

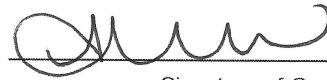


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Amy Elizabeth Hoffmann		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4009.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3228.96
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 780.04
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

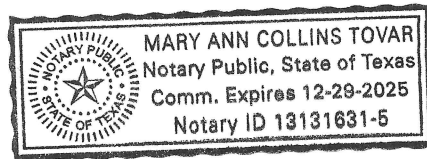
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

**(1) Affidavit**



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Mary Collins Tovar this the 6 day of April, 2023, to certify which, witness my hand and seal of office.

Mary Collins Tovar      Mary Collins Tovar      secretary  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) (year)

Signature of Candidate/Officeholder (Declarant)



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME  
**Amy Elizabeth Hoffmann**

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4009.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. SCHEDULE E: LOANS	\$ 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3228.96
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>16</b>
2 FILER NAME <b>Amy Hoffmann</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/28/23</b>	5 Full name of contributor <b>Holly Rogge</b> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <b>\$20.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/28/23</b>	Full name of contributor <b>mario Ayala</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/28/23</b>	Full name of contributor <b>Kimberly Paul</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/27/23</b>	Full name of contributor <b>Stephen Henley</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Amy Hoffmann		3 Filer ID (Ethics Commission Filers)
4 Date 3/17/23	5 Full name of contributor Kimberly Owens out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/17/23	Full name of contributor Travis Buhler out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/17/23	Full name of contributor Richard Gress out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/17/23	Full name of contributor maribel voghell out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Amy Hoffmann</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/19/23</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Sandra Duran</b> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)  <b>\$25.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/17/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jessica Cardenas</b> Contributor address; City; State; Zip Code	Amount of contribution (\$)  <b>\$10.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/17/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Amanda Green</b> Contributor address; City; State; Zip Code	Amount of contribution (\$)  <b>\$120.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/17/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Adrienne Duarte</b> Contributor address; City; State; Zip Code	Amount of contribution (\$)  <b>\$25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Amy Hoffmann</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/17/23</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Steven Verm</b>	7 Amount of contribution (\$) <b>\$ 25.00</b>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/17/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Addison Redfield</b>	Amount of contribution (\$) <b>\$ 25.00</b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/19/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Richard Gonzalez</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/19/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Andrew Duran</b>	Amount of contribution (\$) <b>\$ 25.00</b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Amy Hoffmann		3 Filer ID (Ethics Commission Filers)
4 Date 3/17/23	5 Full name of contributor out-of-state PAC (ID#: _____) Stacey Hoffmann 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/17/23	Full name of contributor out-of-state PAC (ID#: _____) Margaret Barry Contributor address; City; State; Zip Code	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/17/23	Full name of contributor out-of-state PAC (ID#: _____) Cheryl Torres Contributor address; City; State; Zip Code	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/17/23	Full name of contributor out-of-state PAC (ID#: _____) Braulio Minaya Contributor address; City; State; Zip Code	Amount of contribution (\$) \$486.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Amy Hoffmann</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/25/23</b>	5 Full name of contributor <b>Donald Franklin</b> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <b>\$56.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/25/23</b>	Full name of contributor <b>melody Bacak</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/25/23</b>	Full name of contributor <b>Iris Dunbar</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/25/23</b>	Full name of contributor <b>Paige Redfield</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Amy Hoffmann		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/23	5 Full name of contributor out-of-state PAC (ID#: _____) Jany Bond 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/03/23	Full name of contributor out-of-state PAC (ID#: _____) Julie Turner Contributor address; City; State; Zip Code	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/28/23	Full name of contributor out-of-state PAC (ID#: _____) Happy Jane Salvador Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/25/23	Full name of contributor out-of-state PAC (ID#: _____) Linda mason Contributor address; City; State; Zip Code	Amount of contribution (\$) \$60.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Amy Hoffmann		3 Filer ID (Ethics Commission Filers)
4 Date 3/29/23	5 Full name of contributor Ann Hoffmann out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/31/23	Full name of contributor Naomi Berdecia out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/23	Full name of contributor Angelica Gonzalez out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/23	Full name of contributor Nicole Reschke out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Amy Hoffmann		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/23	5 Full name of contributor out-of-state PAC (ID#: _____) Mauricio Martinez 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/28/23	Full name of contributor out-of-state PAC (ID#: _____) Deborah Christensen Contributor address; City; State; Zip Code	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/25/23	Full name of contributor out-of-state PAC (ID#: _____) Janie Martinez Contributor address; City; State; Zip Code	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/02/23	Full name of contributor out-of-state PAC (ID#: _____) Lisa Heet Contributor address; City; State; Zip Code	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME  
Amy Hoffmann

