

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

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**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: **40**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
MRS MACY L
NICKNAME LAST SUFFIX
HILL

OFFICE USE ONLY

Date Received

**CSD REC'D
APR 6 '23 AM 11:40**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(682) 235 3855

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
LEONARD
NICKNAME LAST SUFFIX
FIRESTONE

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
()

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
1 / 1 / 23 THROUGH 3 / 27 / 23

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
5 / 6 / 23 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

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

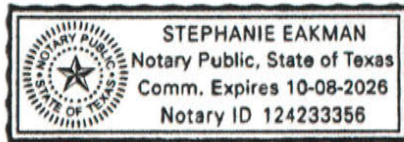
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 101,135.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 45,831.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 50,603.30

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 Macy Hill this the 5th day of April,

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

Stephanie Eakman Stephanie Eakman Notary
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	\$ 97,635.00
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 5,500.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 45,831.87
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
02/08/20235 Full name of contributor out-of-state PAC (ID#: _____)
Caira Franz

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
Po Box 310 Llano TX 78643**1,000.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

02/09/2023**Craig Kelly**

Contributor address; City; State; Zip Code

4816 Camp Bowie Boulevard Fort Worth TX 76107**1,000.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

02/09/2023**Dee Kelly**

Contributor address; City; State; Zip Code

5756 Merrymount Road Fort Worth TX 76107**5,000.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

02/09/2023**Mike Berry**

Contributor address; City; State; Zip Code

6217 Genoa Road Fort Worth TX 76116**5,000.00**

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 02/10/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Kathryn Parr	7 Amount of contribution (\$) 500.00
	6 Contributor address; City; State; Zip Code 5336 Collinwood Avenue Fort Worth TX 76107	

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

Date 02/09/2023	Full name of contributor out-of-state PAC (ID#: _____) Rusty Reid	Amount of contribution (\$) 2,500.00
	Contributor address; City; State; Zip Code 4500 w. 13th Street Fort Worth TX 76102	

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

Date 02/12/2023	Full name of contributor out-of-state PAC (ID#: _____) Dan Lowrance	Amount of contribution (\$) 1,000.00
	Contributor address; City; State; Zip Code 2008 Four Oaks Lane Fort Worth TX 76107	

