

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX**

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

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **36**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	MRS.	MACY					
	NICKNAME	LAST	SUFFIX	Date Received			
		HILL		<p style="text-align: center;">CSO REC'D APR 28 '23 PM3:46</p>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;				STATE;
Change of Address							
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked			
	(682)	235 3855					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$		
	MR.	LEONARD		Date Processed			
	NICKNAME	LAST	SUFFIX	Date Imaged			
		FIRESTONE					
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
(Residence or Business)							
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	()						
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	3	28	23		4	26	23
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	Primary	Runoff	Other Description	
	5	23	23	<input checked="" type="checkbox"/> General	Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
				CITY COUNCIL- DISTRICT 7			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

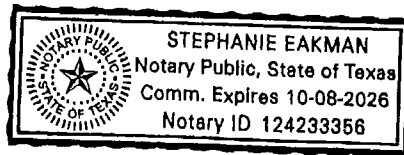
15 C/OH NAME HILL, MACY L.		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 96,135.46
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 56,436.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 82,106.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Macy Hill
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the 27th day of April,

20 23, to certify which, witness my hand and seal of office.

Stephanie Eakman Stephanie Eakman

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 HILL, MACY L.		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 85,735.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 56,436.63
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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: 1/28
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/20/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Committee for Public Safety Fort Worth Police Officers Association 6 Contributor address; City; State; Zip Code 2501 Parkview Drive Ste 600 Fort Worth TX 76102	7 Amount of contribution (\$) 5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/22/2023	Full name of contributor out-of-state PAC (ID#: _____) Cassco Management Co, LLC Contributor address; City; State; Zip Code 4200 S Hulen Street Ste 614 Fort Worth TX 76109	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/28/2023	Full name of contributor out-of-state PAC (ID#: _____) Scott Miller Contributor address; City; State; Zip Code 5420 Benbridge Dr. Fort Worth TX 76107	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/29/2023	Full name of contributor out-of-state PAC (ID#: _____) Jeff Davis Contributor address; City; State; Zip Code 2325 Mistletoe Drive Fort Worth TX 76110	Amount of contribution (\$) 500.00
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

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: 2/28
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/28/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Suzy Rhodes 6 Contributor address; City; State; Zip Code 5837 El Campo Avenue Fort Worth TX 76107	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/28/2023	Full name of contributor out-of-state PAC (ID#: _____) Brian Collins Contributor address; City; State; Zip Code 233 Parkview Dr Aledo TX 76008	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/28/2023	Full name of contributor out-of-state PAC (ID#: _____) Hyde Land & Royalty, LLC Contributor address; City; State; Zip Code 6300 Ridglea Place Ste 10118 Fort Worth TX 76116	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/29/2023	Full name of contributor out-of-state PAC (ID#: _____) George Melas Contributor address; City; State; Zip Code 8820 Sandcastle Court Fort Worth TX 76179	Amount of contribution (\$) 100.00
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**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: 3/28
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Erich Holmsten	7 Amount of contribution (\$) 1,250.00
6 Contributor address; City; State; Zip Code 16 Valley Ridge Road Fort Worth TX 76107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/29/2023	Full name of contributor out-of-state PAC (ID#: _____) Gloria Holmsten	Amount of contribution (\$) 1,250.00
Contributor address; City; State; Zip Code 16 Valley Ridge Road Fort Worth TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/29/2023	Full name of contributor out-of-state PAC (ID#: _____) Kit Moncrief	Amount of contribution (\$) 5,000.00
Contributor address; City; State; Zip Code 420 Throckmorton Street 550 Fort Worth TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/29/2023	Full name of contributor out-of-state PAC (ID#: _____) Accountable Government Fund	Amount of contribution (\$) 10,000.00
Contributor address; City; State; Zip Code 430 Old Fitzhugh #7 Dripping Springs TX 78620		
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

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: 4/28
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/30/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Wade Chappell 6 Contributor address; City; State; Zip Code 6329 Klamath Road Fort Worth TX 76116	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/30/2023	Full name of contributor out-of-state PAC (ID#: _____) FW Firefighters Committee for Responsible Government Contributor address; City; State; Zip Code 3855 Tulsa Way Fort Worth TX 76107	Amount of contribution (\$) 3,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/31/2023	Full name of contributor out-of-state PAC (ID#: _____) Arle Davenport Contributor address; City; State; Zip Code 4070 Clarke Avenue Fort Worth TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2023	Full name of contributor out-of-state PAC (ID#: _____) Henry Paup Contributor address; City; State; Zip Code 3716 Autumn Dr Fort Worth TX 76109	Amount of contribution (\$) 125.00
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

