OFFICIAL RECORD **CITY SECRETARY**

FT. WORTH, TX

FORM C/OH COVER SHEET PG 1

		<u> </u>			
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission	n Filers) 2 Total pages	filed: 40
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MRS	FIRST	мı L	OFFIC	E USE ONLY
NAME	NICKNAME	last HILL	SUFF	Date Received	
4 CANDIDATE/	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP C	ODE	SO REC'D
OFFICEHOLDER MAILING ADDRESS Change of Address					6'23 AM11:40
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-deliver	ed or Date Postmarked
OFFICEHOLDER PHONE	(682)	235 3855		Receipt #	Amount \$
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Keceipt #	Amount
TREASURER NAME		LEONARD		Date Processed	
	NICKNAME	LAST	SUFF	Date Imaged	
		FIRESTONE		Date maged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE;	ZIP CODE
TREASURER ADDRESS					
(Residence or Business)					
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER				· ·	
PHONE	()				
9 REPORT TYPE	January 15	30th day before e	Runoff	treasurer	after campaign appointment ider Only)
, i	July 15	8th day before ele	ection Exceeded Mo	1 11 11 11 11	oort (Atlach C/OH - FR)
10 PERIOD	Month	Day Year		Month Day Ye	ear
COVERED	1 ,	/ 1 / 23	THROUGH	3 / 27 / 2	3
11 ELECTION	ELECTION DA	TE	ELECT	ON TYPE	
	Month Day	Year Primary	Runoff Oth	er scription	
	5 / 6	✓ 23 ■ General	. Special		
		20			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT CITY COU	(if known) NCIL- DISTRIC	CT 7
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	EHOLDER, THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPEND S MAY HAVE BEEN MADE WITHOUT RED TO REPORT THIS INFORMATION	THE CANDIDATE'S OR OFFICEH	OLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
Additional Pages	GENERAL				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER

CAMPAIGN FINANCE REPORT

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	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THAN \$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 101,135.00
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 45,831.87
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THOSE OF REPORTING PERIOD	E LAST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS LAST DAY OF THE REPORTING PERIOD	\$ 50,603.30
	wear, or affirm, under penalty of perjury, that the accompanying report pured to be reported by me under Title 15, Election Code.	is true and correct and includes all information
	Mary	of Candidate or Officeholder
	Please complete either option b	elow:
(1) Affidavit	STEPHANIE EAKMAN Notary Public, State of Texas Comm. Expires 10-08-2026 Notary ID 124233356	
NOTARY STAMP/SEAL		5th A. I
Sworn to and subscribed	before me by Macy Hill thi	s the 5th day of April.
Stophanu &	which, witness my hand and seal of office. Stephanie Eakman	Notary
Signature of officer administer		Title of officer administering oath
THE STATE OF THE STATE OF	OR OR	
(2) Unsworn Declaration	on	
My name is	, and my date of b	irth is
My address is		
	(street) (city)	(state) (zip code) (country)
Executed in	County, State of, on the day of	(month) , 20 (year) .
	Signature of	Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILE HILL,	MACY L.	20 Filer ID (Ethics Co	mmission Filers)
	IEDULE SUBTOTALS IE 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 C	ONTRIBUTIONS	\$ 45,831.87
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	L CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FO	UNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

if the reques	sted information is not applicable, DO NOT include this page in t	he report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 1/28
2 FILER NAME HILL, MAC	CY L.	3 Filer ID (Ethics Commission Filers)
4 Date 02/08/2023	5 Full name of contributor Caira Franz 6 Contributor address; City; State; Zip Code Po Box 310 Llano TX 78643	7 Amount of contribution (\$) 1,000.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Ins	structions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
02/09/2023	Contributor address; City; State; Zip Code 4816 Camp Bowie Boulevard Fort Worth TX 7610	1,000.00
Principal occup	eation / Job title (See Instructions) Employer (See Ins	structions)
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 7610	5,000.00
Principal occup	pation / Job title (See Instructions) Employer (See Ins	structions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
02/09/2023	Contributor address; City; State; Zip Code 6217 Genoa Road Fort Worth TX 7611	5,000.00
Principal occup	pation / Job title (See Instructions) Employer (See In	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see instruction guide for addition	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 if the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) HILL, MACY L. 5 Full name of contributor 7 Amount of contribution (\$) Kathryn Parr 02/10/2023 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 Full name of contributor Amount of contribution (\$) Rusty Reid 02/09/2023 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 Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Dan Lowrance 02/12/2023 1,000.00 Contributor address; State; Zip Code 2008 Four Oaks Lane Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) Joan Friedman 02/12/2023 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. 1 Total pages Schedule A1: 3/28 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Hill, Macy L. 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 7 Amount of contribution (\$) Walker Friedman 02/12/2023 500.00 6 Contributor address; City; State; Zip Code 421 Ridgewood Road Fort Worth TX 76107 8 Principal occupation / Job title (See instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) Thomas Harris 02/12/2023 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) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Mark Magruder 02/14/2023 1,000.00 Contributor address; State; Zip Code 3828 Monticello Drive Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Kevin Watler 02/14/2023 250.00 Contributor address: City: State; Zip Code 3906 Arlan Ln Fort Worth TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Energy Merchant** 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.

