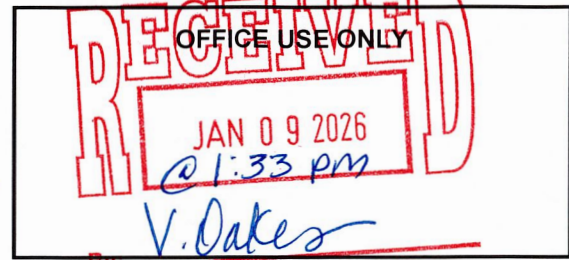


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Stewart Hoffman
Name

(2) 2988 Dnd
Address (number and street)
Los Angeles 90005 FL 33470
City, State, Zip Code

☐ Check here if address has changed



(3) ID Number: _____

(4) Check appropriate box(es):

- ☒ Candidate Office Sought: sent 1
☐ Political Committee (PC)
☐ Electioneering Communications Org. (ECO)
☐ Party Executive Committee (PTY)
☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

- ☐ Check here if PC or ECO has disbanded
☐ Check here if PTY has disbanded
☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 10 / 1 / 25 To 12 / 31 / 25 Report Type: Q4
☒ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, 100 ST
 Loans \$ _____, 100 ST
 Total Monetary \$ _____
 In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, 90 ST
 Transfers to Office Account \$ _____
 Total Monetary \$ _____, 90 ST

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 180 ST

(10) TOTAL Monetary Expenditures To Date

\$ _____, 90 ST

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Stewart F Hoffman

☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☐ Deputy Treasurer

X Stewart F Hoffman
Signature

(Type name) Stewart F Hoffman

☐ Candidate ☐ Chairperson (only for PC and PTY)

X Stewart F Hoffman
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

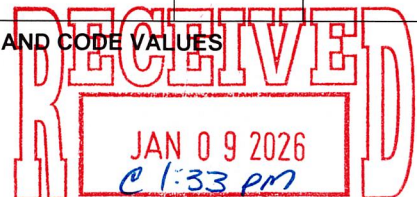
(1) Name Stanley Hoffmann (2) I.D. Number _____

(3) Cover Period 10 / 1 / 25 through 12 / 31 / 25 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Occupation				
10 / 7 / 25	Steven Hoffmann 2908 Dr. L. L. L. L. Grove #7 33470	S	Qual France	LOA		100.00
/ /						
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/ /						
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES



By: V. Oakes

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Steve Hoffman (2) I.D. Number _____
 (3) Cover Period 10 / 1 / 25 through 12 / 31 / 25 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
11/12/25 M1	Town of Escondido Groves	Filing Fee	CAN		90.00
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RECEIVED
 JAN 09 2026
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By: V. Oakes