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: 5/28
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/01/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Annee Paup 6 Contributor address; City; State; Zip Code 3716 Autumn Dr Fort Worth TX 76109	7 Amount of contribution (\$) 125.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/03/2023	Full name of contributor out-of-state PAC (ID#: _____) Lu Jo Churchill Contributor address; City; State; Zip Code 611 Rivercrest Drive Fort Worth TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/03/2023	Full name of contributor out-of-state PAC (ID#: _____) Paxton Motheral Contributor address; City; State; Zip Code 4200 S. Hulen St., Suite 614 Fort Worth TX 76109-4910	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/03/2023	Full name of contributor out-of-state PAC (ID#: _____) Pam Holm Contributor address; City; State; Zip Code 2124 Highland Park Circle W Fort Worth TX 76107	Amount of contribution (\$) 100.00
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**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: 6/28**2** FILER NAME
HILL, MACY L.**3** Filer ID (Ethics Commission Filers)**4** Date
04/03/2023**5** Full name of contributor out-of-state PAC (ID#: _____)
Alem Boukadoum**7** Amount of contribution (\$)**6** Contributor address; City; State; Zip Code
15104 Roderick Rd Aledo TX 76008**250.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**Date**
04/03/2023**Full name of contributor** out-of-state PAC (ID#: _____)
Renee Walsh**Amount of contribution (\$)****Contributor address; City; State; Zip Code**
1120 Broad Avenue Fort Worth TX 76107**1,000.00****Principal occupation / Job title (See Instructions)****Employer (See Instructions)****Date**
04/03/2023**Full name of contributor** out-of-state PAC (ID#: _____)
Paul Greenwell**Amount of contribution (\$)****Contributor address; City; State; Zip Code**
2800 W 7th Street PH2800 Fort Worth TX 76107**175.00****Principal occupation / Job title (See Instructions)****Employer (See Instructions)****Date**
04/03/2023**Full name of contributor** out-of-state PAC (ID#: _____)
Kelly Greenwell**Amount of contribution (\$)****Contributor address; City; State; Zip Code**
2800 W 7th Street PH2800 Fort Worth TX 76107**175.00****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**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: 7/28
---	---------------------------------

2 FILER NAME HILL, MACY L.	3 Filer ID (Ethics Commission Filers)
-------------------------------	---------------------------------------

4 Date 04/03/2023	5 Full name of contributor Craig Crockett out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 75.00
6 Contributor address; City; State; Zip Code 5304 El Dorado Dr Fort Worth TX 76107		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

Date 04/03/2023	Full name of contributor Sharon Crockett out-of-state PAC (ID#: _____)	Amount of contribution (\$) 75.00
Contributor address; City; State; Zip Code 5304 El Dorado Dr Fort Worth TX 76107		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 04/03/2023	Full name of contributor Paula Ann Perrone out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 5101 Bryce Ave Fort Worth TX 76107		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 04/04/2023	Full name of contributor Kevin Avondet out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1215 Washington Terrace Fort Worth TX 76107		

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**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: 8/28
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/04/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Jean Roach 6 Contributor address; City; State; Zip Code 2805 Alton Road Fort Worth TX 76109	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/04/2023	Full name of contributor out-of-state PAC (ID#: _____) Robert White Contributor address; City; State; Zip Code 1804 Carleton Avenue Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2023	Full name of contributor out-of-state PAC (ID#: _____) John Smitherman Contributor address; City; State; Zip Code 3612 Briarhaven Road Fort Worth TX 76109	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2023	Full name of contributor out-of-state PAC (ID#: _____) Tracy Bolt Contributor address; City; State; Zip Code 6908 Old Homestead Road Fort Worth TX 76132	Amount of contribution (\$) 500.00
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**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: 9/28
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/05/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Jeffrey Moten	7 Amount of contribution (\$) 250.00
	6 Contributor address; City; State; Zip Code 167 Saint Andrews Lane Fort Worth TX 76109	
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date 04/05/2023	Full name of contributor out-of-state PAC (ID#: _____) Scott Price	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 224 E Vickery Blvd Fort Worth TX 76104	
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 04/05/2023	Full name of contributor out-of-state PAC (ID#: _____) David Walters	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code 1513 Shady Oaks Ln Fort Worth TX 76107	
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 04/05/2023	Full name of contributor out-of-state PAC (ID#: _____) John McBroom	Amount of contribution (\$) 5,000.00
	Contributor address; City; State; Zip Code 5424 Benbridge Drive Fort Worth TX 76107	
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

