CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	The C/OH Instruction G	uide explains how	to complet	e this form.	1 Filer ID	(Ethics Comn	nission Filers)	2 Total pa	ages file	d: 24
3	CANDIDATE / OFFICEHOLDER	Ms/MRs/MR Mrs	Am	FIRST I Y		۱ ا	л। <u>=</u>	Of	FICE	JSE ONLY
	NAME	NICKNAME		LAST ffmann		5	SUFFIX	Date Receiv	red	
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 1202 Sampso		PT / SUITE #; · Sar			78251			
5	CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE 887-6		E	EXTENSION		Date Hand-o	delivered (or Date Postmarked
6	CAMPAIGN	MS / MRS / MR		FIRST		V	ЛІ	Receipt #		Amount \$
	TREASURER NAME	Mrs	• • • • • • • • • • •	anca				Date Proces	sed	
		NICKNAME		arza			SUFFIX	Date Image	d	
7	CAMPAIGN	STREET ADDRESS (NO PO BOY E	DIEASE): ADT /	SUITE #:	CITY:		e T	ATE:	ZIP CODE
,	TREASURER ADDRESS	1114 Sampso		LLAGE, AFT		San Ar	ntonio		TX	78251
(F	Residence or Business)									
8	CAMPAIGN TREASURER PHONE	(210)	9HONE 1		E	XTENSION				
9	REPORT TYPE	January 15 July 15		30th day before 8th day before e	l	Runoff Exceede Reportin	ed Modified ng Limit	trea (Of	asurer app ficeholder	
10	PERIOD COVERED	Month 01	Day / 01	Year / 23	THROU	GH	Month 03	/ 27	Year / 23	
11	ELECTION	ELECTION DA	TE			ELI	ECTION TYPE			
		Month Day 05 / 06	Year / 23	Primary ■ Genera			Other Description	· · · · · · · · · · · · · · · · · · ·		
12	OFFICE	OFFICE HELD (if any)					GHT (if known) ingle Me		strict	#1
14	NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE THE CANDIDATE / OFFICE CONSENT. CANDIDATES	EHOLDER. TH	iese expendituri	ES MAY HAVE BEEN	I MADE WITH	IOUT THE CAND	IDATE'S OR OF	FICEHOLD	ER'S KNOWLEDGE OR
	(_,	COMMITTEE TYPE	COMMITTE	E NAME						
	Additional Pages	GENERAL	COMMITTE	E ADDRESS						
		SPECIFIC	COMMITTE	E CAMPAIGN TR	EASURER NAME					
			СОММІТТЕ	EE CAMPAIGN TE	REASURER ADDF	RESS				
	GO TO PAGE 2									

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Amy Elizabeth Hoffma	ann		16 Filer ID (Ethi	ics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELECT	L CONTRIBUTIONS (OTHER THAN INTEES OF LOANS, OR TRONICALLY)	\$	0
	2. TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAN	BUTIONS NS, OR GUARANTEES OF LOAN:	(S) \$	4009.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.	\$	0
	4. TOTAL POLITICAL EXPENDI	TURES	\$	3228.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTI OF REPORTING PERIOD	IONS MAINTAINED AS OF THE L	AST DAY \$	780.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS PERIOD	OF THE \$	0
	swear, or affirm, under penalty of perjury, th quired to be reported by me under Title 15, El		rue and correct and	d includes all information
	The second by the under title to, Ele	ection code.	2	
		MM	<u> </u>	
		Signature of 0	Candidate or Office	holder
	Please compl	ete either option belo)W:	
(1) Affidavit	MARY ANN COLLING Notary Public, State Comm. Expires 12-	of Texas 29-2025		
, ,	Notary ID 13131	631-5		
NOTARY STAMP/SEAL		7010 A		
Sworn to and subscribed	before me by Many Collins	this the	e <u>6</u> day o	(april,
20 <u>33</u> , to certify	which, witness my hand and seal of office.	Collmstover	e <u>6</u> day o 7 SeC	retary
Signature of officer administe	ring oath Printed name of offic	er administering oath	Title of c	officer administering oath
4. 计数据数据		OR		
(2) Unsworn Declaration	on			
My name is		, and my date of birth	is	
			,	
	(street)	(city)	(state) (zip code	e) (country)
Executed in	County, State of	_ , on the day of (mon	nth) , 20, 20	ear)
		Signature of Cano	didate/Officeholder ((Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