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

Date 02/12/2023	Full name of contributor out-of-state PAC (ID#: _____) Joan Friedman	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 421 Ridgewood Road 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: 3/28
2 FILER NAME Hill, Macy L.		3 Filer ID (Ethics Commission Filers)
4 Date 02/12/2023	5 Full name of contributor Walker Friedman out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 421 Ridgewood Road Fort Worth TX 76107	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/12/2023	Full name of contributor Thomas Harris out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 8040 Valley Drive North Richland Hills TX 76182	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/14/2023	Full name of contributor Mark Magruder out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3828 Monticello Drive Fort Worth TX 76107	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/14/2023	Full name of contributor Kevin Watler out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3906 Arlan Ln Fort Worth TX 76109	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Energy Merchant		Employer (See Instructions) Teragram Energy Partners
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 02/14/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Ross Perot, Jr. 6 Contributor address; City; State; Zip Code 3000 Turtle Creek Drive Dallas TX 75219	7 Amount of contribution (\$) 5,000.00
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date 02/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Mark Hill Contributor address; City; State; Zip Code 1713 Hulen Street Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) self
Date 02/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Ryan Moore Contributor address; City; State; Zip Code 101 North Rivercrest Drive Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 02/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Leonard Firestone Contributor address; City; State; Zip Code 3905 Monticello Drive Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) manager		Employer (See instructions) Self employed
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 02/15/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Patricia Meadows	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 121 Rivercrest Drive Fort Worth TX 76107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Bill Meadows	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 121 Rivercrest Drive Fort Worth TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Mercedes Bass	Amount of contribution (\$) 2,500.00
Contributor address; City; State; Zip Code 201 Main Street; Ste 2700 Fort Worth TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/18/2023	Full name of contributor out-of-state PAC (ID#: _____) Thomas Harris	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 8040 Valley Drive North Richland Hills TX 76182		
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 02/19/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Steve Brauer 6 Contributor address; City; State; Zip Code 4455 Camp Bowie Boulevard 114 Fort Worth TX 76107	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/20/2023	Full name of contributor out-of-state PAC (ID#: _____) Matthew McLain Contributor address; City; State; Zip Code 5209 El Campo Avenue Fort Worth TX 76107	Amount of contribution (\$) 75.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Litchfield Cavo
Date 02/21/2023	Full name of contributor out-of-state PAC (ID#: _____) Jarrett Wilson Contributor address; City; State; Zip Code 1513 Catalina Drive Fort Worth TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Stephanie Wilson Travel
Date 02/21/2023	Full name of contributor out-of-state PAC (ID#: _____) Frank Bracken Contributor address; City; State; Zip Code 411 Hazelwood Dr Fort Worth TX 76107	Amount of contribution (\$) 1,000.00
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 02/21/2023	5 Full name of contributor out-of-state PAC (ID#: _____) George Young 6 Contributor address; City; State; Zip Code PO BOX 123610 Fort Worth TX 76121-3610	7 Amount of contribution (\$) 5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/22/2023	Full name of contributor out-of-state PAC (ID#: _____) V. Neils Agather Contributor address; City; State; Zip Code 409 Rivercrest Drive Fort Worth TX 76107	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2023	Full name of contributor out-of-state PAC (ID#: _____) Leah Overcash Contributor address; City; State; Zip Code 1701 River Run Road; Ste 304 Fort Worth TX 76109	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2023	Full name of contributor out-of-state PAC (ID#: _____) Clif Overcash Contributor address; City; State; Zip Code 1701 River Run Road; Ste 304 Fort Worth TX 76109	Amount of contribution (\$) 150.00
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: 8/28
2 FILER NAME Hill, Macy L.		3 Filer ID (Ethics Commission Filers)
4 Date 02/23/2023	5 Full name of contributor Meredith Broussard out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 2287 Quiet Bluff Lane League City TX 77573	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) homemaker		9 Employer (See Instructions) homemaker
Date 02/23/2023	Full name of contributor Martha Leonard out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1411 SHADY OAKS LN FORT WORTH TX 76107	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/23/2023	Full name of contributor Stewart Henderson out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1808 Western Ave Fort Worth TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/23/2023	Full name of contributor Julie Watson out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 505 Rivercrest Drive 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: 9/28
2 FILER NAME Hill, Macy L.		3 Filer ID (Ethics Commission Filers)
4 Date 02/23/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Rob Watson	7 Amount of contribution (\$) 125.00
	6 Contributor address; City; State; Zip Code 505 Rivercrest Drive Fort Worth TX 76107	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/24/2023	Full name of contributor out-of-state PAC (ID#: _____) Eric Fox	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 3513 Overton Park Drive East Fort Worth TX 76109	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/24/2023	Full name of contributor out-of-state PAC (ID#: _____) Randy Hiley	Amount of contribution (\$) 1,000.00
	Contributor address; City; State; Zip Code 1400 Tech Centre Parkway Arlington TX 76014	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Robert Benda	Amount of contribution (\$) 2,500.00
	Contributor address; City; State; Zip Code 608 Paint Pony Trail North Fort Worth TX 76108	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