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: 10/28
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/05/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Kirk Miller	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 3708 Briarhaven Road Fort Worth TX 76109		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

Date 04/05/2023	Full name of contributor out-of-state PAC (ID#: _____) Benny Brooks	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 3616 Watonga St Fort Worth TX 76107		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 04/06/2023	Full name of contributor out-of-state PAC (ID#: _____) Michael Moore	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 3640 Encanto Dr Fort Worth TX 76109		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 04/06/2023	Full name of contributor out-of-state PAC (ID#: _____) Alfred Micallef	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 1401 N Bowie Dr Weatherford TX 76086-1503		

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**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: 11/28
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/06/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Mike Ramsay 6 Contributor address; City; State; Zip Code 3451 Mist Hollow Ct. Fort Worth TX 76109	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/06/2023	Full name of contributor out-of-state PAC (ID#: _____) Bolton Blaine Contributor address; City; State; Zip Code 1801 Eldridge St Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/07/2023	Full name of contributor out-of-state PAC (ID#: _____) Emily Cantey Contributor address; City; State; Zip Code 929 Hillcrest Street Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/07/2023	Full name of contributor out-of-state PAC (ID#: _____) Robert Estrada Contributor address; City; State; Zip Code 1705 Ashland Ave Fort Worth TX 76107	Amount of contribution (\$) 125.00
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

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: 12/28
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Catherine Estrada 6 Contributor address; City; State; Zip Code 1705 Ashland Ave Fort Worth TX 76107	7 Amount of contribution (\$) 125.00
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date 04/07/2023	Full name of contributor out-of-state PAC (ID#: _____) Robert Estrada Contributor address; City; State; Zip Code 1705 Ashland Ave Fort Worth TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 04/08/2023	Full name of contributor out-of-state PAC (ID#: _____) Michael Ward Contributor address; City; State; Zip Code 2300 Hillcrest Street Fort Worth TX 76107-4338	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 04/08/2023	Full name of contributor out-of-state PAC (ID#: _____) Mindy Ellmer Contributor address; City; State; Zip Code 200 Congress Ave. Suite 40FF Austin TX 78701	Amount of contribution (\$) 500.00
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**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: 13/28
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/08/2023	5 Full name of contributor Gregory Franz out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 2724 Miller Street Port Neches TX 77651	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 04/08/2023	Full name of contributor Ross Hunt out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 5019 Victor Street Dallas TX 75214	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 04/10/2023	Full name of contributor Chris Ewin out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1816 Westover Square Fort Worth TX 76107	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 04/10/2023	Full name of contributor Lauren Team out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 4019 Bunting Avenue Fort Worth TX 76107	Amount of contribution (\$) 250.00
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

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: 14/28
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2023	5 Full name of contributor Larkin McMillan out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 116 Hazelwood Drive Fort Worth TX 76107-1612	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/10/2023	Full name of contributor Michael Waltrip out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1501 Washington Ter Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2023	Full name of contributor Averi Goff out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 4720 Washburn Avenue Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2023	Full name of contributor Lee Bass out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 201 Main Street Ste 2700 Fort Worth TX 76102	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: 15/28
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/11/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Ramona Bass 6 Contributor address; City; State; Zip Code 201 Main Street Ste 2700 Fort Worth TX 76102	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/11/2023	Full name of contributor out-of-state PAC (ID#: _____) NCHA's Texas Event's PAC Contributor address; City; State; Zip Code 260 Bailey Ave Fort Worth TX 76107	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/12/2023	Full name of contributor out-of-state PAC (ID#: _____) Elizabeth Casone Ming Contributor address; City; State; Zip Code 2424 Winton Ter W Fort Worth TX 76109	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/12/2023	Full name of contributor out-of-state PAC (ID#: _____) Greater Fort Worth Association of REALTORS PAC Contributor address; City; State; Zip Code 2650 Parkview Dr Fort Worth TX 76102	Amount of contribution (\$) 2,500.00
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**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: 16/28**2** FILER NAME**HILL, MACY L.****3** Filer ID (Ethics Commission Filers)**4** Date

04/12/2023

5 Full name of contributor**John Pate**

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)**50.00****6** Contributor address;