3 Filer ID (Ethics Commission Filers)

4 Date  
2/28/23

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Richard Thum

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)  
\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
3/07/23

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Kay Barry

Contributor address; City; State; Zip Code

Amount of contribution (\$)  
\$350.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
2/28/23

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Hector Garcia

Contributor address; City; State; Zip Code

Amount of contribution (\$)  
\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
2/28/23

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Brauntechs.com

Contributor address; City; State; Zip Code

Amount of contribution (\$)  
\$20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Amy Elizabeth Hoffmann</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/2/23</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Lorena Leishman</i>	7 Amount of contribution (\$) <i>\$25.00</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/17/23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Destiny Novak</i>	Amount of contribution (\$) <i>\$10.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/17/23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Kim Worthen</i>	Amount of contribution (\$) <i>\$10.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/10/23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Gyna Juarez</i>	Amount of contribution (\$) <i>\$40.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Amy Elizabeth Hoffmann</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/17/23</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Darrell Fuller</i>	7 Amount of contribution (\$)  <i>\$100.00</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/02/23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Michelle Flores</i>	Amount of contribution (\$)  <i>\$50.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/10/23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Ryan Smith</i>	Amount of contribution (\$)  <i>\$5.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/10/23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Annalisa Phipps</i>	Amount of contribution (\$)  <i>\$100.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Amy Elizabeth Hoffmann</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/10/23</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Belle Druin</i>	7 Amount of contribution (\$) <i>\$40.00</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/17/23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Gina Theler</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/17/23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Ruben Gonzalez</i>	Amount of contribution (\$) <i>\$48.50</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/20/23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Todd Heaton</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>Amy Elizabeth Hoffmann</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/19/23</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Yveline Flowers</i> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)  <i>\$45.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/16/23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Joe Miller</i> Contributor address; City; State; Zip Code	Amount of contribution (\$)  <i>\$20.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/31/23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Kelly Aguirre</i> Contributor address; City; State; Zip Code	Amount of contribution (\$)  <i>\$10.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/31/23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Elizabeth Burns</i> Contributor address; City; State; Zip Code	Amount of contribution (\$)  <i>\$10.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Amy Elizabeth Hoffmann		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/23	5 Full name of contributor Alejandra medois out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/10/23	Full name of contributor Deborah Barrera out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/17/23	Full name of contributor Tracy Frigm out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/17/23	Full name of contributor Tony Gilson out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Amy Hoffmann		3 Filer ID (Ethics Commission Filers)
4 Date  2/28/23	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Thinking out loud</i> ..... 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)  \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>5</b>	<b>2</b> FILER NAME <b>Amy Elizabeth Hoffmann</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>03/13/23</b>	<b>5</b> Payee name <b>Awallo Screenprinting</b>
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<b>6</b> Amount (\$) <b>\$1,269.23</b>	<b>7</b> Payee address; <b>1230 Duke Rd.</b>	City; <b>San Antonio</b>	State; <b>TX</b>	Zip Code <b>78264</b>
-------------------------------------------	-------------------------------------------------	-----------------------------	---------------------	--------------------------

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

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---------------------------------------------------------------------	-------------------------------	---------------	-------------

Date <b>03/22/2023</b>	Payee name <b>Making Memories</b>
---------------------------	--------------------------------------

Amount (\$) <b>\$240.00</b>	Payee address; <b>3050 Lake Grande St.</b>	City; <b>San Antonio</b>	State; <b>TX</b>	Zip Code <b>78222</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Shirts</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
------------------------------------------------------------	-------------------------------	---------------	-------------

Date <b>03/21/2023</b>	Payee name <b>Carl Christian J Anderson</b>
---------------------------	------------------------------------------------

Amount (\$) <b>\$207.70</b>	Payee address;	City; <b>San Antonio</b>	State; <b>Texas</b>	Zip Code <b>78232</b>
--------------------------------	----------------	-----------------------------	------------------------	--------------------------

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
------------------------------------------------------------	-------------------------------	---------------	-------------

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Amy Elizabeth Hoffmann</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>3/25/23</i>	<b>5</b> Payee name <i>De la Rosa Consulting</i>	
<b>6</b> Amount (\$) <i>\$231.75</i>	<b>7</b> Payee address; City; State; Zip Code <i>San Antonio TX 78251</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	<b>(b)</b> Description <i>Rack Cards</i>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <i>3/22/23</i>	Payee name <i>Walgreens</i>		
Amount (\$) <i>\$12.34</i>	Payee address; City; State; Zip Code <i>9903 Potranco Rd San Antonio TX 78251</i>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Fundraiser Flyer</i>	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date <i>3/23/23</i>	Payee name <i>Walgreens</i>		
Amount (\$) <i>\$6.17</i>	Payee address; City; State; Zip Code <i>9903 Potranco Rd San Antonio TX 78251</i>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Fundraiser Flyer</i>	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Amy Elizabeth Hoffmann</i>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>3/29/23</i>	<b>5</b> Payee name <i>Walgreens</i>			
<b>6</b> Amount (\$) <i>\$12.34</i>	<b>7</b> Payee address;		City;	State; Zip Code
	<i>9903 Potranco Rd</i>		<i>San Antonio TX</i>	<i>78251</i>
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		<b>(b)</b> Description <i>Fundraiser Flyer</i>	
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held
Date <i>3/27/23</i>	Payee name <i>Walgreens</i>			
Amount (\$) <i>\$12.34</i>	Payee address;		City;	State; Zip Code
	<i>9903 Potranco Rd.</i>		<i>San Antonio TX</i>	<i>78251</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		Description <i>Fundraiser Flyer</i>	
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held
Date <i>3/31/23</i>	Payee name <i>Ray Villeral - Kaliente Dance Studio</i>			
Amount (\$) <i>\$100.00</i>	Payee address;		City;	State; Zip Code
	<i>1429 W Hilderbrand Ave</i>		<i>San Antonio TX</i>	<i>78201</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		Description <i>Campaign Fundraiser Location</i>	
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Amy Elizabeth Hoffmann</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>3/21/23</i>	<b>5</b> Payee name <i>Henry Avila</i>	
<b>6</b> Amount (\$) <i>\$600.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>3126 Annarose Lane San Antonio TX 78211</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	<b>(b)</b> Description <i>Signs</i>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <i>3/28/23</i>	Payee name <i>Henry Avila</i>	
Amount (\$) <i>\$257.09</i>	Payee address; City; State; Zip Code <i>3126 Annarose Lane San Antonio TX 78211</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Signs</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <i>3/22/23</i>	Payee name <i>Henry Avila</i>	
Amount (\$) <i>\$180.00</i>	Payee address; City; State; Zip Code <i>3126 Annarose Lane San Antonio TX 78211</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Sign Installation</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Amy Elizabeth Hoffmann</i>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>3/17/18</i>	<b>5</b> Payee name <i>Henry Avila</i>			
<b>6</b> Amount (\$) <i>\$100.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>3126 Annarose Lane San Antonio TX 78211</i>			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		<b>(b)</b> Description <i>Sign Installation</i>	
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name Office sought Office held				
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description	
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held				
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description	
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held				

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