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 02/27/2023	5 Full name of contributor out-of-state PAC (ID#: _____) DAVID PETTIT 6 Contributor address; City; State; Zip Code 1201 Clover Lane fort worth TX 76102	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) DAVID PETTIT ECONOMIC DEVELOPMENT, LLC
Date 02/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Dana Quisenberry Contributor address; City; State; Zip Code 404 Crestwood Drive Fort Worth TX 76107	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Township Commercial
Date 02/28/2023	Full name of contributor out-of-state PAC (ID#: _____) Debra Aughinbaugh Contributor address; City; State; Zip Code 5608 Byers Fort Worth TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/28/2023	Full name of contributor out-of-state PAC (ID#: _____) John Aughinbaugh Contributor address; City; State; Zip Code 5608 Byers 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: 11/28
2 FILER NAME Hill, Macy L.		3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Ralph Duggins	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code 600 W 6th Street; 300 Fort Worth TX 76102		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/01/2023	Full name of contributor out-of-state PAC (ID#: _____) John Thompson	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 6009 Merrymount Road Fort Worth TX 76107		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Kelly Hart
Date 03/01/2023	Full name of contributor out-of-state PAC (ID#: _____) Barbara M Williams	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 100 Throckmorton Street Fort Worth TX 76102		
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Linebarger Goggan
Date 03/01/2023	Full name of contributor out-of-state PAC (ID#: _____) John Goff	Amount of contribution (\$) 5,000.00
Contributor address; City; State; Zip Code 500 Commerce Street Suite 700 Fort Worth TX 76102		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Goff Capital Management
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 03/01/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Paul Dorman 6 Contributor address; City; State; Zip Code 1300 Shady Oaks Lane Fort Worth TX 76107	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date 03/01/2023	Full name of contributor out-of-state PAC (ID#: _____) Bradford Barnes Contributor address; City; State; Zip Code 4450 Harley Avenue Fort Worth TX 76107	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 03/01/2023	Full name of contributor out-of-state PAC (ID#: _____) Robert Folzenlogen Contributor address; City; State; Zip Code 1916 Berkeley Place Fort Worth TX 76110	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 03/01/2023	Full name of contributor out-of-state PAC (ID#: _____) Matt Mildren Contributor address; City; State; Zip Code 110 Hazelwood Drive Fort Worth TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Real Estate		Employer (See instructions) Tug Hill, Inc.
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 03/01/2023	5 Full name of contributor Rosie Moncrief out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 777 Taylor Street; Ste 1030 Fort Worth TX 76102	7 Amount of contribution (\$) 125.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 03/01/2023	Full name of contributor Mike Moncrief out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 777 Taylor Street; Ste 1030 Fort Worth TX 76102	Amount of contribution (\$) 125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 03/01/2023	Full name of contributor Woodrin Grossman out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 4900 Riverbend Drive Fort Worth TX 76109	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 03/02/2023	Full name of contributor Christopher Applegate out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 5124 Peach Willow Fort Worth TX 76109	Amount of contribution (\$) 1,000.00
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 03/02/2023	5 Full name of contributor Sally Gavras out-of-state PAC (ID#: _____) 6 Contributor address; 1301 Throckmorton St. 2105 Fort Worth TX 76102 City; State; Zip Code	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/02/2023	Full name of contributor Chris Gavras out-of-state PAC (ID#: _____) Contributor address; 1301 Throckmorton St. 2105 Fort Worth TX 76102 City; State; Zip Code	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2023	Full name of contributor Kimberly Johnson out-of-state PAC (ID#: _____) Contributor address; 3932 Bunting Avenue Fort Worth TX 76107 City; State; Zip Code	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2023	Full name of contributor Gabe Lowy out-of-state PAC (ID#: _____) Contributor address; 6700 Kirkwood Road Fort Worth TX 76116 City; State; Zip Code	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: 15/28
2 FILER NAME Hill, Macy L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/02/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Catherine Lowy 6 Contributor address; City; State; Zip Code 6700 Kirkwood Road Fort Worth TX 76116	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/02/2023	Full name of contributor out-of-state PAC (ID#: _____) Beckie Geren Contributor address; City; State; Zip Code 1200 Washington Terrace Fort Worth TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2023	Full name of contributor out-of-state PAC (ID#: _____) Preston Geren Contributor address; City; State; Zip Code 1200 Washington Terrace Fort Worth TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2023	Full name of contributor out-of-state PAC (ID#: _____) Lee Tennison Contributor address; City; State; Zip Code 1221 Broad Avenue Fort Worth TX 76107-1530	Amount of contribution (\$) 1,000.00
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

03/03/2023

5 Full name of contributor

Pauline Mabry

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

6 Contributor address;

City;

State; Zip Code

1004 East Harpole Road Argyle TX 76226

7 Amount of contribution (\$)**200.00****8** Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

retired

Date

03/03/2023

Full name of contributor

Reid Goetz

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

Contributor address;

City;

State; Zip Code

4517 Cloudview Road Fort Worth TX 76109

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/03/2023

Full name of contributor

Shannon Mccourt

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

Contributor address;

City;

State; Zip Code

4709 Crestline Rd Fort Worth TX 76107

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Promotional Marketing business owner

Employer (See Instructions)

McCourt Promotional Marketing

Date

03/03/2023

Full name of contributor

John Needham

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

Contributor address;

City;

State; Zip Code

2204 Lake Austin Boulevard Austin TX 78703

Amount of contribution (\$)