City;

State;

Zip Code

7617 Eagle Ridge Circle Fort Worth TX 76179**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

04/12/2023

Full name of contributor

Rhonda Pate

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

7617 Eagle Ridge Circle Fort Worth TX 76179

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/13/2023

Full name of contributor

Joshua Gregg

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

1013 Hidden Road Fort Worth TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/13/2023

Full name of contributor

Ardon Moore

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

201 Main Street Ste 3200 Fort Worth TX 76102

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

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: 17/28

2 FILER NAME
HILL, MACY L.

3 Filer ID (Ethics Commission Filers)

4 Date
04/13/2023

5 Full name of contributor out-of-state PAC (ID#: _____)
Iris Moore

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code
201 Main Street Ste 3200 Fort Worth TX 76102

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/13/2023

Full name of contributor out-of-state PAC (ID#: _____)
MPR Associates

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code
PO BOX 137537 Lake Worth TX 76136

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/13/2023

Full name of contributor out-of-state PAC (ID#: _____)
Tim Matheus

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code
PO Box 136215 Fort Worth TX 76136

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/14/2023

Full name of contributor out-of-state PAC (ID#: _____)
James Fender

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code
4117 Modlin Avenue Fort Worth TX 76107

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

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: 18/28
2 FILER NAME HILL, MACY		3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Cheever Farley 6 Contributor address; City; State; Zip Code 1204 West 7th Street 209 Fort Worth TX 76102	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/14/2023	Full name of contributor out-of-state PAC (ID#: _____) Hunter Herren Contributor address; City; State; Zip Code 6255 Halifax Road Fort Worth TX 76116	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/14/2023	Full name of contributor out-of-state PAC (ID#: _____) Charles Neumann Contributor address; City; State; Zip Code 8400 Lake Harbor Ct Fort Worth TX 76179	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Robert West Contributor address; City; State; Zip Code 8848 Heron Dr Fort Worth TX 76108	Amount of contribution (\$) 125.00
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**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: 19/28
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/15/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Marsha West 6 Contributor address; City; State; Zip Code 8848 Heron Dr Fort Worth TX 76108	7 Amount of contribution (\$) 125.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/15/2023	Full name of contributor out-of-state PAC (ID#: _____) William Portwood Contributor address; City; State; Zip Code 3900 Monticello Dr Fort Worth TX 76107	Amount of contribution (\$) 62.50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Carol Portwood Contributor address; City; State; Zip Code 3900 Monticello Dr Fort Worth TX 76107	Amount of contribution (\$) 62.50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/15/2023	Full name of contributor out-of-state PAC (ID#: _____) William Schur Contributor address; City; State; Zip Code 912 N. Bailey Ave Fort Worth TX 76107	Amount of contribution (\$) 50.00
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

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: 20/28
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/15/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Holly Schur 6 Contributor address; City; State; Zip Code 912 N. Bailey Ave Fort Worth TX 76107	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/16/2023	Full name of contributor out-of-state PAC (ID#: _____) Pete Amburgh Contributor address; City; State; Zip Code 3921 Monticello Drive Fort Worth TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/16/2023	Full name of contributor out-of-state PAC (ID#: _____) William Bickley Contributor address; City; State; Zip Code 1824 Hillcrest St Fort Worth TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/16/2023	Full name of contributor out-of-state PAC (ID#: _____) Susi Bickley Contributor address; City; State; Zip Code 1824 Hillcrest St Fort Worth TX 76107	Amount of contribution (\$) 250.00
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**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: 21/28
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/18/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Tyrrell Hearn 6 Contributor address; City; State; Zip Code 109 North Rivercrest Drive Fort Worth TX 76107	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/18/2023	Full name of contributor out-of-state PAC (ID#: _____) Brian Crumley Contributor address; City; State; Zip Code 420 Crestwood Drive Fort Worth TX 76107	Amount of contribution (\$) 350.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/18/2023	Full name of contributor out-of-state PAC (ID#: _____) Matthew Johnson Contributor address; City; State; Zip Code 1305 Hillcrest St Fort Worth TX 76107	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/18/2023	Full name of contributor out-of-state PAC (ID#: _____) L. Allen Hodges III Contributor address; City; State; Zip Code 306 W. 7th St. Ste. 701 Fort Worth TX 76102	Amount of contribution (\$) 1,200.00
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