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	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
02/14/2023	6 Contributor address; City; State; Zip Code 3000 Turtle Creek Drive Dallas TX 7521	5,000.00
8 Principal occur		
a rinopal occo	pation / Job title (See Instructions) 9 Employer (See In	isauctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
02/15/2023	***************************************	500.00
	Contributor address; City; State; Zip Code	
	1713 Hulen Street Fort Worth TX 7610	
Principal occup Attorney	eation / Job title (See Instructions) Employer (See In Self	structions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
00450000	Ryan Moore	500.00
02/15/2023	Contributor address; City; State; Zip Code	500.00
	101 North Rivercrest Drive Fort Worth TX 7610	
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
02/15/2023	Leonard Firestone Contributor address: City; State; Zip Code	E00 00
	Contributor address; City: State; Zip Code 3905 Monticello Drive Fort Worth TX 7610	500.00
Principal occup	pation / Job title (See Instructions) Employer (See In	nstructions)
manager	Self employed	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE if contributor is out-of-state PAC, please see instruction guide for additional contributors.	AS NEEDED onal reporting requirements.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: 5/28 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Hill, Macy L 4 Date 7 Amount of contribution (\$) 5 Full name of contributor Patricia Meadows 500.00 02/15/2023 6 Contributor address; City; State; Zip Code 121 Rivercrest Drive Fort Worth TX 76107 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) **Bill Meadows** 500.00 02/15/2023 Contributor address: State; Zip Code 121 Rivercrest Drive Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Date Mercedes Bass 2,500.00 02/15/2023 City; State; Zip Code Contributor address; 201 Main Street; Ste 2700 Fort Worth TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Full name of contributor Date out-of-state PAC (ID# **Thomas Harris** 500.00 02/18/2023 State; Zip Code Contributor address; City; 8040 Valley Drive North Richland Hills TX 76182 Employer (See Instructions) Principal occupation / Job title (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. 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 6/28 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Hill, Macy L. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: Steve Brauer 02/19/2023 1,000.00 6 Contributor address; City; State; Zip Code 4455 Camp Bowie Boulevard 114 Fort Worth TX 76107 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Matthew McLain 02/20/2023 75.00 Contributor address: Cltv: State; Zip Code 5209 El Campo Avenue Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See instructions) Attorney Litchfield Cavo Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Jarrett Wilson 02/21/2023 250.00 Contributor address: City; State; Zip Code 1513 Catalina Drive Fort Worth TX 76107 Principal occupation / Job title (See instructions) Employer (See Instructions) Stephanie Wilson Travel Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Frank Bracken 02/21/2023 1,000.00 Contributor address; City: State; Zip Code 411 Hazelwood Dr 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. 1 Total pages Schedule A1: 7/28 The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Hill, Macy L. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ George Young 02/21/2023 5,000.00 6 Contributor address: City: State; Zip Code PO BOX 123610 Fort Worth TX 76121-3610 8 Principal occupation / Job title (See instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) V. Neils Agather 02/22/2023 2,500.00 Contributor address; City; State; Zip Code 409 Rivercrest Drive Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Leah Overcash 02/22/2023 150.00 Contributor address; City; State; Zip Code 1701 River Run Road; Ste 304 Fort Worth TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Clif Overcash 02/22/2023 150.00 Contributor address; City: State; Zip Code 1701 River Run Road; Ste 304 Fort Worth TX 76109 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.