l .	19 FILER NAME Amy Elizabeth Hoffmann 20 Filer ID (Ethics Com					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			BTOTAL MOUNT		
1,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	\$	4009.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	5	\$	0		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	\$	0		
4.	SCHEDULE E: LOANS	\$	\$	0		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	JTIONS \$	\$	3228.96		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	9	\$	0		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	IBUTIONS \$	\$	0		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	9	\$	0		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	9	\$	0		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINI	ESS OF C/OH	\$	0		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	JTIONS \$	\$	0		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	RETURNED	\$	0		

SCHEDULE A1

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

The	Instruction Guide explains how to	form.	1 Total pages Schedule A1:	
2 FILER NAME Amy Hoffma	ann	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
2/28/23	Holly Rogge 6 Contributor address;		State; Zip Code	\$20.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)				ions)
Date	Full name of contributor out-of-state PAC (ID#:)		(ID#:)	Amount of contribution (\$)
7128/33	Contributor address;	City;	State; Zip Code	\$100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
2/28/23	Kimberly Paul Contributor address;	City;	State; Zip Code	\$25.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instructi	ons)
Date	Full name of contributor	out-of-state PAC	/	Amount of contribution (\$)
2/27/23	Stephen Henley Contributor address;	City;	State; Zip Code	\$150.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instructi	ons)
	ATTACH ADDITION	IAL COPIES C	OF THIS SCHEDULE AS NE	FDFD
	If contributor is out-of-state PAC, ple	ease see Instru	ction guide for additional re	porting requirements.

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SCHEDULE A1

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The	Instruction Guide explains how to	form.	1 Total pages Schedule A1:	
2 FILER NAME Amy Hoffma	ann		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
3/17/23	Kimbuly Owens		• • • • • • • • • • • • • • • • • • • •	t.
3111100	6 Contributor address;	City;	State; Zip Code	\$10.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)				tions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
3/17/23	Travis Buhler Contributor address;	City;	i i	\$ 25.00
311 1100				Ψ. 20.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
. 1	Richard Gress	• • • • • • • • • • • • • • • • • • • •		
3/17/23	Contributor address;	City;	State; Zip Code	\$20.00
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
1 1-0	maribel Voghell	• • • • • • • • • • • • • • • • • • • •		
3/17/23	Contributor address; J	City;	State; Zip Code	\$75.00
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

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The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:						
2 FILER NAME Amy Hoffma	ลทา			3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor	out-of-state PA(C (ID#:)	7 Amount of contribution (\$)			
3/19/23	Sundra Duran 6 Contributor address;	City; State; Zip Code		\$ 25.DU			
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)			
Date	Full name of contributor out-of-state PAC (ID#:) Tessica Cardenas		,	Amount of contribution (\$)			
3/17/23		City;	State; Zip Code	\$ 10.00			
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)			
Date	Full name of contributor o	out-of-state PAC	· (ID#:)	Amount of contribution (\$)			
3/17/23	Contributor address;	City;	State; Zip Code	\$120.00			
Principal occup	ation / Job title (See Instructions)		Employer (See Instructi	ions)			
Date	Λ	out-of-state PAC	(ID#:)	Amount of contribution (\$)			
3/17/23	Contributor address;	Oity;	State; Zip Code	\$25.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
	ATTACHADDITIONA						
	If contributor is out-of-state PAC please		OF THIS SCHEDULE AS NE				