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: 22/28
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/19/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Stephen Gilchrist 6 Contributor address; City; State; Zip Code 401 West 7th Street 907 Fort Worth TX 76102	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date 04/19/2023	Full name of contributor out-of-state PAC (ID#: _____) Travis Clegg Contributor address; City; State; Zip Code 4020 Volk Court Fort Worth TX 76244	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 04/20/2023	Full name of contributor out-of-state PAC (ID#: _____) James Rainbolt Contributor address; City; State; Zip Code 709 Alta Dr. Fort Worth TX 76107	Amount of contribution (\$) 500.00
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)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: 23/28
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/20/2023	5 Full name of contributor Michael Radler out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 1320 S University Dr Ste 500 Fort Worth TX 76107	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/21/2023	Full name of contributor Walsh Ranches Limited Partnership out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 153 Walsh Dr Aledo TX 76008	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/22/2023	Full name of contributor Rob Semple out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 4117 Idlewild Dr Fort Worth TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/22/2023	Full name of contributor Charles Florsheim out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3719 Encanto Drive Fort Worth TX 76109	Amount of contribution (\$) 50.00
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

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: 24/28
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/22/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Ann Florsheim 6 Contributor address; City; State; Zip Code 3719 Encanto Drive Fort Worth TX 76109	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/23/2023	Full name of contributor out-of-state PAC (ID#: _____) Terry Montesi Contributor address; City; State; Zip Code 2108 Bradford Park Court Fort Worth TX 76107	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/23/2023	Full name of contributor out-of-state PAC (ID#: _____) William Greenhill Contributor address; City; State; Zip Code 1608 Ashland Ave Fort Worth TX 76107	Amount of contribution (\$) 125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/23/2023	Full name of contributor out-of-state PAC (ID#: _____) Ann Greenhill Contributor address; City; State; Zip Code 1608 Ashland Ave Fort Worth TX 76107	Amount of contribution (\$) 125.00
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

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: 25/28
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/23/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Ronald Goldman <hr/> 6 Contributor address; City; State; Zip Code 1880 Hulen Street Fort Worth TX 76107	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/24/2023	Full name of contributor out-of-state PAC (ID#: _____) Wade McMullen <hr/> Contributor address; City; State; Zip Code 3816 West 4th Street Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/24/2023	Full name of contributor out-of-state PAC (ID#: _____) Steve Berry <hr/> Contributor address; City; State; Zip Code PO Box 101384 Fort Worth TX 76185	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/24/2023	Full name of contributor out-of-state PAC (ID#: _____) Suzanne Williams <hr/> Contributor address; City; State; Zip Code 5404 El Campo Ave Fort Worth TX 76107	Amount of contribution (\$) 250.00
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

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: 26/28
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/24/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Richard Carr 6 Contributor address; City; State; Zip Code 8609 Crosswind Dr Fort Worth TX 76179	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/24/2023	Full name of contributor out-of-state PAC (ID#: _____) Pat Carr Contributor address; City; State; Zip Code 8609 Crosswind Dr Fort Worth TX 76179	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/25/2023	Full name of contributor out-of-state PAC (ID#: _____) Tom Galbreath Contributor address; City; State; Zip Code 11717 Cambria Court Aledo TX 76008	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/25/2023	Full name of contributor out-of-state PAC (ID#: _____) Beverly Davis Contributor address; City; State; Zip Code 6808 Oak Hill Dr Fort Worth TX 76132	Amount of contribution (\$) 250.00
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

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: 27/28
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/25/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Leann White 6 Contributor address; City; State; Zip Code 116 Pineland Place Fort Worth TX 76114	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/25/2023	Full name of contributor out-of-state PAC (ID#: _____) Janiak Revocable Trust Contributor address; City; State; Zip Code 6904 Baltusrol Road Fort Worth TX 76132	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/25/2023	Full name of contributor out-of-state PAC (ID#: _____) Q PAC Contributor address; City; State; Zip Code 301 Commerce St Ste 3200 Fort Worth TX 76102	Amount of contribution (\$) 3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/26/2023	Full name of contributor out-of-state PAC (ID#: _____) Leslie Daly Contributor address; City; State; Zip Code 3717 Potomac Ave Fort Worth TX 76107	Amount of contribution (\$) 500.00
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

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: 28/28
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/26/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Gus Bates 6 Contributor address; City; State; Zip Code 2711 Simondale Drive Fort Worth TX 76109	7 Amount of contribution (\$) 1,500.00
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 Expenses	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1/5	2 FILER NAME HILL, MACY L.	3 Filer ID (Ethics Commission Filers)
--	--------------------------------------	--

