

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00090586	2 Total pages filed: 21		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Margaret	MI	OFFICE USE ONLY		
	NICKNAME Peggy	LAST Hoffman	SUFFIX	Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE			Date Hand-delivered or Date Postmarked		
	REDACTED PER 254.0313, GOVT CODE			Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Scott	MI			
	NICKNAME Wynne	LAST	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	REDACTED PER 254.0313, GOVT CODE					
7 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 356-0358	EXTENSION			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026			ELECTION TYPE		
	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	<input type="checkbox"/> General	<input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Dallas County Criminal Court No. 9 Dallas			12 OFFICE SOUGHT (if known) District Judge District 194th		

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**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**

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13 C / OH NAME	Hoffman, Margaret (Ms.)		14 Filer ID (Ethics Commission Filers) 00090586												
15 NOTICE FROM POLITICAL COMMITTEE(S)	<p>This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME													
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS													
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME													
		COMMITTEE CAMPAIGN TREASURER ADDRESS													
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00												
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 12,245.00												
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00												
	4. TOTAL POLITICAL EXPENDITURES		\$ 6,896.37												
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 5,348.63												
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00												
17 AFFIDAVIT															
<p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p>															
<p>Ms. Margaret Hoffman _____ Signature of Candidate or Officeholder</p>															
AFFIX NOTARY STAMP / SEAL ABOVE															
<p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p>															
Signature of officer administering oath		Printed name of officer administering oath													
		Title of officer administering oath													

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

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18 FILER NAME	19 Filer ID (Ethics Commission Filers) 00090586
Hoffman, Margaret (Ms.)	
20 SCHEDULE SUBTOTALS	
NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 12,245.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 401.43
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 6,494.94
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/10 Rpt: 4/21
2 FILER NAME Hoffman, Margaret (Ms.)		3 Filer ID (Ethics Commission Filers) 00090586
4 Date 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birdsall, Clark 6 Contributor address; City; State; Zip Code Dallas, TX 75227	7 Amount of Contribution (\$) \$1,500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Law Office of Clark Birdsall		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/09/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanchett, Neal Contributor address; City; State; Zip Code Minneapolis, MN 55435		Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Attorney		Contributor's Job Title city attorney
Contributor's employer/law firm City of Minneapolis		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/19/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Robert Contributor address; City; State; Zip Code Dallas, TX 75207		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Retired Judge		Contributor's Job Title Retired Judge
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/10 Rpt: 5/21
2 FILER NAME Hoffman, Margaret (Ms.)		3 Filer ID (Ethics Commission Filers) 00090586
4 Date 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chatham, Andrew	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75211	
8 Contributor's Principal Occupation Judge		9 Contributor's Job Title self
10 Contributor's employer/law firm self		11 Law firm of contributor's spouse (if any) Matthews Stein Shiels Eden Davis
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, John	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Dallas, TX 75219	
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm Law Office of John M. Cook		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Tom	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Dallas, TX 75219	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of Tom Cox		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/10 Rpt: 6/21
2 FILER NAME Hoffman, Margaret (Ms.)		3 Filer ID (Ethics Commission Filers) 00090586
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fellman, Marc 6 Contributor address; City; State; Zip Code Dallas, TX 75204	7 Amount of Contribution (\$) \$150.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Fellman Law		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/10/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Ricky Contributor address; City; State; Zip Code Austin, TX 78738		Amount of Contribution (\$) \$1,500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Offices of Ricky D. Green		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/14/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Laura (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75218		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Doctor		Contributor's Job Title Doctor
Contributor's employer/law firm Maternal Fetal Medicine Consultants		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/10 Rpt: 7/21
2 FILER NAME Hoffman, Margaret (Ms.)		3 Filer ID (Ethics Commission Filers) 00090586
4 Date 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Heather 6 Contributor address; City; State; Zip Code Dallas, TX 75229	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation Coordinator of Intervention		9 Contributor's Job Title Coordinator
10 Contributor's employer/law firm Coppell ISD		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/19/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Martin Contributor address; City; State; Zip Code Dallas, TX 75229		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Judge		Contributor's Job Title Judge
Contributor's employer/law firm State of Texas		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/19/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hofheinz, Walter Contributor address; City; State; Zip Code Dallas, TX 75228		Amount of Contribution (\$) \$25.00
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm Hofheinz Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/10 Rpt: 8/21	
2 FILER NAME Hoffman, Margaret (Ms.)		3 Filer ID (Ethics Commission Filers) 00090586	
4 Date 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jett, Craig 6 Contributor address; City; State; Zip Code Dallas, TX 75218	7 Amount of Contribution (\$) \$200.00	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney	
10 Contributor's employer/law firm self		11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)			
Date 12/19/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judin, Hank Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney	
Contributor's employer/law firm Law Office of Hank Judin		Law firm of contributor's spouse (if any) Rockwall DA Office	
If contributor is a child, law firm of parent(s) (if any)			
Date 12/10/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kastl, Krisi Contributor address; City; State; Zip Code Dallas, TX 75204	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney	
Contributor's employer/law firm Kastl Law, PC		Law firm of contributor's spouse (if any) Kastl Law, PC	
If contributor is a child, law firm of parent(s) (if any)			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/10 Rpt: 9/21
2 FILER NAME Hoffman, Margaret (Ms.)		3 Filer ID (Ethics Commission Filers) 00090586
4 Date 12/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korieth, Sue 6 Contributor address; City; State; Zip Code Dallas, TX 75238	7 Amount of Contribution (\$) \$20.00
8 Contributor's Principal Occupation retired		9 Contributor's Job Title retired
10 Contributor's employer/law firm n/a		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/22/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krause, William Contributor address; City; State; Zip Code Dallas, TX 75248		
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm self employed		Law firm of contributor's spouse (if any) self employed
If contributor is a child, law firm of parent(s) (if any)		
Date 12/10/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lanzillo, Johnny Contributor address; City; State; Zip Code Richardson, TX 75080		
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Crowder Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/10 Rpt: 10/21
2 FILER NAME Hoffman, Margaret (Ms.)		3 Filer ID (Ethics Commission Filers) 00090586
4 Date 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Richard D. Warfield 6 Contributor address; City; State; Zip Code Dallas, TX 75206	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/19/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowry, Marty Contributor address; City; State; Zip Code Dallas, TX 75230		
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/12/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magnis, Rick Contributor address; City; State; Zip Code Dallas, TX 75252		
Contributor's Principal Occupation Judge		Contributor's Job Title Texas Senior Judge
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 8/10 Rpt: 11/21
2 FILER NAME Hoffman, Margaret (Ms.)		3 Filer ID (Ethics Commission Filers) 00090586
4 Date 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prospere, Reed 6 Contributor address; City; State; Zip Code Dallas, TX 75225	7 Amount of Contribution (\$) \$200.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm self-employed		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/19/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Debby Contributor address; City; State; Zip Code Dallas, TX 75229		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Sanchez and Sanchez		Law firm of contributor's spouse (if any) Sanchez and Sanchez
If contributor is a child, law firm of parent(s) (if any)		
Date 12/29/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shook, Toby Contributor address; City; State; Zip Code Dallas, TX 75201		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Shook & Gunter		Law firm of contributor's spouse (if any) self
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/10 Rpt: 12/21
2 FILER NAME Hoffman, Margaret (Ms.)		3 Filer ID (Ethics Commission Filers) 00090586
4 Date 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Michael 6 Contributor address; City; State; Zip Code Dallas, TX 75219	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Law Offices of Michael Smith		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/18/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villalva, Lorena Contributor address; City; State; Zip Code Mesquite, TX 75181		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Probation Officer		Contributor's Job Title Probation Officer
Contributor's employer/law firm Dallas County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/15/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weed, Laura Contributor address; City; State; Zip Code Dallas, TX 75219		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 10/10 Rpt: 13/21
2 FILER NAME Hoffman, Margaret (Ms.)		3 Filer ID (Ethics Commission Filers) 00090586
4 Date 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wynne, Scott 6 Contributor address; City; State; Zip Code Dallas, TX 75238	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation accountant		9 Contributor's Job Title accountant
10 Contributor's employer/law firm Jackson Shaw		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 14/21	2 FILER NAME Hoffman, Margaret (Ms.)	3 Filer ID (Ethics Commission Filers) 00090586
4 Date 12/09/2025	5 Payee name Stripe	
6 Amount (\$) \$2.75	7 Payee address; City; 354 Oyster Point Blvd. South San Francisco, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees to use for credit card donations
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/10/2025	Payee name Stripe	
Amount (\$) \$127.13	Payee address; City; 354 Oyster Point Blvd. South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees to use for credit card donations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/12/2025	Payee name Stripe	
Amount (\$) \$24.80	Payee address; City; 354 Oyster Point Blvd. South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees to use for credit card donations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/4 Rpt: 15/21	2 FILER NAME Hoffman, Margaret (Ms.)	3 Filer ID (Ethics Commission Filers) 00090586
4 Date 12/14/2025	5 Payee name Stripe	
6 Amount (\$) \$24.80	7 Payee address; City; 354 Oyster Point Blvd. South San Francisco, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees to use for credit card donations
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/15/2025	Payee name Stripe	
Amount (\$) \$5.20	Payee address; City; 354 Oyster Point Blvd. South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees to use for credit card donations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/17/2025	Payee name Stripe	
Amount (\$) \$7.65	Payee address; City; 354 Oyster Point Blvd. South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees to use for credit card donations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/4 Rpt: 16/21	2 FILER NAME Hoffman, Margaret (Ms.)	3 Filer ID (Ethics Commission Filers) 00090586
4 Date 12/18/2025	5 Payee name Stripe	
6 Amount (\$) \$5.20	7 Payee address; City; 354 Oyster Point Blvd. South San Francisco, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees to use for credit card donations
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/19/2025	Payee name Stripe	
Amount (\$) \$149.40	Payee address; City; 354 Oyster Point Blvd. South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees to use for credit card donations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/22/2025	Payee name Stripe	
Amount (\$) \$5.20	Payee address; City; 354 Oyster Point Blvd. South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees to use for credit card donations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/4 Rpt: 17/21	2 FILER NAME Hoffman, Margaret (Ms.)	3 Filer ID (Ethics Commission Filers) 00090586	
4 Date 12/29/2025	5 Payee name Stripe		
6 Amount (\$) \$49.30	7 Payee address; City; State; Zip Code 354 Oyster Point Blvd. South San Francisco, CA 94080		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees to use for credit card donations	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/4 Rpt: 18/21	2 FILER NAME Hoffman, Margaret (Ms.)	3 Filer ID (Ethics Commission Filers) 00090586	
4 Date 12/08/2025	5 Payee name Dallas County Democratic Party		
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 1414 N. Washington Dallas, TX 75204		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense filing fee to file to be placed on the ballot.	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/19/2025	Payee name Hoffman, Christopher		
Amount (\$) \$150.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Dallas, TX 75240		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jazz music for fundraiser	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/12/2025	Payee name JL Turner Legal Association		
Amount (\$) \$33.00	Payee address; City; State; Zip Code PO Box 130987 Dallas, TX 95313		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Holiday party	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/4 Rpt: 19/21	2 FILER NAME Hoffman, Margaret (Ms.)	3 Filer ID (Ethics Commission Filers) 00090586	
4 Date 12/17/2025	5 Payee name MMS Company Ad Specialties, LLC		
6 Amount (\$) \$1,488.44	7 Payee address; City; State; Zip Code 217 N. Interstate 35 E DeSoto, TX 75115		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printed door hangers	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/20/2025	Payee name North Texas Asian Democrats		
Amount (\$) \$20.00	Payee address; City; State; Zip Code 7735 Mulrany Dallas, TX 75248		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/19/2025	Payee name Rustic		
Amount (\$) \$440.00	Payee address; City; State; Zip Code 3656 Howell Dallas, TX 76206		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 3/4 Rpt: 20/21	2 FILER NAME Hoffman, Margaret (Ms.)	3 Filer ID (Ethics Commission Filers) 00090586		
4 Date 12/19/2025	5 Payee name Starbucks			
6 Amount (\$) \$90.00	7 Payee address; City; 5350 W. Lovers Lane Dallas, TX 75209			
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Reimbursement from political contributions intended		(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gift to campaign helpers	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
Date 12/13/2025	Payee name Stonewall Democrats			
Amount (\$) \$35.00	Payee address; City; 1414 N. Washington Dallas, TX 75204			
PURPOSE OF EXPENDITURE <input type="checkbox"/> Reimbursement from political contributions intended		Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
Date 12/19/2025	Payee name Times Ten Wine Cellar			
Amount (\$) \$1,518.50	Payee address; City; 6324 Prospect Dallas, TX 75214			
PURPOSE OF EXPENDITURE <input type="checkbox"/> Reimbursement from political contributions intended		Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 4/4 Rpt: 21/21	2 FILER NAME Hoffman, Margaret (Ms.)	3 Filer ID (Ethics Commission Filers) 00090586	
4 Date 12/18/2025	5 Payee name Tom Thumb		
6 Amount (\$) \$220.00	7 Payee address; City; 1380 W. Campbell Richardson, TX 75080		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gifts to aids	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held