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SCHEDULE A1

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				-
The	Instruction Guide explains how to con	form.	1 Total pages Schedule A1:	
2 FILER NAME Amy Hoffma	ann	3 Filer ID (Ethics Commission Filers)		
4 Date			(ID#:)	7 Amount of contribution (\$)
3/17/23	SHEVEN VERM 6 Contributor address; Ci	ity;	State; Zip Code	\$25.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor out	t-of-state PAC	(ID#:)	Amount of contribution (\$)
	Addison Redfield			
3/17/23	Contributor address; C	ity;	State; Zip Code	\$ 25.00
Principal occupation / Job title (See Instructions) Employer (See			Employer (See Instruct	ions)
Date			(ID#:)	Amount of contribution (\$)
3/19/23	RICHAIL GONZALEZ Contributor address; Ci	ty;	State; Zip Code	\$ 100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor out	-of-state PAC	(ID#:)	Amount of contribution (\$)
3/19/23	Contributor address; Cit	;	State; Zip Code	\$25.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
	ATTACH ADDITIONAL	COPIESO	OF THIS SCHEDULE AS NI	FEDED
	If contributor is out-of-state PAC, please			

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			•			
The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:						
2 FILER NAME Amy Hoffma	ann		3 Filer ID (Ethics Commission Filers)			
4 Date		: (ID#:)	7 Amount of contribution (\$)			
3/17/23	Stacey Hoffmann 6 Contributor address; City;	State; Zip Code	\$25.00			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)			
3/17/23	Margaret Barry Contributer address; City;	State; Zip Code	\$25.00			
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)			
3/17/23	Chery Torres Contributor address; City;	State; Zip Code	\$25.00			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)			
3/17/23	Braulid Minaya. Contributor address; City;	State; Zip Code	₩486.00			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)			
	ATTACH ADDITIONAL COPIES C					
	If contributor is out-of-state PAC, please see Instru	ction guide for additional re	porting requirements.			

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SCHEDULE A1

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The	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Amy Hoffma	ann			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
2 25 23	Donald Frankling 6 Contributor address;	City;	State; Zip Code	\$56.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date		out-of-state PAC	: (ID#:)	Amount of contribution (\$)
2 25 23	melody.Bacak	City;	State; Zip Code	\$100.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
2 25 23	0	City;	State; Zip Code	\$100.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date		out-of-state PAC	(ID#:)	Amount of contribution (\$)
2/25/23	Palge Redfield Contributor address;	City;	State; Zip Code	\$100.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instructi	ions)
	ATTACH ADDITIONA	AL COPIES O	F THIS SCHEDULE AS NE	EEDED
	If contributor is out-of-state PAC, plea	ise see Instru	ction guide for additional re	porting requirements.

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 Hoffma	ann	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
3 31 23	Jany Bond Contributor address;	City;	State; Zip Code	\$20.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)			ions)	
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
4103123	Contributor address;		State; Zip Code	\$10.00
Principal occupation / Job title (See Instructions) Employer (S			Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
3/28/23	Happy Jane Salvac contributor address:	LDY City;	State; Zip Code	\$100.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
3/25/23	Contributor address;	City;	State; Zip Code	₩ 60.00
Principal occupation / Job title (See Instructions)			Employer (See Instructi	ons)
			OF THIS SCHEDULE AS NE	
	If contributor is out-of-state PAC, ple	ase see Instru	ction guide for additional re	porting requirements.

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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 Hoffma	ann		3 Filer ID (Ethics Commission Filers)				
4 Date		/	7 Amount of contribution (\$)				
3/29/23	Ann Hoffmann 6 Contributor address; City;	State; Zip Code	\$50.00				
8 Principal occu	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)						
Date		(ID#:)	Amount of contribution (\$)				
3/31/23	Contributor address; City;	State; Zip Code	\$10.00				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)				
Date		(ID#:)	Amount of contribution (\$)				
3 31 23	Amaclica Ginzalez Contributor address; City;	State; Zip Code	\$40.00				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)				
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)				
3/31/23	Nicole Reschke Contributor address; City;	State; Zip Code	\$ 20.00				
Principal occupation / Job title (See Instructions) Employer (See Instru			is)				
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NEE	DED				
	If contributor is out-of-state PAC, please see Instruc	tion guide for additional rep	orting requirements.				

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SCHEDULE A1

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

The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:						
2 FILER NAME Amy Hoffma	ann		3 1	Filer ID (Ethics Commission Filers)			
4 Date			(ID#:)	7 /	Amount of contribution (\$)		
2/28/23	• Contributor address;	City;	State; Zip Code	;	\$50.00		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)							
Date	Date Full name of contributor out-of-state PAC (ID#:			,	Amount of contribution (\$)		
2 28 23	Peborah Christense Contributor address;	∩ City;	State; Zip Code		\$ 200.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				ions)			
Date				,	Amount of contribution (\$)		
2 25 23	Contributor address;	City;	State; Zip Code		\$50.00		
Principal occup	pation / Job title (See Instructions)		Employer (See Instructi	ions)			
Date		out-of-state PAC	(ID#:)		Amount of contribution (\$)		
4/02/23	Contributor address;	City;	State; Zip Code		\$50.00		
Principal occup	ation / Job title (See Instructions)		Employer (See Instructi	ions)			
	ATTACH ADDITIONA	AL COPIES C	OF THIS SCHEDULE AS NE	FENE	-D		
	If contributor is out-of-state PAC, ple						

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SCHEDULE A1

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

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME Amy Hoffma			3 Filer ID (Ethics Commission Filers)
4 Date		AC (ID#:)	7 Amount of contribution (\$)
2 28 23	Richard Thum 6 Contributor address; City;	State; Zip Code	\$500.00
8 Principal occu	pation / Job title (See Instructions)	tions)	
Date	14	AC (ID#:)	Amount of contribution (\$)
3/07/23	Contributor address; City;	State; Zip Code	\$350.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)
Date		AC (ID#:)	Amount of contribution (\$)
2/28/23	Contributor address; City;	State; Zip Code	\$50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PA	.C (ID#:)	Amount of contribution (\$)
2/28/23	Contributor address; City;	State; Zip Code	\$ 20.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES	OF THIS COLLEGE E AC AIR	

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

SCHEDULE A1

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

The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:					
2 FILER NAME	Elizabeth Hoffmar	0		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)		
4/2/23	Lorena Leishmar 6 Contributor address;	City;	State; Zip Code	\$25.00		
8 Principal occu	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)		
3/17/38	Destry Novak Contributor address;	City;	State; Zip Code	\$10.00		
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	ions)		
Date	Full name of contributor	out-of-state PA0	C (ID#:)	Amount of contribution (\$)		
3 17 23	KIM Worthen Contributor address;		State; Zip Code	\$10.00		
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	ions)		
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)		
3106123	Contributor address;	City;	State; Zip Code	\$40.00		
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)		
			OF THIS SCHEDULE AS NI			
	If contributor is out-of-state PAC, pl	lease see Instri	uction quide for additional re	eporting requirements		

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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. 2 FILER NAME	1 Total pages Schedule A1:
2 FILER NAME	A FILED (FILE OF LIVE FILE)
Amy Elizabeth Hoffmann	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
Darrell Fuller	
3117123 6 Contributor address; City; State;	4125
8 Principal occupation / Job title (See Instructions) 9 Emp	loyer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
michelle Flores	
3/02/93 Contributor address; City; State;	Zip Code \$50.00
Principal occupation / Job title (See Instructions) Emp	loyer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
Ryan Smith	
3/10/23 Contributor address; City; State;	Zip Code \$5.00
Principal	
Principal occupation / Job title (See Instructions) Emp	loyer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
21,2123 Annalisa Phipps	
	Zip Code \$100.00
Principal occupation / Job title (See Instructions) Emp	loyer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS S If contributor is out-of-state PAC, please see Instruction gui	

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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 F	Elizabeth Hoffma	$\mathcal{N} \cup$		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)	
3/10/23	Belle Druin 6 Contributor address;	City;	State; Zip Code	\$ 40.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
Date	Full name of contributor Gina Theler	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
3/17/23	Contributor address;	City;	State; Zip Code	\$ 50.00	
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	ions)	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
311153	Ruben Gonzalez Contributor address;	City;	State; Zip Code	# 48.50	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)	
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)	
3/20/23	Todd Haton Contributor address;	City;	State; Zip Code	\$ 100.00	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)	
	ATTACH ADDITIO	NAL COPIES	OF THIS SCHEDULE AS NI	FEDED	
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

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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	Elizabeth Hoffn	nann		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	-	C (ID#:)	7 Amount of contribution (\$)	
3 19 23	Weline Flowers. 6 Contributor address;		State; Zip Code	\$45.00	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
3/16/23	Joe Miller Contributor address;		State; Zip Code	\$20.00	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)	
Date	Full name of contributor	out-of-state PAC	> (ID#:)	Amount of contribution (\$)	
3/31/23	Kelly Aguirre Contributor address;	City;	State; Zip Code	\$10.00	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
3 31 23	Elizabeth Burns Contributor address;	City;	State; Zip Code	\$10.00	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)	
			OF THIS SCHEDULE AS N		
	If contributor is out-of-state PAC, pl	ease see Instr	uction guide for additional r	eporting requirements.	

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SCHEDULE A1

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

The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:					
2 FILER NAME Amy Elizabe	eth Hoffmann			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
3 31 23	Alejandra medois 6 Contributor address;	S	State; Zip Code	\$30.00		
8 Principal occu	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
3/00/23	Deborah Barrera Contributor address;	City;	State; Zip Code	\$30,00		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)		
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
3/17/23	Tracy Friam Contributor address;		State; Zip Code	\$50.00		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)		
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)		
3/17/23	Contributor address;	City;	State; Zip Code	\$25.00		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)		
	ATTACHARDITION					
	If contributor is out-of-state PAC, ple		OF THIS SCHEDULE AS N uction guide for additional re			

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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 Hoffma	เทท		3 Filer ID (Ethics Commission Filers)
4 Date		(ID#:)	7 Amount of contribution (\$)
<u> </u>	Thinking Dut loud 6 Contributor address; City;	State; Zip Code	\$10.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES Of the contributor is out-of-state PAC, please see Instru		

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Amy Elizabeth Hoffmann		3 Filer ID (Ethics	Commission Filers)
4 Date 03/13/23	6 Payee name Awallo Screenprinting	k		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$1,269.23	1230 Duke Rd.	San Antonio	TX	78264
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense	Signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
03/22/2023	Making Memories			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$240.00	3050 Lake Grande St.	San Antonio) TX	78222
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	Shirts		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
03/21/2023	Carl Christian J Anderson			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$207.70		San Antonio	Texas	78232
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Voter Data		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	ovior (oritor a categ	ory not noted above,		
1 Total pages Schedule F1:		rann	3 Filer ID (Ethic	s Commission Filers)		
4 Date	5 Payee name	W I				
3 25 23	De la Rosa Consultina					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
\$231.75		0				
		San Antonia) TX	78251		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF	D. Transaca	Day Car	10			
EXPENDITURE	Printing Expense	Rack Car	<u> </u>			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder livin	g expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
3/22/23	Walareens					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$12.34						
D12.01	9903 Potranco Rd	San Antonio	TX.	78251		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF						
EXPENDITURE	Printing Expense	Fundraise	r Flyer			
	Chesk if travel outside of Texas. Complete Schedule T.		, TX, officeholder living	g expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
	r ayee name					
3/23/23	Walgreens					
Amount (\$)	Payee address;	City;	State;	Zip Code		
#1.17						
P. C. 1 /	9903 Potranco Rd	San Antoni	10 TX	78251		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF						
EXPENDITURE	Printing Expense	Fundraise	er Flyer	7		
	Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living			
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held		
expenditure to benefit C/OH						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	Amy Elizabeth Huffmar	\sim	3 Filer ID (Ethic	cs Commission Filers)
4 Date	5 Payee name			
3/29/23	Walgreens			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$12.34	9903 Potranco Rd	San Antoni	h TV	78251
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	D IX	10001
PURPOSE				
OF EXPENDITURE	Disinhing Evenis	E. Laice	= []00	
m/\	Irling Expense	tundraise	rriyer	
	(c) Check if wavel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livir	ig expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name न	Office sought		Office held
Date	Payee name			
3/27/23	Walgreens			
Amount (\$)	Payee address;	City;	State;	Zip Code
41221				
\$12.34	9903 Potranco Rd.	San Anto	nio TX	78251
	Category (See Categories listed at the top of this schedule)	Description	1110 1.0	10010.
PURPOSE				
OF EXPENDITURE	Printing Expense	Fundraise	o- Fluer	
O	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder livin	-
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought		Office held
Date	Payee name	•		
2/2/1-2	0 1011 1 11 1 =			
3131123	Ray Villeral - Kallente D	ance Studi	_D	
Amount (\$)	Payee address;	City;	State;	Zip Code
\$100.00				
#100.00	1429 W Hilderbrand Ave	San Anto	nio TX	78201
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE	Event Expense	Campaign	Fundais	er Location
	Check if travel outside of Texas. Complete Schedule T.	1)	n, TX, officeholder living	-
Complete ONLY if direct	Candidate / Officeholder name	Office sought	., IX, officerolder hviri	
expenditure to benefit C/OH		Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Manas (Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Other (enter a categ	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Amy Elizabeth Hoffman		3 Filer ID (Ethic	s Commission Filers)
4 Date	6 Payee name			
3/21/23	Henry Avila			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
M				
\$600.00	3126 Annarose Lane	San Antoni	o TV	78211
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		10011
PURPOSE	, the secondaries	(w) Description		
OF	7			
EXPENDITURE	Printing Expense	Signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder livin	g expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OI	1	0		
Date	Payee name			
Date	r dyse hame			
2/28/23	Henry Arala			
Amount (\$)	Payee address;	City;	State;	Zip Code
	, , , , , , , , , , , , , , , , , , , ,	Oity,	Olato,	2.p 00dc
\$257.09	0151 1	0 4 1 .	701	7001
1 .	3126 Annarose Lane	San Antonia		18211
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE	Printing Expense	Sians		
	Check it ravel outside of Texas. Complete Schedule T.	19.10	TV - # Control Code	
Complete ONLY & U	,		TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
. 1				
3/22/23	Henry Avilas			
Amount (\$)	Payee address;	City;	State;	Zip Code
410-00			,	,
00.08/1	31210 Annarosa Lane	San Antoni	o TV	70011
	Category (See Categories listed at the top of this schedule)	San Antoni	UIX	78211
PURPOSE	Category (dee Categories listed at the top of this scriedule)	Description		
OF				
EXPENDITURE	Printing Expense	Sign Inst	rallation	
	Check if travel outside of Texas. Complete Schedule T.	J.	TX, officeholder living	ı expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	,	Office held
expenditure to benefit C/OH		aaa oodgiit		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	

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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead//Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	omplete this form.		
	Amy Elizabeth Hoffman		Filer ID (Ethics	s Commission Filers)
4 Date 3 1 7 7 8	5 Payee name Henry Avila			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$100.00	3126 Annarose Lane	San Antonia	TX	78211
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense	Sign Ins	tallation	N
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living	expense
9 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
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED!	ΞD	