4 Date 03/28/2023	5 Payee name Murphy Nasica
-----------------------------	--------------------------------------

6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code PO Box 1656 Austin TX 78767
----------------------------------	--

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

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

Date 03/30/2023	Payee name Murphy Nasica
--------------------	-----------------------------

Amount (\$) 756.34	Payee address; City; State; Zip Code PO Box 1654 Austin TX 78767
-----------------------	---

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

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

Date 03/30/2023	Payee name Murphy Nasica
--------------------	-----------------------------

Amount (\$) 6,782.04	Payee address; City; State; Zip Code PO Box 1655 Austin TX 78767
-------------------------	---

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Expenses	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2/5	2 FILER NAME HILL, MACY L.	3 Filer ID (Ethics Commission Filers)
-----------------------------------	-------------------------------	---------------------------------------

4 Date 04/01/2023	5 Payee name Ray'Lee Acosta
----------------------	--------------------------------

6 Amount (\$) 1,165.90	7 Payee address; 729 Arledge St Azle TX 76020	City;	State;	Zip Code
---------------------------	--	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Contract labor for campaign services
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

Date 04/05/2023	Payee name Murphy Nasica
--------------------	-----------------------------

Amount (\$) 793.00	Payee address; PO Box 1653 Austin TX 78767	City;	State;	Zip Code
-----------------------	---	-------	--------	----------

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

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

Date 04/09/2023	Payee name Murphy Nasica
--------------------	-----------------------------

Amount (\$) 1,525.22	Payee address; PO Box 1652 Austin TX 78767	City;	State;	Zip Code
-------------------------	---	-------	--------	----------

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidates/Officerholder/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: 3/5	2 FILER NAME HILL, MACY L.	3 Filer ID (Ethics Commission Filers)
-----------------------------------	-------------------------------	---------------------------------------

4 Date 04/12/2023	5 Payee name Murphy Nasica
----------------------	-------------------------------

6 Amount (\$) 9,750.00	7 Payee address; City; State; Zip Code PO Box 1650 Austin TX 78767
---------------------------	---

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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought	Office held
---	--------------------------------	---------------	-------------

Date 04/12/2023	Payee name Murphy Nasica
--------------------	-----------------------------

Amount (\$) 6,500.00	Payee address; City; State; Zip Code PO Box 1651 Austin TX 78767
-------------------------	---

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought	Office held
---	--------------------------------	---------------	-------------

Date 04/13/2023	Payee name Murphy Nasica
--------------------	-----------------------------

Amount (\$) 10,499.81	Payee address; City; State; Zip Code PO Box 1649 Austin TX 78767
--------------------------	---

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought	Office held
---	--------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	GM/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4/5	2 FILER NAME HILL, MACY L.	3 Filer ID (Ethics Commission Filers)
--	--------------------------------------	--

4 Date 04/17/2023	5 Payee name Murphy Nasica
-----------------------------	--------------------------------------

6 Amount (\$) 10,400.46	7 Payee address; PO Box 1648 Austin TX 78767	City;	State;	Zip Code
-----------------------------------	--	-------	--------	----------

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

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

Date 04/17/2023	Payee name Bonnell's Fine Texas Cuisine
---------------------------	---

Amount (\$) 5,347.16	Payee address; 4259 Bryant Irvin Rd Fort Worth TX 76109	City;	State;	Zip Code
--------------------------------	---	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Food & Beverage
	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 04/21/2023	Payee name The Pink Cactus DFW
---------------------------	--

Amount (\$) 300.63	Payee address; 644 Ridglea Drive Watauga TX 76148	City;	State;	Zip Code
------------------------------	---	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Food
	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
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5/5	2 FILER NAME HILL, MACY L.	3 Filer ID (Ethics Commission Filers)
--	--------------------------------------	--

4 Date 04/26/2023	5 Payee name Anedot
-----------------------------	-------------------------------

6 Amount (\$) 1,456.40	7 Payee address; 1340 Poydras Street Suite 1770 New Orleans LA 70112
----------------------------------	--

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

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

Date 04/26/2023	Payee name Lawrence's Gift
--------------------	-------------------------------

Amount (\$) 159.67	Payee address; 4601 West Fwy #224 Fort Worth TX 76107
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials	Description Hostess gift
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED