/04/2025	
		NICKNAME	LAST		SUFFIX	01/04/2025	
			Hoffman				
4	CANDIDATE /	ADDRESS / PO BOX; APT /		V·	ZIP CODE	Date Hand-delivered o	r Date Postmarked
 ⁴	OFFICEHOLDER		SUILE#, CIT	Τ,	ZIP CODE	Dute Hand delivered o	Ducerosimanea
	MAILING	P.O. Box 59642					
	ADDRESS					Receipt #	Amount
	Change of Address	Dallas, TX 75229					
		Dailas, 17 15225				Date Processed	
						Date Imaged	
5	CAMPAIGN	MS/MRS/MR	FIRST			MI	
ľ	TREASURER					IVII	
	NAME	Ms.	Monica W.				
		NICKNAME	LAST			SUFFIX	
						SOLLIX	
			Latin				
6	CAMPAIGN	STREET ADDRESS (NO PO E	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	ATE; ZIP CODE
	TREASURER	901 Main St., Ste. 5500					
	ADDRESS						
	(Residence or Business)						
		Dallas, TX 75202					
7	CAMPAIGN	AREA CODE PHONE	E NUMBER E	EXTENSION			
	TREASURER	(214) 855-3000					
	PHONE	()					
8	REPORT						
ľ	TYPE	X January 15	30th day before		Runoff	15th day after car	majan trassurar
		X January 15	Sour day before		Runon	appointment (official	
		July 15	8th day before e		Exceeded modified	Final Report (Atta	ach C/OH-FR)
					reporting limit		
⊢							
9	PERIOD	Month Day Year			Month Day	Year	
	COVERED	07/01/2024	TH	IROUGH	12/31/202	4	
10	ELECTION	ELECTION DATE			ELECTION TYPE		
		Month Day Year	XPI	rimary	Runoff	Other	
		03/10/2026		linneary			
		03/10/2020	G	eneral	Special		
I							
11	OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
l ^{⊥⊥}	UIFICE						
I		District Judge District 68 Da	andS		District Judge Di	SUICLOO	
1							
⊢		1			1		
1							
I							
1			GO T	O PAGE 2			
L Fo	rms provided by To	exas Ethics Commission		hics.state.tx.us	3	Verei	on V4.1.0.5dd2ace2
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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 29

I

13 C / OH NAME	Hoffman, Martin J. (T	he Honorable)		14 Filer ID 00057750	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures ma	cepted or political expenditu ay have been made without ired to report this informatio	the candidate's or offi	ceholder's kn	owledge or
Additional Pages		COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRE	SS			
		COMMITTEE CAMPA	IGN TREASURER NAME			
		COMMITTEE CAMPA	IGN TREASURER ADDRE	SS		
16 CONTRIBUTION TOTALS			TRIBUTIONS(OTHER THAN NTRIBUTIONS MADE ELE	· · ·	, \$	0.00
			_		\$	0.00
EXPENDITURE		PLEDGES, LOANS, OF IZED POLITICAL EXPE	\$	157.99		
TOTALS	4. TOTAL POLIT					
			-		\$	24,801.38
CONTRIBUTION BALANCE	REPORTING PE	RIOD	MAINTAINED AS OF THE L		\$	185,473.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIE OF THE REPOR		OUTSTANDING LOANS AS	S OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
		true	vear, or affirm, under penalt and correct and includes a ler Title 15, Election Code.			
			The Hono	rable Martin J. Hoffi	man	
			Signature of	f Candidate or Officeh	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subso		day				
of	, 20, to c	ertify which, witness my	hand and seal of office.			
Signature of offic	er administering oath	Printed name of c	fficer administering oath	Title of offic	er administer	ring oath
Forms provided by Te	xas Ethics Commissior	www.eth	ics.state.tx.us		Version V	4.1.0.5dd2ace2

FORM JC/OH

	CC	OVER SHEET PG 3 3 of 29							
18 FILER NAME	19 Filer ID (Ethics Commission Filers								
Hoffman, Martin J. (The Honorable)	00057750								
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		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	\$ 24,801.38
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
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 CONTRIBUTIONS	\$
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 204.83

SUBTOTALS - JC/OH

			EXPENDITURE CATEGOR	RIES FOF	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mmittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 1/25 Rpt: 4/29		Hoffman, Martin J. (The Honorable)				00057750		
4	Date	5	Payee name						
	08/26/2024		23rd Senate District Tejano Democrats						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le				
	\$20.00		PO Box 226534	•					
			DALLAS, TX 75222						
8	PURPOSE	(a)			(b) Description				
-	OF		Category (See Categories listed at the top of this sche Fees	eaule)		outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austir	n, TX	, officeholder living expense		
					Annual dues				
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	lht		Office held		
	Date		Payee name						
	07/23/2024		African American Museum						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$100.00		3536 Grand Ave,						
			Dallas, TX 75210						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T. , officeholder living expense		
					Ad for event				
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	Iht		Office held		
	Date		Payee name						
	12/11/2024		Arts District Mansion						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$14.60		2101 Ross Avenue						
			Dallas, TX 75201						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.		
							, officeholder living expense		
					Lunch for Da Section mee		Bar Association Business Litigation		
_	Complete ONLY if direct	Ļ	Candidate/Officeholder name O	office sou			Office held		
	expenditure to benefit C/OF			AUCE SOU	ji it				

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Food/Beverage Food/Be	Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Total pages Cabadula F1	1				1-	Filer ID (Ethics Commission Filers)			
1	Total pages Schedule F1: Sch: 2/25 Rpt: 5/29	2	Hoffman, Martin J. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00057750			
4	Date	5					00001100			
4	08/15/2024	5	Payee name Arts District Mansion							
6	Amount (\$)	7	Payee address; City; State;	Zip Coo	e					
	\$44.01		2101 Ross Avenue							
			Dallas, TX 75201							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	tule)	b) Description					
	OF EXPENDITURE		Food/Beverage Expense		Check if travel		ide of Texas. Complete Schedule T.			
	EXPENDITORE					, officeholder living expense				
					Lunch for J.L Luncheon	. Т	urner Legal Association L.A. Bedford			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Off	fice soug	ht		Office held			
	Date		Payee name							
	12/20/2024		Aven, Gary (Mr.)							
	Amount (\$)		Payee address; City; State;	Zip Coo	е					
	\$100.00		600 Commerce							
			Dallas, TX 75202							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sched	lule)	b) Description					
	EXPENDITURE		Gift/Awards/Memorials Expense				ide of Texas. Complete Schedule T. , officeholder living expense			
					Holiday bonu					
					-					
	Complete ONLY if direct	(Candidate/Officeholder name Off	fice soug	ht		Office held			
	expenditure to benefit C/OI	H								
	Date		Payee name							
	08/27/2024		B's Donuts							
	Amount (\$)		Payee address; City; State;	Zip Coo	e					
	\$31.66		11738 Marsh Lane	·						
			Dallas, TX 75229							
	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	b) Description					
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.			
					Doughnuts fo		, officeholder living expense			
						ויי				
	Complete ONL V if direct	Ļ	Candidate/Officeholder name Off	fice soug	bt		Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			nce 2000	i it		Unice neid			
_										

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 3/25 Rpt: 6/29	Hoffman, Martin J. (The Honorable)	00057750						
4	Date 10/23/2024	5 Payee name Beto and Sons							
6	Amount (\$) \$75.30	7 Payee address; City; State; Zip Code 3011 Gulden Ln #108 Dallas, TX 75212							
 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule Texas. Complete									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/16/2024	Blacks in Government							
	Amount (\$) \$85.00	Payee address; City; State; Zip Code P.O. Box 223583 Dallas, TX 75222							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Texas. Complete Schedule T. TX, officeholder living expense dues						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/11/2024	Campaign Techniques							
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code P.O. Box 1526							
		Dallas, TX 75313							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense e for 2026 primary						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	· · ·	-	•	3	Filer ID (Ethics Commission Filers)	
-	Sch: 4/25 Rpt: 7/29		Hoffman, Martin J. (The Honorable)				00057750	
4	Date 08/29/2024	5	Payee name Capital Grille					
6	Amount (\$) \$90.03		Payee address; City; State; 500 Crescent Court Dallas, TX 75201	Zip Co	le			
			Category (See Categories listed at the top of this sche Food/Beverage Expense	 (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch with fellow member of the Dallas Bar Association Board of Directors 				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	yht		Office held	
	Date		Payee name					
	09/18/2024		Cassandra Hernandez for Texas					
	Amount (\$) \$100.00		P.O. Box 1289,	Zip Co	de			
	PURPOSE OF EXPENDITURE	(a)	Addison, TX 75001 Category (See Categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Commi				de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	pht		Office held	
	Date		Payee name					
	10/01/2024		Cindi's NY Deli Restaurant					
	Amount (\$) \$57.07		Payee address;City;State;306 South Houston Street	Zip Co	de			
			Dallas, TX 75202-4706					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)		ı, ТХ,	de of Texas. Complete Schedule T. , officeholder living expense ial interns	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	Jht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 5/25 Rpt: 8/29		Hoffman, Martin J. (The Honorable)				00057750			
4	Date	5	Payee name							
	09/17/2024		Cindi's NY Deli Restaurant							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$90.01		306 South Houston Street							
			Dallas, TX 75202-4706							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF		Food/Beverage Expense	Judioj		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		- ·				officeholder living expense			
					Lunch with ju	dic	ial interns			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght		Office held			
	Date		Payee name							
	12/08/2024		Costco							
-	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$95.72		8055 Churchill Way							
	\$30.1Z									
			Dallas, TX 75251							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Food/Beverage Expense				de of Texas. Complete Schedule T. , officeholder living expense			
					Snacks for ju					
						101	5			
_	Complete ONLY if direct		Candidate/Officeholder name O	office sou	tht		Office held			
	expenditure to benefit C/OF				jin					
_	Date		Payee name							
	10/19/2024		Culinary Dropout							
				Zip Co						
	Amount (\$) \$618.51		Payee address; City; State; 150 Turtle Creek Blvd # 101	ZIP CO	le					
	Ф010. 3 1		150 Turtle Creek Blvd # 101							
			Dallas, TX 75207							
	PURPOSE	(0)			(b) Description					
	OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Food/Beverage Expense				officeholder living expense			
							udicial interns before Dallas			
					Association of	of Y	oung Lawyers Gala			
	Complete ONLY if direct	L	Candidate/Officeholder name O	office sou	ght		Office held			
	expenditure to benefit C/OI			·						
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Food/Beverage Expense Pollir Gift/Awards/Memorials Expense Printi	ce Overhea ing Expensiting Expensiting Expensiting Expensiting	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 6/25 Rpt: 9/29		Hoffman, Martin J. (The Honorable)				00057750	
4	Date	5	Payee name					
	11/01/2024		Dakota's Steakhouse					
6	Amount (\$) \$55.78	7	Payee address; City; State; Zip 600 N Akard St Dallas, TX 75202	o Code				
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. Check if Austin, TX, officeholder living expense Lunch with political supporters					officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Office	e sought			Office held	
	Date		Payee name					
	08/09/2024		Dakota's Steakhouse					
	Amount (\$)		Payee address; City; State; Zip	code				
	\$60.66		600 N Akard St Dallas, TX 75202					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense Cal supporters	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Office	e sought			Office held	
	Date		Payee name					
	10/03/2024		Dallas Assocation of Young Lawyers					
	Amount (\$)		Payee address; City; State; Zip	code				
	\$1,000.00		2101 Ross Avenue					
			Ste 1795					
			Dallas, TX 75201					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Event Expense) (b)	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense Association of Young Lawyers	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name Office	e sought			Office held	

			EXPENDITURE CATEGOR	RIES FOR	BC	DX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains f	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 7/25 Rpt: 10/29		Hoffman, Martin J. (The Honorable)					00057750	· · ·		
4	Date 08/19/2024	5	Payee name Dallas Assocation of Young Lawyers								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de						
-	\$1,162.50	-	2101 Ross Avenue								
	\$1,10 <u>2</u> .00		Ste 1795								
			Dallas, TX 75201								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Event Expense					de of Texas. Com			
								officeholder living	Dallas Association of		
						Young Lawye			Dallas Association of		
_	Osmalata ONU V if dive at					5 ,			14		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	gnt			Office he	910		
	Date		Payee name								
	12/13/2024		Dallas Bar Association								
⊢	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$610.00		2101 Ross Avenue								
			Dallas, TX 75202								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Fees	edule)	(b)			de of Texas. Comp officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C)ffice sou	ght			Office he	ld		
-	Date		Payee name								
	08/22/2024		Dallas Bar Association								
				Zip Co	do						
	Amount (\$)		, , , , , , , , , , , , , , , , , , ,	ZIP CO	ue						
	\$250.00		2101 Ross Avenue								
			Dallas, TX 75202								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Contributions/Donations Made By			Check if travel	outsi	de of Texas. Com	plete Schedule T.		
	LAFENDITORE		Candidate/Officeholder/Political Comm	ittee			, TX,	officeholder living	expense		
						Contribution					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office soug	ght			Office he	eld		

			EXPENDITURE CATEGOR	RIES FOR	вох	(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	rhead/R pense pense ages/Co	Reimbursement tental Expense ontract Labor this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 8/25 Rpt: 11/29		Hoffman, Martin J. (The Honorable)				(00057750		
4	Date	5	Payee name							
	11/17/2024		Dallas Bar Foundation							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$2,000.00		2101 Ross Avenue							
			Suite 700							
			Dallas, TX 75201							
_										
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) D	escription			underte Orden durbe T	
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Comm	ittoo	F	Check if Austin,			iplete Schedule T.	
			Candidate/Onicenoide//Folitical Comm	lillee	T				Association Ina	Joural Ball
					-					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C)ffice sou	ght			Office he	eld	
	Date		Payee name							
	10/08/2024		Dallas County Democratic Party							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$103.75		1414 Washington Avenue							
	\$100.70		1414 Washington / Wende							
			Dallas, TX 75204							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) D	escription				
	OF EXPENDITURE		Advertising Expense		Ē	_			plete Schedule T.	
					Ľ	Check if Austin,		-		Dorth
						lispanic outre			ty Democratic	Party
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	ght			Office he	eld	
	D :	_								
	Date		Payee name							
	08/29/2024		Dallas County Democratic Party							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$5,000.00		1414 Washington Avenue							
			Dallas, TX 75204							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) D	escription				
	EXPENDITURE		Contributions/Donations Made By		Ļ				plete Schedule T.	
			Candidate/Officeholder/Political Comm	ittee	L	Check if Austin,			as County Dem	ocratic
						arty Johnsor				
	Operation ON States	L					_			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office he	eia	

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								quipment & Related Expense		
1	Total pages Schedule F1:					i.	12	Filer ID	(Ethios Commission Eilers)		
1							ീ		(Ethics Commission Filers)		
	Sch: 9/25 Rpt: 12/29	Hoffman	, Martin J. (The Hon	orable)				00057750			
4	Date	Payee na	me								
	11/20/2024		awyers Magazine								
6	Amount (\$)	Payee ad		Stato	; Zip Coc	0					
ľ	\$250.00			Siale,	, zip cou	e					
	Suite 178										
		Dallas, 1	X 75244								
8	PURPOSE) Category	(See Categories listed at the	top of this coh	(aluba	b) Description					
-	OF		ing Expense	top of this sen	ieuuie)		outs	ide of Texas. Com	plete Schedule T.		
	EXPENDITURE					Check if Austir	n, TX	, officeholder living	j expense		
						Voter guide					
9	Complete ONLY if direct	Candidate/	Officeholder name		 Office soug	ht		Office he	h		
ľ	expenditure to benefit C/OF	oundidato			Since boug						
╞											
	Date	Payee na									
	10/16/2024	Dallas L	awyers Magazine								
	Amount (\$)	Payee ad	dress; City;	State;	; Zip Coc	е					
	\$1,500.00	400 Spri	ng Valley Road								
		Suite 17	•								
			-								
		Dallas, I	X 75244								
	PURPOSE OF		(See Categories listed at the	top of this sch	nedule)	b) Description					
	EXPENDITURE	Event Ex	kpense					ide of Texas. Com			
								, officeholder living			
						Table at ann	uai	Amicus Gal	d		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/	Officeholder name	C	Office soug	ht		Office he	eld		
	experiature to benefit C/O										
	Date	Payee na	me								
	09/12/2024	Dallas W	/omen Lawyers Asso	ociation Fo	oundation						
-	Amount (\$)	Payee ad	dress; City;	State	; Zip Coc	٩					
	\$102.56		ss Avenue	olulo,	, 20 000						
	Φ102.50	2101 K0	35 Avenue								
		Dallas, 1	X 75202								
	PURPOSE) Category	(See Categories listed at the	top of this sch	nedule)	b) Description					
	OF		tions/Donations Mac	•	,	Check if travel	outs	ide of Texas. Com	plete Schedule T.		
	EXPENDITURE		te/Officeholder/Politi		nittee	Check if Austir	n, TX	, officeholder living) expense		
						Donation for	anr	nual dinner			
	Complete ONLY if direct	Candidate/	Officeholder name	C	Office soug	ht		Office he	eld		
	expenditure to benefit C/OF				Ū						
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Over Polling Exp Printing Ex Salaries/W	head/F ense pense ages/C	Reimbursement Rental Expense contract Labor		Travel in District Travel Out of Distri	uipment & Related Expense
_		-	The Instruction Guid	e explains l	now to con	npiete		-		
1	Total pages Schedule F1: Sch: 10/25 Rpt: 13/29		FILER NAME Hoffman, Martin J. (The Honc	orable)					Filer ID 00057750	(Ethics Commission Filers)
4	Date	5	Payee name							
	12/05/2024		Del Frisco							
6	Amount (\$) \$120.94		Payee address; City; 2323 Olive Dallas, TX 75201	State;	; Zip Coo	le				
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) 🛛	Description			
	OF EXPENDITURE		Food/Beverage Expense		,		Check if Austin,	TX,	de of Texas. Comple officeholder living e cal supporters	expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	jht			Office held	d
	Date		Payee name							
	11/21/2024		Del Frisco							
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le				
	\$99.11		2323 Olive Dallas, TX 75201							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Food/Beverage Expense	top of this sch	edule)		Check if Austin,	TX,	de of Texas. Comple officeholder living e cal supporters	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Jht			Office held	d
	Date		Payee name							
	10/11/2024		Del Frisco							
	Amount (\$) \$50.76		Payee address; City; 2323 Olive	State;	; Zip Coo	le				
			Dallas, TX 75201							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Food/Beverage Expense	top of this sch	edule)		Check if Austin,	TX,	de of Texas. Comple officeholder living e cal supporters	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	Jht			Office held	d

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens ages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			Ī	3	Filer ID (Ethics Commission Filers)		
	Sch: 11/25 Rpt: 14/29		Hoffman, Martin J. (The Honorable)					00057750		
4	Date 12/04/2024		Payee name Fleurima, Widelyne (Ms.)							
6	Amount (\$) \$375.00		Payee address; City; State; 4940 Bernal Drive Dallas, TX 75212	Zip Co	de					
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)	(b)	Check if Austin,	тх, dre	ide of Texas. Complete Schedule T. , officeholder living expense essing campaign Christmas list and lists		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght			Office held		
	Date		Payee name							
	12/20/2024		Gomez, Marissa							
	Amount (\$) \$100.00		Payee address; City; State; 600 Commerce	Zip Co	de					
			Dallas, TX 75202							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Gift/Awards/Memorials Expense	edule)	(b)	Check if Austin,	TX,	ide of Texas. Complete Schedule T. , officeholder living expense Dr court lead clerk		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght			Office held		
	Date		Payee name							
	10/28/2024		II Bracco							
	Amount (\$) \$64.04		Payee address; City; State; 8416 Preston Center Plaza	Zip Co	de					
			Dallas, TX 75225							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schu Food/Beverage Expense	edule)	(b)	Check if Austin,	ΤX,	ide of Texas. Complete Schedule T. , officeholder living expense cal supporters		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Com	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex nittee Legal Services The Instruction Guid		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 12/25 Rpt: 15/29		Hoffman, Martin J. (The Hond	orable)				00057750			
4	Date 10/23/2024		Payee name I Bracco								
6	Amount (\$) \$85.00	8	Payee address; City; 3416 Preston Center Plaza Dallas, TX 75225	State;	Zip Co	le					
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Food/Beverage Expense	top of this sch	edule)	Check if Austir	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense ical supporters			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ıht		Office held			
	Date	l I	Payee name								
	09/17/2024	、	J.L. Turner Legal Foundation								
	Amount (\$) \$250.00		Payee address; City; 2101 Ross Avenue Dallas, TX 75201	State;	; Zip Co	le					
	PURPOSE OF EXPENDITURE	(a) (Category (See Categories listed at the Contributions/Donations Mad Candidate/Officeholder/Politic	е Ву		Check if Austir	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense Ship donation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Jht		Office held			
	Date	I	Payee name		_						
	11/15/2024	.	Jason's Deli								
	Amount (\$) \$148.84		Payee address; City; L409 Main Street	State;	Zip Co	le					
			Dallas, TX 75202								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Food/Beverage Expense	top of this sch	edule)	Check if Austir	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense Taylor Inn of Court Social Committee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Jht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Award mittee Legal Serv	rage Expense s/Memorials Expense	Office Overhe Polling Expen Printing Expe Salaries/Wag	nse es/Contract Labor	Travel in District Travel Out of Dis	quipment & Related Expense				
1	Total pages Schedule F1:					3 Filer ID	(Ethics Commission Filers)				
1	Sch: 13/25 Rpt: 16/29	Hoffman, Martin J.	(The Honorable)			00057750					
4	Date 07/08/2024	^p ayee name Jason's Deli									
6	Amount (\$)	Payee address; C	City; State;	Zip Code							
-	\$594.75	1409 Main Street	· · · · · · · · · · · · · · · · · · ·								
	+00 m 0										
		Dallas, TX 75202									
8	PURPOSE OF		es listed at the top of this sch	edule) (b) Description						
	EXPENDITURE	=ood/Beverage Exp	bense			outside of Texas. Com I, TX, officeholder living					
							lges and law clerks at				
						eral Courthouse					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder	name C	Office sough	t	Office he	eld				
	Date	Payee name									
	12/04/2024		State Representative	e re-electio	n Campaign						
	Amount (\$)		-	Zip Code							
	.,		Sidie,	, Zip Coue							
	\$100.00	100 South Zang									
		Suite 2200									
		Dallas, TX 75208									
	PURPOSE	Category (See Categori	es listed at the top of this sch	edule) (b) Description						
	OF EXPENDITURE	Contributions/Dona	tions Made By			outside of Texas. Com					
		Candidate/Officeho	Ider/Political Comm	ittee		n, TX, officeholder living					
					Campaign co	ontribution for re	e-election campaign				
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder	name C	Office sough	t	Office he	eld				
	Date	Payee name									
	08/06/2024	Korea House									
-	Amount (\$)	Payee address; C	City; State;	Zip Code							
	\$44.32	2598 Royal Lane	ity, otato,	, בוף סטמט							
	φ++.32										
		Dallas, TX 75229									
	PURPOSE	Category (See Categori	es listed at the top of this sch	edule) (b) Description						
	OF EXPENDITURE	=ood/Beverage Exp	bense			outside of Texas. Com					
	EXFENDITORE					I, TX, officeholder living					
					Lunch with p	olitical supporte	rs				
	Complete ONLY if direct	andidate/Officeholder	name C	Office sough	t	Office he	eld				
	expenditure to benefit C/OI										

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 14/25 Rpt: 17/29		Hoffman, Martin J. (The Honorable)				00057750				
4	Date 10/28/2024		Payee name LGBT Bar Association								
6	Amount (\$) \$500.00										
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Sponsorship of annual gala											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office sou	ht		Office held				
	Date		Payee name								
	08/12/2024		La Madeleine								
	Amount (\$) \$27.58		Payee address; City; State; 4343 W Northwest Hwy Suite 365 Dallas, TX 75220	Zip Co	le						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense Cal supporter				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	ht		Office held				
	Date		Payee name								
	08/27/2024		Lockhart Smokehouse								
	Amount (\$) \$87.15		Payee address; City; State; 400 W Davis Street	Zip Co	le						
			Dallas, TX 75208								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense cal supporters				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office sou	ht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense	Office Ove Polling Exp Printing Ex Salaries/W	head/Re ense pense ages/Co	eimbursement ental Expense ntract Labor this form.	ר ר ר	Fransportation E Fravel in District Fravel Out of Dis	raising Expense quipment & Related Expe strict category not listed above	
1	Total pages Schedule F1:	2 F	ILER NAME					3 F	-iler ID	(Ethics Commission	Filers)
	Sch: 15/25 Rpt: 18/29	ŀ	loffman, Martin J. (The Hon	orable)				C	00057750		
4	Date 12/17/2024		Payee name /Iac Taylor Inn of Court								
6	Amount (\$) \$300.00	1	Payee address; City; .445 Ross Avenue Dallas, TX 75202	State;	Zip Co	Je					
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Good/Beverage Expense	e top of this sche	edule)		Check if Austin,	TX, o	fficeholder living	plete Schedule T. I expense Iber membership	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office he	eld	
	Date	F	Payee name								
	10/16/2024	N	lac Taylor Inn of Court								
	Amount (\$) \$425.00		Payee address; City; .445 Ross Avenue	State;	Zip Co	de					
		I	Dallas, TX 75202								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the	e top of this sche	edule)		Check if Austin,	TX, o	fficeholder living	plete Schedule T. I expense for membership	meeting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office he	eld	
	Date	F	ayee name								
	11/05/2024	l N	lesero								
	Amount (\$) \$76.76		Payee address; City; 2822 N Henderson Avenue	State;	Zip Co	de					
			Dallas, TX 75206								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Food/Beverage Expense	e top of this sche	edule)		escription Check if travel o Check if Austin, Unch with juc	TX, o	fficeholder living	plete Schedule T. I expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	jht			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Offic Food/Beverage Expense Polli Gift/Awards/Memorials Expense Print	ce Overhea ling Expensi nting Exper aries/Wage	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	· · ·			3	Filer ID (Ethics Commission Filers)	\neg		
	Sch: 16/25 Rpt: 19/29	2	Hoffman, Martin J. (The Honorable)				00057750			
4	Date	5	Payee name							
	08/09/2024		Mexican American Bar Association							
6	Amount (\$)	7	Payee address; City; State; Zip	p Code				\neg		
	\$241.94		2101 Ross Avenue							
			Dallas , TX 75201							
8	DUDDOCE			(h)				_		
ð	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)) (0)	Description	outeic	de of Texas. Complete Schedule T.			
	EXPENDITURE		Event Expense				officeholder living expense			
					Tickets to an					
							. 90.0			
9	Complete ONLY if direct		Candidate/Officeholder name Office	e sought			Office held	\neg		
	expenditure to benefit C/OI			g						
_	Date		Payee name					=		
	09/13/2024		Namo							
								_		
	Amount (\$)		Payee address; City; State; Zip	p Code						
	\$90.00		3699 McKinney Avenue #305							
			Dallas, TX 75204							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description			_		
	OF	``	Food/Beverage Expense	,		outsic	de of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austin,	, тх,	officeholder living expense			
					Lunch with fo	rme	er judicial interns			
	Complete ONLY if direct		Candidate/Officeholder name Office	e sought			Office held			
	expenditure to benefit C/OI	H								
	Date		Payee name					╡		
	12/19/2024		Neuhaus Cafe							
	Amount (\$)		Payee address; City; State; Zip	p Code						
	\$27.15		5959 Royal Lane							
			,							
			Dallas, TX 75229							
	DUDDOOF	(-)						_		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)) (0)	Description	outoic	de of Texas. Complete Schedule T.			
	EXPENDITURE		Food/Beverage Expense				officeholder living expense			
							ew with future judicial intern			
-	Complete ONLV if direct	Ļ	Candidate/Officebolder name				Office held	\neg		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	e sought			Office field			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials ittee Legal Services The Instruction Gu	Expense	Office Over Polling Exp Printing Exp Salaries/Wa	head ense pense ages/	e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related Exp	
1	Total pages Schedule F1:	2 F						3	Filer ID	(Ethics Commissio	n Filers)
-	Sch: 17/25 Rpt: 20/29	1	offman, Martin J. (The Ho	norable)					00057750		
4	Date	5 P	ayee name								
	10/20/2024	N	lew Mount Zion Baptist Ch	urch							
6	Amount (\$)	7 P	ayee address; City;	State;	Zip Coc	de					
	\$100.00		550 Shepperd Road								
		_									
			allas, TX 75243								
8	PURPOSE OF	(a) C	ategory (See Categories listed at t	ne top of this sch	edule)	(b)	Description				
	EXPENDITURE		ontributions/Donations Ma						de of Texas. Com officeholder living		
			andidate/Officeholder/Poli	tical Comm	littee					oth Anniversary	
							Celebration	iy L	DIOWITS IC	Anniversary	
_	Operation ONIL V if diverse		- lidete (Office le el den recent						0.45	1.1	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Ĺ	Office soug	Int			Office he	210	
-	Date		ayee name								
	11/22/2024		•								
			line Kitchen and Lounge								
	Amount (\$)		ayee address; City;	State;	; Zip Coc	de					
	\$151.20	2	211 N Houston Street								
			allas, TX 75219								
	PURPOSE	(a) C	ategory (See Categories listed at t	ne top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		ood/Beverage Expense		,		Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE		0						officeholder living		
										rns before the D	allas
							Trial Lawyers	an	inual party		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate/Officeholder name	С	Office soug	ght			Office he	eld	
	Date	Р	ayee name								
	07/18/2024	c	cean Prime								
	Amount (\$)	P	ayee address; City;	State;	Zip Coc	de					
	\$390.58	I	101 Cedar Springs Rd #15	50							
			allas, TX 75201								
⊢	PURPOSE				<u> </u>	(h)	Description				
	OF		ategory (See Categories listed at th	ne top of this sche	edule)	(D)	Description	nutsi	de of Texas. Com	nlete Schedule T	
	EXPENDITURE		ood/Beverage Expense						officeholder living		
							Happy hour v				
-	Complete ONLY if direct		ndidate/Officeholder name	ſ	Office soug	tht			Office he	ld	
	expenditure to benefit C/OI		naidate/emechoider name		2.1100 300g	,					
_											

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	12					3	Filer ID (Ethics Commission Filers)		
T	Sch: 18/25 Rpt: 21/29		HILER NAME Hoffman, Martin J. (The Honorable)				3	00057750		
4	Date	5	Payee name							
	12/11/2024		Pacific Table							
6	Amount (\$) \$187.88		Payee address; City; State 5238 N O'Connor Blvd #136 Irving, TX 75039	e; Zip Cc	ode					
8	PURPOSE	(a)		(ماریام)	(b)	Description				
	OF		Category (See Categories listed at the top of this sch Food/Beverage Expense	hedule)	(~)	Check if travel	, TX,	de of Texas. Complete Schedule T. officeholder living expense Cal supporters		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held		
	Date		Payee name							
	07/09/2024		Pie Tap Pizza Work							
	Amount (\$)	┢	Payee address; City; State	e; Zip Co	ode					
	\$38.79		1212 Oak Lawn Ave Dallas, TX 75207							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Food/Beverage Expense	hedule)	(b)	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense political supporters		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held		
	Date	Γ	Payee name							
	12/20/2024		Pinson, Rhonda (Ms.)							
	Amount (\$) \$100.00		Payee address; City; State 600 Commerce	e; Zip Co	ode					
			Dallas, TX 75202		1					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Gift/Awards/Memorials Expense	hedule)	(b)	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense Or COURT COORDINATOR		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe ittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2 F		•		•	3	Filer ID	(Ethics Commission Filers)		
-	Sch: 19/25 Rpt: 22/29		offman, Martin J. (The Honora	able)				00057750			
4	Date 12/20/2024		ayee name eagor, Toni (Ms.)								
6	Amount (\$) \$100.00	6	ayee address; City; 00 Commerce allas, TX 75202	State;	; Zip Coo	e					
8	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top ift/Awards/Memorials Expense		edule)		n, TX,	ide of Texas. Com , officeholder living O r COURT REPO	expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office he	eld		
	Date	Р	ayee name								
	10/25/2024	S	assetta								
	Amount (\$) \$113.10		ayee address; City; 530 Main St STE 100,	State;	; Zip Coo	e					
		D	allas, TX 75201								
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top ood/Beverage Expense	o of this sch	iedule)		n, TX,	ide of Texas. Com , officeholder living cal supporte	expense		
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office he	eld		
	Date	Р	ayee name								
	09/24/2024		assetta								
	Amount (\$) \$50.00		ayee address; City; 530 Main St STE 100,	State;	; Zip Coo	e					
			allas, TX 75201								
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top ood/Beverage Expense	o of this sch	iedule)		n, TX,	ide of Texas. Com , officeholder living cal supporte	expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office he	eld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	· · ·		·		3	Filer ID (Ethics Commission Filers)		
-	Sch: 20/25 Rpt: 23/29	2	Hoffman, Martin J. (The Honorable)				5	00057750		
4	Date	5	Payee name							
	11/19/2024		Shutterfly, Inc.							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$2,024.24		10 Almaden Blvd, Suite 900							
			San Jose, CA 95113							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Printing Expense	,			outsi	de of Texas. Complete Schedule T.		
	EXPENDITORE							officeholder living expense		
						Printing for ca	amp	paign holiday card		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice sou	ght			Office held		
	Date		Payee name							
	08/20/2024		Tacodeli							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$56.70		1878 Sylvan Avenue							
	¢00110									
			Dallas, TX 75208							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.		
								officeholder living expense		
						Lunch with ju	aic	lai mems		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice sou	ght			Office held		
-	Date		Payee name							
	08/13/2024		Tacodeli							
				Zin Or	de					
	Amount (\$)			Zip Co	ue					
	\$60.46		1878 Sylvan Avenue							
			Dallas, TX 75208							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.		
								officeholder living expense		
						Lunch with ju	dici	ial interns		
	Complete ONLY if direct		Candidate/Officeholder name Of	ffice sou	ght			Office held		
	expenditure to benefit C/OF	1								

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awa nmittee Legal Se	verage Expense rds/Memorials Expense		Office Over Polling Exp Printing Ex Salaries/W	rhead/ bense pense ages/(Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
_	Tatal same Oshadula Et.			Struction Guide ex	μιαποι		iipiet			FilmulD		
1	1 Total pages Schedule F1: 2 FILER NAM Sch: 21/25 Rpt: 24/29 Hoffman,									Filer ID 00057750	(Ethics (Commission Filers)
4	Date	5		(-7							
4	07/16/2024	5	Payee name Tacodeli									
6	Amount (\$)	7 Payee address; City; State; Zip Code										
	\$74.08		1878 Sylvan Aver	nue								
			Dallas, TX 75208									
8	PURPOSE	(a)					(h)	Description				
Ŭ	OF	(4)	Category (See Categ Food/Beverage E		this sche	edule)	(0) 		outsid	de of Texas. Com	plete Sched	lule T.
	EXPENDITURE		1 000/Develage L	хрепзе			İ			officeholder living		
							Ī	 Lunch with po	olitio	cal supporte	ers	
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officehold	er name	0	Office soug	ght			Office he	eld	
	Date		Payee name									
	10/10/2024		Tei An									
	Amount (\$)		Payee address;	City;	State:	Zip Co	de					
	\$18.66		1722 Routh St Su		o tato,	2.p 000						
			Dallas, TX 75201									
	PURPOSE	(a)	Category (See Categ	ories listed at the top of	this sche	edule)	(b)	Description				
	OF EXPENDITURE	Food/Beverage Expense								de of Texas. Com		lule T.
							ļ			officeholder living		
								Lunch with po	DIITIC	cai supporte	ers	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			Candidate/Officehold	er name	0	Office soug	ght			Office he	eld	
	Date		Payee name									
	07/24/2024		Texas Center for	the Judiciary								
	Amount (\$)		Payee address;	City;	State:	Zip Co	de					
	\$105.00		1210 San Antonio		State,	210 000	uc					
	φ105.00		1210 3411 Antonic	, Suite 000								
			Austin, TX 78701									
	PURPOSE	(a)	Category (See Categ	pries listed at the top of	this sche	edule)	(b)	Description				
	OF		Food/Beverage E	•		suulo)			outsio	de of Texas. Com	plete Sched	lule T.
	EXPENDITURE						Ī	Check if Austin,	, TX,	officeholder living	expense	
							(Continuing Ju	udic	ial Educatio	on in farr	nily violence
	Complete ONLY if direct		Candidate/Officehold	er name	0	Office soug	ght			Office he	eld	
	expenditure to benefit C/OI	H										

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		-	norials Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
	-			on Guide explains ł	how to cor	nplete this form.		
1	Total pages Schedule F1:	2					3	Filer ID(Ethics Commission Filers)
	Sch: 22/25 Rpt: 25/29		Hoffman, Martin J. (The	e Honorable)				00057750
4	Date	5	Payee name					
	10/25/2024		The Mercury					
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le		
	\$73.00							
			Dallas, TX 75230					
_	DUDDOCE							
8	PURPOSE OF	(a)	Category (See Categories list		edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		Food/Beverage Expens	se				, officeholder living expense
						Lunch with p	oliti	ical supporters
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder nan	ne C	Dffice sou	ht		Office held
	Date		Payee name					
	10/22/2024		The Mercury					
	Amount (\$)	-	Payee address; City;	State:	Zip Co	10		
	\$79.00		11909 Preston Rd #14			16		
	\$79.00 11909 PIESION RU #1416							
			Dallas, TX 75230					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories list Food/Beverage Expens		edule)	Check if Austin	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense ical supporters
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder nar	ne C	Dffice sou	ht		Office held
	Date		Payee name					
	10/18/2024		The Mercury					
	Amount (\$)		Payee address; City;	State [.]	Zip Co	le		
	\$65.04		11909 Preston Rd #14		210 000			
	\$00.04		110001100001100					
			Dallas, TX 75230					
	PURPOSE	(a)	Category (See Categories list	ed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Food/Beverage Expens	se				ide of Texas. Complete Schedule T.
								, officeholder living expense ical supporters
							onti	ical supporters
					D.45' -			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder nar	ne C	Office sou	Int		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		nittee	Event Expense Fees Food/Beverage Exp Gift/Awards/Memor Legal Services	ials Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead bense pense ages/	e Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
_	T + 1 = 0 + 1 + E 4			The instruction	Guide explains	now to cor	npie			<u> </u>		· · · · • • • • • • • • • • • • • • • •
1	Total pages Schedule F1:		ILER NAME							Filer ID	(Ethics Commiss	sion Filers)
	Sch: 23/25 Rpt: 26/29	Hoffman, Martin J. (The Honorable)								00057750		
4	Date 10/04/2024		ayee name he Mercury									
6	Amount (\$)	7 P	ayee addres	s; City;	State	; Zip Co	de					
	\$192.22			on Rd #1418								
			Dallas, TX 7	5230								
8	PURPOSE OF EXPENDITURE			e Categories listed Ige Expense	at the top of this sch	nedule)			, тх,	de of Texas. Com officeholder living Cal supporte	expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Offic	eholder name	(Office sou	ght			Office he	eld	
	Date	P	ayee name									
	09/20/2024	т	he Mercury	,								
	Amount (\$)	P	ayee addres	s; City;	State	; Zip Co	de					
	\$84.00			on Rd #1418								
	Dallas, TX 75230											
	PURPOSE OF EXPENDITURE			e Categories listed age Expense	at the top of this sch	nedule)			, TX,	de of Texas. Com officeholder living Cal supporte	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Offic	eholder name	(Office sou	ght			Office he	eld	
	Date	P	ayee name									
	12/10/2024		-	s Postal Serv	/ice							
	Amount (\$)	P	ayee addres	s; City;	State	; Zip Co	de					
	\$14.60		736 Royal			, 1						
			Dallas, TX 7									
	PURPOSE OF EXPENDITURE		category _{(Se} Advertising I		at the top of this sch	nedule)			, тх,	de of Texas. Com officeholder living paign Holida	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Offic	eholder name	(Office sou	ght			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)					
1	Sch: 24/25 Rpt: 27/29	Hoffman, Martin J. (The Honorable)	00057750					
4	Date 11/18/2024	Payee name United States Postal Service						
6	Amount (\$) \$87.60	Payee address; City; State; Zip Code 2736 Royal Lane Dallas, TX 75229						
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Image: Check if Advertising Expense Image: Check if Advertising expense Postage for campaign holiday card							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/13/2024	United States Postal Service						
	Amount (\$) \$175.20	Payee address;City;State;Zip Code2736 Royal Lane						
		Dallas, TX 75229						
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense campaign holiday card					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/20/2024	Wicked Butcher						
	Amount (\$) \$330.00	Payee address;City;State;Zip Code1717 Main Street						
		Dallas, TX 75201						
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense / lunch					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	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:	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 25/25 Rpt: 28/29	Hoffman, Martin J. (The Honorable)		00057750
4	Date	Payee name		
	08/16/2024	Wicked Butcher		
6	Amount (\$)	Payee address; City; State	e; Zip Code	
	\$46.54	1717 Main Street		
		Dallas, TX 75201		
8	PURPOSE OF	Category (See Categories listed at the top of this scl		
	EXPENDITURE	Food/Beverage Expense		outside of Texas. Complete Schedule T.
				n, TX, officeholder living expense
			Lunch with p	olitical supporters
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OI			

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K