2,000.00

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: 17/28
2 FILER NAME Hill, Macy L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/03/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Jeremy Raines 6 Contributor address; City; State; Zip Code 2313 Ashland Avenue Fort Worth TX 76107	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) RMP Industrial Supply, Inc.		9 Employer (See Instructions) RMP Industrial Supply, Inc.
Date 03/03/2023	Full name of contributor out-of-state PAC (ID#: _____) Sarah Lancarte Contributor address; City; State; Zip Code 3708 Cresthaven Terrace Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Real estate		Employer (See Instructions) Lancarte Commercial Real Estate
Date 03/03/2023	Full name of contributor out-of-state PAC (ID#: _____) Michael Ferry Contributor address; City; State; Zip Code 2212 6th ave Fort worth TX 76110	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) District Attorney		Employer (See Instructions) Tarrant County
Date 03/03/2023	Full name of contributor out-of-state PAC (ID#: _____) Jaye Skaggs Contributor address; City; State; Zip Code 3800 Monticello Drive 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: 18/28
2 FILER NAME Hill, Macy L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/03/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Roy Browning 6 Contributor address; City; State; Zip Code 3800 Monticello Drive Fort Worth TX 76107	7 Amount of contribution (\$) 125.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/03/2023	Full name of contributor out-of-state PAC (ID#: _____) Bill Burton Contributor address; City; State; Zip Code 5 Westover Road Fort Worth TX 76107	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/04/2023	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 (\$) 150.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 03/04/2023	Full name of contributor out-of-state PAC (ID#: _____) JAMES DUNAWAY Contributor address; City; State; Zip Code 500 Alta Drive FORT WORTH TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
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
03/06/2023**5** Full name of contributor out-of-state PAC (ID#: _____)
Will Rodgers**7** Amount of contribution (\$)**6** Contributor address; City; State; Zip Code
3712 Potomac Avenue Fort Worth TX 76107**2,500.00****8** Principal occupation / Job title (See Instructions)
work**9** Employer (See Instructions)
n/a**Date**
03/06/2023**Full name of contributor** out-of-state PAC (ID#: _____)
Wesley Turner**Amount of contribution (\$)****Contributor address;** City; State; Zip Code
500 West 7th Street Suite 1725 Fort Worth TX 76102**250.00****Principal occupation / Job title (See Instructions)**
Newspaper Consultant**Employer (See Instructions)**
Advance Local**Date**
03/06/2023**Full name of contributor** out-of-state PAC (ID#: _____)
Russell Laughlin**Amount of contribution (\$)****Contributor address;** City; State; Zip Code
9800 Hillwood Parkway, Suite 300 Suite 300 Fort Worth TX 76117**1,000.00****Principal occupation / Job title (See Instructions)****Employer (See Instructions)****Date**
03/06/2023**Full name of contributor** out-of-state PAC (ID#: _____)
Jason McCall**Amount of contribution (\$)****Contributor address;** City; State; Zip Code
633 Prairie Avenue Aledo TX 76008**100.00****Principal occupation / Job title (See Instructions)**
Program manager**Employer (See Instructions)**
Rainwater**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 03/06/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Marisa Gibson Selkirk	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code 1401 Hillcrest St Fort Worth TX 76107	
8 Principal occupation / Job title (See Instructions) homemaker		9 Employer (See Instructions) homemaker
Date 03/06/2023	Full name of contributor out-of-state PAC (ID#: _____) Craig Goldman	Amount of contribution (\$) 1,000.00
	Contributor address; City; State; Zip Code 2300 Winton Terrace West Fort Worth TX 76109	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 03/06/2023	Full name of contributor out-of-state PAC (ID#: _____) Emmy Lou Prescott	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code 1800 Western Avenue Fort Worth TX 76107	
Principal occupation / Job title (See Instructions) development		Employer (See Instructions) National Cowgirl Museum
Date 03/06/2023	Full name of contributor out-of-state PAC (ID#: _____) Andrew Schatte	Amount of contribution (\$) 2,500.00
	Contributor address; City; State; Zip Code 5330 Montrose Boulevard Houston TX 77005-1831	
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: 21/28
2 FILER NAME Hill, Macy L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/06/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Annette Schatte 6 Contributor address; City; State; Zip Code 5330 Montrose Boulevard Houston TX 77005-1831	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/07/2023	Full name of contributor out-of-state PAC (ID#: _____) DeeDee Byrne Contributor address; City; State; Zip Code 2217 Ward Pkwy Fort Worth TX 76110	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) Byrne Brothers Foods
Date 03/07/2023	Full name of contributor out-of-state PAC (ID#: _____) Arnold Gachman Contributor address; City; State; Zip Code 1229 Shady Oaks Lane Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Metal Executive		Employer (See Instructions) Gamtex Industries LP
Date 03/07/2023	Full name of contributor out-of-state PAC (ID#: _____) Don Woodard, Jr. Contributor address; City; State; Zip Code 3100 West 7th Street; Ste 300 Fort Worth TX 76107	Amount of contribution (\$) 1,000.00
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 03/08/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Matthew Farris 6 Contributor address; City; State; Zip Code 8612 Mazzini Ct Flower Mound TX 75022	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) Real estate Developer		9 Employer (See Instructions) TruLife Communities
Date 03/09/2023	Full name of contributor out-of-state PAC (ID#: _____) Scott Noles Contributor address; City; State; Zip Code 777 Taylor Street 1126 Fort Worth TX 76102	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) Mereken
Date 03/09/2023	Full name of contributor out-of-state PAC (ID#: _____) Sara Scheideman Contributor address; City; State; Zip Code 1313 Washington Terrace Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/09/2023	Full name of contributor out-of-state PAC (ID#: _____) Greg Scheideman Contributor address; City; State; Zip Code 1313 Washington Terrace 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: 23/28
---	----------------------------------

2 FILER NAME Hill, Macy L.	3 Filer ID (Ethics Commission Filers)
--------------------------------------	---------------------------------------

4 Date 03/10/2023	5 Full name of contributor Laura Hagan out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 1320 South University Drive 700 Fort Worth TX 76107		

8 Principal occupation / Job title (See Instructions) SVP	9 Employer (See Instructions) Verador Property Management
---	---

Date 03/14/2023	Full name of contributor Eric Hahnfeld out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 200 Bailey Ave., Suite 200 Fort Worth TX 76107		

Principal occupation / Job title (See Instructions) Architect	Employer (See Instructions) Hahnfeld Hoffer Stanford Architects
---	---

Date 03/15/2023	Full name of contributor Caroline Craz out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 3928 Modlin Avenue Fort Worth TX 76107		

Principal occupation / Job title (See Instructions) Banking / Financial Services	Employer (See Instructions) Colonial Savings, F.A.
--	--

Date 03/15/2023	Full name of contributor George Melas out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 8820 Sandcastle Court 76179 TX 76179		

Principal occupation / Job title (See Instructions) Architect	Employer (See Instructions) Swayzer Engineering
---	---

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 03/16/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Bradley Wallace 6 Contributor address; City; State; Zip Code 5213 Bryce Ave Fort Worth TX 76107	7 Amount of contribution (\$) 350.00
8 Principal occupation / Job title (See Instructions) investments		9 Employer (See Instructions) LKCM
Date 03/16/2023	Full name of contributor out-of-state PAC (ID#: _____) Good Government Fund Contributor address; City; State; Zip Code 201 Main Street; Ste 250 Fort Worth TX 76102	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Sandy Hollander Contributor address; City; State; Zip Code 6921 Laurel Valley Drive Fort Worth TX 76132	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 03/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Ira Hollander Contributor address; City; State; Zip Code 6921 Laurel Valley Drive Fort Worth TX 76132	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: 25/28

2 FILER NAME **Hill, Macy L.** 3 Filer ID (Ethics Commission Filers)

4 Date 03/19/2023	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> E William Burgan	7 Amount of contribution (\$) 60.00
	6 Contributor address; <small>City; State; Zip Code</small> 9341 Sundial Drive Fort Worth TX 76244	

8 Principal occupation / Job title (See Instructions) **Auctioneer** 9 Employer (See Instructions)
self

Date 03/21/2023	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Andrew Blake	Amount of contribution (\$) 500.00
	Contributor address; <small>City; State; Zip Code</small> 311 University Drive 101 Fort Worth TX 76107	

Principal occupation / Job title (See Instructions) **Improving FW's built environment** Employer (See Instructions)
Presidio Interests

Date 03/21/2023	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Janie Harper	Amount of contribution (\$) 250.00
	Contributor address; <small>City; State; Zip Code</small> 4707 Washburn Avenue Fort Worth TX 76107	

Principal occupation / Job title (See Instructions) **homemaker** Employer (See Instructions)
homemaker

Date 03/21/2023	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Janie Harper	Amount of contribution (\$) 50.00
	Contributor address; <small>City; State; Zip Code</small> 4707 Washburn Avenue Fort Worth TX 76107	

Principal occupation / Job title (See Instructions) **Community volunteer** Employer (See Instructions)
me

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 03/21/2023	5 Full name of contributor Jason Hiley out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 625 NE Loop 820 Hurst TX 76053	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Hiley Automotive Group
Date 03/21/2023	Full name of contributor Alexis Brinkley out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 100 Williamsburg Lane Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2023	Full name of contributor Jeremiah Collins out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 100 Williamsburg Lane Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/22/2023	Full name of contributor Kelley Royer out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 4709 Harley 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: 27/28
2 FILER NAME Hill, Macy L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/22/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Bill Royer 6 Contributor address; City; State; Zip Code 4709 Harley Avenue Fort Worth TX 76107	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/22/2023	Full name of contributor out-of-state PAC (ID#: _____) Law Office of Matthew Bobo Contributor address; City; State; Zip Code 4916 Camp Bowie Blvd Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/23/2023	Full name of contributor out-of-state PAC (ID#: _____) Justin Tankersley Contributor address; City; State; Zip Code 14810 Bramblewood Drive Houston TX 77079	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Corey Construction
Date 03/24/2023	Full name of contributor out-of-state PAC (ID#: _____) Bret Helmer Contributor address; City; State; Zip Code 6450 Ridglea Crest Dr Fort Worth TX 76116	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) R4 Foundation

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 03/24/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Alethea Harrington 6 Contributor address; City; State; Zip Code 2321 Medford Court E Fort Worth TX 76109	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/26/2023	Full name of contributor out-of-state PAC (ID#: _____) Gail Landreth Contributor address; City; State; Zip Code 1316 Thomas Place Fort Worth TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Independent oil gas producer		Employer (See Instructions) Landreth Co
Date 03/27/2023	Full name of contributor out-of-state PAC (ID#: _____) R Clay Paslay Contributor address; City; State; Zip Code 208 Williamsburg Lane Fort Worth TX 76107	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions) Aviation Consultant		Employer (See Instructions) Paslay Group
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</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1	
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 5,500.00	
5 Date 03/02/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIT MONCRIEF 7 Contributor address; City; State; Zip Code 4600 BROAD AVE., FORT WORTH TX 761076	8 Amount of Contribution \$ 1,500.00	9 In-kind contribution description FOOD AND BEVERAGE FOR CAMPAGIN EVENT Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 03/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RIGHT FOR TARRANT PAC Contributor address; City; State; Zip Code PO BOX 100368 FORT WORTH, TX 76185	Amount of Contribution \$ 4,000.00	In-kind contribution description POLLING Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing 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: 1/8		2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)	
4 Date 02/08/2023		5 Payee name Murphy Nasica			
6 Amount (\$) 1,000.00		7 Payee address; City; State; Zip Code PO Box 1648 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.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 02/08/2023		Candidate / Officeholder name Murphy Nasica			
Amount (\$) 3,500.00		Office sought Office held			
Date 02/08/2023		Candidate / Officeholder name Murphy Nasica			
Amount (\$) 3,500.00		Office sought Office held			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description consulting		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date 02/10/2023		Candidate / Officeholder name Murphy Nasica			
Amount (\$) 431.14		Office sought Office held			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Printed Collateral		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					

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: 2/8	2 FILER NAME Hill, Macy L.	3 Filer ID (Ethics Commission Filers)
--	--------------------------------------	--

4 Date 02/10/2023	5 Payee name Murphy Nasica
-----------------------------	--------------------------------------

6 Amount (\$) 2,090.85	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) Advertising Expense	(b) Description Signage
	(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 02/10/2023	Payee name Murphy Nasica
--------------------	-----------------------------

Amount (\$) 2,424.80	Payee address; PO Box 1648 Austin TX 78767	City;	State;	Zip Code
-------------------------	---	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signage
	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 02/10/2023	Payee name Murphy Nasica
--------------------	-----------------------------

Amount (\$) 6,019.23	Payee address; PO Box 1648 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 <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: 3/8	2 FILER NAME Hill, Macy L.	3 Filer ID (Ethics Commission Filers)
--	--------------------------------------	--

4 Date 02/13/2023	5 Payee name Murphy Nasica
-----------------------------	--------------------------------------

6 Amount (\$) 297.69	7 Payee address; City; State; Zip Code PO Box 1648 Austin TX 78767
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description photography
	(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 03/02/2023	Payee name Murphy Nasica
--------------------	-----------------------------

Amount (\$) 624.07	Payee address; City; State; Zip Code PO Box 1648 Austin TX 78767
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Printed Collateral
	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 03/02/2023	Payee name Murphy Nasica
--------------------	-----------------------------

Amount (\$) 3,115.00	Payee address; City; State; Zip Code PO Box 1648 Austin TX 78767
-------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signage
	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 Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4/8	2 FILER NAME Hill, Macy L.	3 Filer ID (Ethics Commission Filers)
--	--------------------------------------	--

4 Date 03/02/2023	5 Payee name Murphy Nasica
-----------------------------	--------------------------------------

6 Amount (\$) 3,250.88	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) Advertising Expense	(b) Description Signage
	(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 03/03/2023	Payee name Murphy Nasica
--------------------	-----------------------------

Amount (\$) 1,000.00	Payee address; PO Box 1648 Austin TX 78767	City;	State;	Zip Code
-------------------------	---	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description consulting
	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 03/06/2023	Payee name Roy Pope Grocery
--------------------	--------------------------------

Amount (\$) 346.65	Payee address; 2300 Merrick St Fort Worth TX 76107	City;	State;	Zip Code
-----------------------	---	-------	--------	----------

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
--	-------------------------------	---------------	-------------

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: 5/8	2 FILER NAME Hill, Macy L.	3 Filer ID (Ethics Commission Filers)
--	--------------------------------------	--

4 Date 03/09/2023	5 Payee name Roy Pope Grocery
-----------------------------	---

6 Amount (\$) 102.83	7 Payee address; City; State; Zip Code 2300 Merrick St Fort Worth TX 76107
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Sign Event
	(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 03/10/2023	Payee name Murphy Nasica
--------------------	-----------------------------

Amount (\$) 867.99	Payee address; City; State; Zip Code PO Box 1648 Austin TX 78767
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Printed Collateral
	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 03/14/2023	Payee name Murphy Nasica
--------------------	-----------------------------

Amount (\$) 433.00	Payee address; City; State; Zip Code PO Box 1648 Austin TX 78767
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Photography
	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: 6/8	2 FILER NAME Hill, Macy L.	3 Filer ID (Ethics Commission Filers)
4 Date 03/15/2023	5 Payee name Murphy Nasica	
6 Amount (\$) 7,423.33	7 Payee address; City; State; Zip Code PO Box 1648 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. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/16/2023	Payee name USPS	
Amount (\$) 194.00	Payee address; City; State; Zip Code 3101 W 6TH ST Fort Worth TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Post Office Box
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/16/2023	Payee name Murphy Nasica	
Amount (\$) 8,380.45	Payee address; City; State; Zip Code PO Box 1648 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. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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: 7/8	2 FILER NAME Hill, Macy L.	3 Filer ID (Ethics Commission Filers)
--	--------------------------------------	--

4 Date 03/21/2023	5 Payee name Flower Child
-----------------------------	-------------------------------------

6 Amount (\$) 46.98	7 Payee address; 1616 University Drive #301 Fort Worth TX 76107	City;	State;	Zip Code
-------------------------------	---	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Meal with Supporters
	(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 03/21/2023	Payee name Murphy Nasica
--------------------	-----------------------------

Amount (\$) 658.98	Payee address; PO Box 1648 Austin TX 78767	City;	State;	Zip Code
-----------------------	---	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Printed Collateral
	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 03/22/2023	Payee name USPS
--------------------	--------------------

Amount (\$) 63.00	Payee address; 1008 Roberts Cut Off Rd Fort Worth TX 76114	City;	State;	Zip Code
----------------------	---	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Stamps
	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: 8/8	2 FILER NAME Hill, Macy L.	3 Filer ID (Ethics Commission Filers)
4 Date 03/27/2023	5 Payee name Mi Cocina	
6 Amount (\$) 61.80	7 Payee address; City; State; Zip Code 4601 West Freeway Ste 100 Fort Worth TX 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Meal with Supporters
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/27/2023	Payee name Anedot	
Amount (\$) 2,494.70	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Credit Card Processing Fees
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	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, TX, officeholder living expense	
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