ł	TARY POLITICAL CONTRIBUTIONS ested information is not applicable, DO NOT include this page in the	SCHEDULE A1
Th	e instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 8/28
2 FILER NAME Hill, Macy		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
02/23/2023	6 Contributor address; City; State; Zip Code 2287 Quiet Bluff Lane League City TX 77573	250.00
8 Principal occi homemaker	pation / Job title (See Instructions) 9	tions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
02/23/2023	Contributor address; City; State: Zip Code 1411 SHADY OAKS LN FORT WORTH TX 76107	1,000.00
Principal occup	etion / Job title (See Instructions) Employer (See Instruct	ions)
Date 02/23/2023	Full name of contributor out-of-state PAC (ID#:) Stewart Henderson	Amount of contribution (\$)
02/20/2023	Contributor address; City; State; Zip Code 1808 Western Ave Fort Worth TX 76107	250.00
Principal occup	ation / Job title (See instructions) Employer (See instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:) Julie Watson	Amount of contribution (\$)
02/23/2023	Contributor address; City; State; Zip Code	125.00
Principal occupe	505 Rivercrest Drive Fort Worth TX 76107 Ston / Job title (See Instructions) Employer (See Instructions)	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional re	

1	ARY POLITICAL CONTRIBUT		SCHEDULE A1
			1 Total pages Schedule A1: 9/28
The	Instruction Guide explains how to complete this f	orm.	3 Filer ID (Ethics Commission Filers)
2 FILER NAME Hill, Macy	L.		
4 Date		(ID#:)	7 Amount of contribution (\$)
02/23/2023		State; Zip Code	125.00
8 Principal occup	1	9 Employer (See Instruct	dons)
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)
02/24/2023	Eric Fox Contributor address; City; 3513 Overton Park Drive East Fort	T I	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	dons)
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)
02/24/2023	Randy Hiley Contributor address: City; 1400 Tech Centre Parkway Arlin	State; Zip Code	1,000.00
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC ((10#:)	Amount of contribution (\$)
02/27/2023	Robert Benda Contributor address; City;	State; Zip Code	2,500.00
Principal occu	608 Paint Pony Trail North Fort V	Employer (See Instruc	ctions)
retired		retired	
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see instru-	F THIS SCHEDULE AS Naction guide for additional	IEEDED reporting requirements.

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Revised 8/17/2020

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n ma rada	ested information is not applicable, DO NOT include this page in the	в тарит.
Th	e instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 10/28
FILER NAME Hill, Macy		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (IDIF:) DAVID PETTIT	7 Amount of contribution (\$)
2/27/2023	6 Contributor address; City; State; Zip Code 1201 Clover Lane fort worth TX 76102	250.00
Principal occi Onsultant	upation / Job title (See Instructions) 9 Employer (See Instru	 ctions) ONOMIC DEVELOPMENT, L
Date	Full name of contributor out-of-state PAC (ID#:) Dana Quisenberry	Amount of contribution (\$)
2/27/2023	Contributor address; City; State; Zip Code 404 Crestwood Drive Fort Worth TX 76107	100.00
Principal occup eal Estate	Dation / Job title (See Instructions) Employer (See Instructions) Township Comme	
Date 2/28/2023	Full name of contributor out-of-state PAC (ID#:) Debra Aughinbaugh	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 5608 Byers Fort Worth TX 76107	250.00
Principal occup	etion / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) John Aughinbaugh	Amount of contribution (\$)
2/28/2023	Contributor address; City; State; Zip Code	250.00
Principal occup	5608 Byers Fort Worth TX 76107 ation / Job title (See Instructions) Employer (See Instructions)	ions)

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 3 Flier ID (Ethics Commission Filers) Hill, Macy L 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 7 Amount of contribution (\$) Ralph Duggins 02/28/2023 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 Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) John Thompson 03/01/2023 250.00 Contributor address; City; State; Zip Code 6009 Merrymount Road Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Kelly Hart Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Barbara M Williams 03/01/2023 1,000.00 Contributor address; State: Zip Code 100 Throckmorton Street Fort Worth TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) attorney Linebarger Goggan Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) John Goff 03/01/2023 Contributor address; 5,000.00 City: State; Zip Code 500 Commerce Street Suite 700 Fort Worth TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO 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.

MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A1
If the reque	sted information is not applicable, DO NOT inclu	de this page in the	report.
The	Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1: 12/28
2 FILER NAME	1	A	3 Filer ID (Ethics Commission Filers)
Hill, Macy	5 Full name of contributor out-of-state PAC (ID	*	7 Amount of contribution (\$)
03/01/2023	Paul Dorman 6 Contributor address; City;	State; Zlp Code	500.00
	1300 Shady Oaks Lane Fort Wo	orth TX 76107	500.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	dons)
Date	Full name of contributor out-of-state PAC (ID	#:	Amount of contribution (\$)
03/01/2023	Bradford Barnes Contributor address; City;	State; Zip Code	1,000.00
	4450 Harley Avenue Fort Wor	th TX 76107	,, , , , , , , , , , , , , , , , , , , ,
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		#:)	Amount of contribution (\$)
03/01/2023	Robert Folzenlogen Contributor address; City;	State; Zip Code	500.00
	1916 Berkeley Place Fort Wor	th TX 76110	000100
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID	*	Amount of contribution (\$)
03/01/2023	Matt Mildren Contributor address; City;	State; Zip Code	250.00
	110 Hazelwood Drive Fort Wo	rth TX 76107	200.00
Principal occup Real Estate	etion / Job title (See Instructions)	Employer (See Instruction Em	tions)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct		

If the request	ted 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 out-of-state PAC (ID#:) Rosie Moncrief 6 Contributor address; City; State; Zip Code 777 Taylor Street; Ste 1030 Fort Worth TX 76102	7 Amount of contribution (\$) 125.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Mike Moncrief	Amount of contribution (\$)
03/01/2023	Contributor address; City; State; Zip Code 777 Taylor Street; Ste 1030 Fort Worth TX 76102	125.00
Principal occuj	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date 03/01/2023	Full name of contributor out-of-state PAC (ID#:) Woodrin Grossman Contributor address; City; State; Zip Code 4900 Riverbend Drive Fort Worth TX 76109	Amount of contribution (\$)
Principal occu	upation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:) Christopher Applegate	Amount of contribution (\$)
03/02/2023	Contributor address; City; State; Zip Code 5124 Peach Willow Fort Worth TX 76109	1,000.00
Principal occ	Eupation / Job title (See Instructions) Employer (See Instru	uctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additions	3 NEEDED

led information is not applicable. DO NOT Incl	ludo this same in the	_
ed mornadorn is not applicable, DO NOT INC	ude this page in the r	report.
natruction Guida explains how to complete this f	form.	1 Total pages Schedule A1: 14/28
- -		3 Filer ID (Ethics Commission Filers)
5 Full page of contribute	D#:1	7 Amount of contribution (\$)
6 Contributor address; City;	State; Zip Code Vorth TX 76102	500.00
Stion / Joh title /Con Jose	<u> </u>	ions)
•	D#:	Amount of contribution (\$)
Contributor address; City;	••	500.00
	Employer (See Instructi	ions)
	D#:)	Amount of contribution (\$)
Contributor address; City;	State; Zip Code	1,000.00
	Employer (See Instructi	ions)
	D#:	Amount of contribution (\$)
Contributor address; City;	State; Zip Code	100.00
	Employer (See Instruct	ions)
	Instruction Guide explains how to complete this full. 5. Full name of contributor Sally Gavras 6. Contributor address; City; 1301 Throckmorton St. 2105 Fort Value (See Instructions) Full name of contributor Chris Gavras Contributor address; City; 1301 Throckmorton St. 2105 Fort Value (See Instructions) Full name of contributor St. 2105 Fort Value (See Instructions) Full name of contributor Contributor address; City; 3932 Bunting Avenue Fort Work (See Instructions) Full name of contributor Contributor address; City; 3932 Bunting Avenue Fort Work (See Lowy) Contributor address; City; 6700 Kirkwood Road Fort Work (See Instructions)	Sally Gavras 6 Contributor address; City; State; Zip Code 1301 Throckmorton St. 2105 Fort Worth TX 76102 ation / Job title (See Instructions) 9 Employer (See Instruct Full name of contributor Chris Gavras Contributor address; City; State; Zip Code 1301 Throckmorton St. 2105 Fort Worth TX 76102 ation / Job title (See Instructions) Employer (See Instruct Full name of contributor Contributor address; City; State; Zip Code 301 Throckmorton St. 2105 Fort Worth TX 76102 Stimberly Johnson Contributor address; City; State; Zip Code 3932 Bunting Avenue Fort Worth TX 76107 Stion / Job title (See Instructions) Employer (See Instruct Full name of contributor Contributor address; City; State; Zip Code Stion / Job title (See Instructions) Employer (See Instruct City; State; Zip Code Contributor address; City; State; Zip Code

The	Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A1: 15/28
	manual color expans now to complete this follows	13/20
Hill, Macy	L.	3 Filer ID (Ethics Commission Filers)
Date Date	5 Full name of contributor out-of-state PAC (IDE: Catherine Lowy	7 Amount of contribution (\$)
03/02/2023	6 Contributor address; City; S	ate; Zlp Code 100.00
	6700 Kirkwood Road Fort Wort	h TX 76116
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#;	Amount of contribution (\$)
03/02/2023	Beckie Geren	050.00
	·	250.00
	1200 Washington Terrace Fort Wo	rth TX 76107
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
03/02/2023	Preston Geren	050.00
		ate; Zip Code 250.00
	1200 Washington Terrace Fort Wo	rth TX 76107
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
03/02/2023	Lee Tennison	
00/01/2020		tate; Zip Code 1.000.00
	1221 Broad Avenue Fort Worth TX	76107-1530
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT Include this page in the report. 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Hill, Macy L. 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) Pauline Mabry 03/03/2023 200.00 6 Contributor address; City; 1004 East Harpole Road Argyle TX 76226 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Reid Goetz 03/03/2023 500.00 Contributor address: City: State; Zip Code 4517 Cloudview Road Fort Worth TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Shannon Mccourt 03/03/2023 250.00 Contributor address; City: State: Zip Code 4709 Crestline Rd Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Promotional Marketing business owner McCourt Promotional Marketing Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) John Needham 03/03/2023 2,000.00 Contributor address: State; Zip Code 2204 Lake Austin Boulevard Austin TX 78703 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.

SCHEDULE A1

If the reque	sted information is not applicable, DO NOT in	clude 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 Jeremy Raines 6 Contributor address; City; 2313 Ashland Avenue Fort W	7 Amount of contribution (\$) 250.00	
	al Supply, Inc.	9 Employer (See Instruction RMP Industrial Sup	
Date 03/03/2023	Full name of contributor out-of-state PAC Sarah Lancarte	State; Zip Code	Amount of contribution (\$) 500.00
Principal occup Real estate	ation / Job title (See Instructions)	Employer (See Instruct Lancarte Commerce	
Date 03/03/2023	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) 250.00
Principal occup District Attorr	ation / Job title (See Instructions) 10Y	Employer (See Instruct Tarrant County	cions)
Date 03/03/2023	Full name of contributor out-of-state PAC Jaye Skaggs Contributor address; City; 3800 Monticello Drive Fort W atton / Job title (See Instructions)	State; Zip Code Orth TX 76107 Employer (See Instruct	Amount of contribution (\$) 125.00
Principal occup			
	ATTACH ADDITIONAL COPIES C	action guide for additional r	eporting requirements. Revised 8/17/2020

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Th	instruction Guide explains how to complete this fo	rm. 1 Total pages Schedule A1: 18/28
FILER NAME HIII, Macy		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor put-pf-state PAC (IDS	7 Amount of contribution (\$)
3/03/2023	6 Contributor address; City; s 3800 Monticello Drive Fort Wor	th TX 76107 125.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
3/03/2023	Contributor address; City; s 5 Westover Road Fort Worth	2,500.00 TX 76107
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (IDE:	Amount of contribution (\$)
3/04/2023	***************************************	ate: Zip Code h TX 76107
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions) red
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3/04/2023	• • • • • • • • • • • • • • • • • • • •	1 TX 76107 500.00
Principal occup		Employer (See Instructions)
-		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Hill, Macy L. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: Will Rodgers 03/06/2023 2,500.00 6 Contributor address; City; State; Zip Code 3712 Potomac Avenue Fort Worth TX 76107 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) work n/a Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Wesley Turner 03/06/2023 250.00 Contributor address; City; State; Zip Code 500 West 7th Street Suite 1725 Fort Worth TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Newspaper Consultant Advance Local Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Russell Laughlin 03/06/2023 1,000.00 Contributor address: City; State; Zip Code 9800 Hillwood Parkway, Suite 300 Suite 300 Fort Worth TX 76117 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Jason McCall 03/06/2023 Contributor address; 100.00 City; State; Zip Code 633 Prairie Avenue Aledo TX 76008 Principal occupation / Job title (See Instructions) Employer (See Instructions) Program manager Rainwater

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

If the reque	sted 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		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Marisa Gibson Selkirk	7 Amount of contribution (\$)
03/06/2023	6 Contributor address; City; State; Zip Code 1401 Hillcrest St Fort Worth TX 76107	100.00
8 Principal occu homemaker	pation / Job title (See Instructions) 9 Employer (See Instructions) homemaker	itions)
Date 03/06/2023	Full name of contributor out-of-state PAC (ID#:) Craig Goldman	Amount of contribution (\$)
03/06/2023	Contributor address; City; State; Zip Code 2300 Winton Terrace West Fort Worth TX 76109	1,000.00
Principal occup Real Estate	pation / Job title (See Instructions) Employer (See Instructions) Self	tions)
Date 03/06/2023	Full name of contributor out-of-state PAC (ID#:) Emmy Lou Prescott	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 1800 Western Avenue Fort Worth TX 76107	250.00
Principal occur levelopmeni	pation / Job title (See Instructions) Employer (See Instructions) National Cowgirl M	
Date	Full name of contributor out-of-state PAC (ID#:) Andrew Schatte	Amount of contribution (\$)
03/06/2023	Contributor address; City; State; Zip Code 5330 Montrose Boulevard Houston TX 77005-1831	2,500.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional re	EDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: 21/28The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Hill, Macy L. 4 Oate 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: Annette Schatte 03/06/2023 2,500.00 6 Contributor address: City; State; Zip Code 5330 Montrose Boulevard Houston TX 77005-1831 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) DeeDee Byrne 03/07/2023 100.00 Contributor address: City: State; Zip Code 2217 Ward Pkwy Fort Worth TX 76110 Principal occupation / Job title (See Instructions) Employer (See Instructions) Director of Operations Byrne Brothers Foods Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Arnold Gachman 03/07/2023 500.00 Contributor address: City; State; Zip Code 1229 Shady Oaks Lane Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Metal Executive Gamtex Industries LP Date Full name of contributor out-of-state PAC (ID#; Amount of contribution (\$) Don Woodard, Jr. 03/07/2023 1,000.00 Contributor address; State; Zip Code 3100 West 7th Street; Ste 300 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.

If the reque	sted information is not applicable, DO NOT in	clude 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 Matthew Farris	(IO#:)	7 Amount of contribution (\$)
	8612 Mazzini Ct Flower Mo	State; Zip Code Und TX 75022	1,000.00
8 Principal occu Real estate I	pation / Job title (See Instructions) Developer	9 Employer (See Instruct TruLife Communitie	•
Date	Scott Noles		Amount of contribution (\$)
03/09/2023	Contributor address; City; 777 Taylor Street 1126 Fort W	State; Zip Code Forth TX 76102	1,000.00
Principal occup VP	ation / Job title (See Instructions)	Employer (See Instruct Mereken	ions)
Date	Sara Scheideman Contributor address; City; State; Zip Code 1313 Washington Terrace Fort Worth TX 76107		Amount of contribution (\$)
03/09/2023			500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC Greg Scheideman	(ID#:)	Amount of contribution (\$)
03/09/2023	Contributor address; City; 1313 Washington Terrace Fort	State; Zip Code	500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see instru	OF THIS SCHEDULE AS NI	EEDED sporting requirements.

The	instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 23/28
2 FILER NAME Hill, Macy		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
03/10/2023	6 Contributor address; City; State; Zip Code 1320 South University Drive 700 Fort Worth TX 761	50.00
8 Principal occu SVP	pation / Job title (See Instructions) 9	nstructions) rty Management
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
03/14/2023	Contributor address; City; State; Zip Code 200 Bailey Ave., Suite 200 Fort Worth TX 7610	250.00
Principal occup Architect	ation / Job title (See Instructions) Employer (See In Hahnfeld Hoffe	structions) r Stanford Architects
Date 03/15/2023	Full name of contributor Caroline Cranz Contributor address; City; State; Zip Code 3928 Modlin Avenue Fort Worth TX 7610	Amount of contribution (\$) 500.00
	ation / Job title (See Instructions) Ancial Services Employer (See In Colonial Saving	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
03/15/2023	Contributor address; City; State; Zip Code 8820 Sandcastle Court 76179 TX 7617	100.00
Principal occupa	ation / Job title (See Instructions) Employer (See Instructions) Swayzer Engine	•

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Revised 8/17/2020

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1						
If the reques	ted 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	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)				
03/16/2023	6 Contributor address; City; State; Zip Code 5213 Bryce Ave Fort Worth TX 7610	350.00				
8 Principal occu investments	pation / Job title (See Instructions) 9 Employer (See in LKCM	structions)				
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)				
03/16/2023	Contributor address; City; State; Zip Code 201 Main Street; Ste 250 Fort Worth TX 7610	5,000.00				
Principal occup	pation / Job title (See Instructions) Employer (See In	structions)				
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)				
03/17/2023	Sandy Hollander Contributor address; City; State; Zip Code 6921 Laurel Valley Drive Fort Worth TX 7613	50.00				
Principal occu retired	pation / Job title (See Instructions) Employer (See Instructions) retired	structions)				
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)				
03/17/2023	Contributor address; City; State; Zip Code 6921 Laurel Valley Drive Fort Worth TX 761;	50.00				
Principal occu	pation / Job title (See Instructions) Employer (See In					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see instruction guide for addition					

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Revised 8/17/2020

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Hill, Macy L. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#; E William Burgan 03/19/2023 6 Contributor address; 60.009341 Sundial Drive Fort Worth TX 76244 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Auctioneer self Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Andrew Blake 03/21/2023 500.00 Contributor address; State; Zip Code 311 University Drive 101 Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Improving FW's built environment Presidio Interests Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Janie Harper 03/21/2023 250.00 Contributor address; 4707 Washburn Avenue Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) homemaker homemaker Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Janie Harper 03/21/2023 Contributor address; 50.00 City; State; Zip Code 4707 Washburn Avenue Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Community volunteer me

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

· · · · · · · · · · · · · · · · · · ·	instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 26/28
2 FILER NAME HIII, Macy		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
03/21/2023	6 Contributor address; City; State; 625 NE Loop 820 Hurst TX	^{Zip Code} 76053 2,500.00
Principal occu Dwner	pation / Job title (See instructions) 9 Emple	oyer (See Instructions) Automotive Group
Date 03/21/2023	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
JUIZ 112U23	Contributor address; City; State; 100 Williamsburg Lane Fort Worth T	Zip Code X 76107 500.00
Principal occup	ation / Joh title (See task at	oyer (See Instructions)
Date 03/21/2023	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City: State; 100 Williamsburg Lane Fort Worth T	Zip Code X 76107 500.00
Principal occup	ation / Job title (See Instructions) Emplo	oyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3/22/2023	Contributor address; City; State; 4709 Harley Avenue Fort Worth T)	Zip Code 250.00
Principal occup	tion / Joh title /Ca- ta-t	yer (See instructions)
	ATTACH ADDITIONAL COPIES OF THIS SC	

The	Instruction Guide explains how to complete this i	form.	1 Total pages Schedule A1: 27/28	
	The state of the s			
2 FILER NAME Hill, Macy	L.		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (;D#:)	7 Amount of contribution (\$)	
03/22/2023	6 Contributor address; City;	State; Zip Code	250.00	
	4709 Harley Avenue Fort Wo	rth TX 76107	250.00	
3 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	dons)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
03/22/2023			FOO OO	
		State; Zip Code	500.00	
	4916 Camp Bowie Blvd Fort Wo	ortn 1X /610/		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (I	D#:	Amount of contribution (\$)	
3/23/2023	Justin Tankersley		100.00	
0.20.20	Contributor address; City; State; Zip Code		100.00	
	14810 Bramblewood Drive House	ston TX 77079	- 0 0 1 0 0	
Principal occup Construction	ation / Job title (See Instructions)	Employer (See Instruction	•	
Date	Full name of contributor out-of-state PAC (III	D#:	Amount of contribution (\$)	
03/24/2023	Contributor address; City;	State; Zip Code	200 00	
	6450 Ridglea Crest Dr Fort Wo	orth TX 76116	200.00	
Principal occupa	tion / Job title (See Instructions)	Employer (See Instructi	ons)	
ttorney	R	4 Foundation		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: 28/28 The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Hill, Macy L. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Alethea Harrington 03/24/2023 100.00 6 Contributor address; City; State; Zip Code 2321 Medford Court E Fort Worth TX 76109 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Gail Landreth 03/26/2023 250.00 Contributor address; City: State; Zip Code 1316 Thomas Place Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Independent oil gas producer Landreth Co Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) R Clay Paslay 03/27/2023 2,500.00 Contributor address; City: State; Zip Code 208 Williamsburg Lane Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Aviation Consultant** Paslay Group Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address: City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2: 1	
² FILER NAMI			3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 5,500.0	00	
5 Date	Date 6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description	
03/02/2023	7 Contributor address; City; State;	Zip Code	1,500.00	FOOD AND BEVERAGE FOR CAMPAGIN EVENT	
	4600 BROAD AVE., FORT WORTH TX	. /610/6	Check if travel outs	ide of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	aw firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	de La marca de la constanta de		erational and a sign dispersion of the control of t	
Date	Full name of contributor)	Amount of Contribution \$	I In-kind contribution description	
03/17/2023	RIGHT FOR TARRANT PAC Contributor address; City; State; Zip Code		4,000.00	POLLING	
	PO BOX 100368 FORT WORTH, TX	PO BOX 100368 FORT WORTH, TX 76185		de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(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	n of contributor's spou	se (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Sanking
Consulting Expense
Contributions/Constions Made By
Candidate/Officeholder/Political Committee

Event Expense Fass Foot/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reinstursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralaing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Other (enter a cetsoory not listent about)

The instruction Guide explains how to complete this form.						
1 Total pages Schedule F1	: 2 FILER NAME HILL, MACY L.		3 Filer ID (Ethic	s Commission Filers)		
4 Date	5 Payee name					
02/08/2023 6 Amount (\$)	Murphy Nasica					
	7 Payes address;	City;	State;	Zip Code		
1,000.00	PO Box 1648 Austin TX 78767					
8	(a) Category (Sea Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Consulting Expense	consulting				
	(c) Check if travel outside of Taxas. Complete Schedule T.	Check if Austin,	, TX, officeholder living	2 expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held		
Date	Payee name	**************************************				
02/08/2023	Murphy Nasica					
Amount (\$)	Payee address;	City;	State;	Zip Code		
3,500.00	PO Box 1648 Austin TX 78767					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Consulting Expense	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/OF	Candidate / Officeholder name			Office held		
Date	Payee name					
02/10/2023	Murphy Nasica					
Amount (\$)	Payee address;	City;	State;	Zip Code		
431.14	PO Box 1648 Austin TX 78767					
	Category (See Categories listed at the top of this schedule)	Description	***************************************			
PURPOSE OF EXPENDITURE	Advertising Expense	Printed Collatera	al			
Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officer			IX, officeholder living (expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDUI E AS NEEDI	FD.	**************************************		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/Awarda/Memortals Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Printing Expense

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

Credit Card Payment	a Committee Legal Services Salaries/V	Other (enter a category not listed above)			
	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	5 Payee name		1		
02/10/2023	Murphy Nasica				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
2,090.85	PO Box 1648 Austin TX 78767		, ,		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Signage			
	(c) Check if travel outside of Taxas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
02/10/2023	Murphy Nasica				
Amount (\$)	Payee address;	City;	State; Zip Code		
2,424.80	PO Box 1648 Austin TX 78767				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Signage			
	Check if travel outside of Taxas, Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name f	Office sought	Office held		
Date	Payee name				
02/10/2023	Murphy Nasica				
Amount (\$)	Payee address;	City;	State; Zip Code		
6,019.23	PO Box 1648 Austin TX 78767		·		
	Category (See Cotagories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Consulting Expense	grassroots			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	:DED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX B(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Medicandidate/Officeholder/Polit Credit Card Payment		Event Expense Fees Food/Baverage Expense Gitt/Awards/Memoriate Expense Legal Sankces L		osymeni/Reimbursement reimaad/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundrals Transportation Equip Travel in District Travel Out Of Distric Other (enter a catego	pment & Related Expense
		The Instruction Guide explain	is how to c	complete this form.		
1 Total pages Schedule F 3/8	F1: 2 FILER NA Hill, Macy		-		3 Filer ID (Ethic	S Commission Filers)
4 Date	5 Payee nar				<u> </u>	
02/13/2023	Murphy t					
6 Amount (\$)	7 Payee add			City;	State;	Zip Code
297.69	PO Box	1648 Austin TX 7876	7	· ••		Manifest Section on Sec
8	(a) Category	/ (See Catagories listed at the top of this s	schedule)	(b) Description		
PURPOSE OF EXPENDITURE		ing Expense		photography		
	(c) c	Check If travel outside of Taxas. Complete Sci	chedule T.	Check If Austir	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> If direct expenditure to benefit C/C	Candidal OH	ate / Officeholder name		Office sought	***************************************	Office held
Date	Payee nam	ле	***************************************			
03/02/2023	Murphy N	lasica				
Amount (\$)	Payee add	iress;		City;	State;	Zip Code
624.07	PO Box 1	1648 Austin TX 78767	7			
	Category (See Categories listed at the top of this sch	hedule)	Description		
PURPOSE OF EXPENDITURE	Advertisi	ing Expense		Printed Collate	ral	
	C	heck if travel outside of Texas. Complete Sch	redule T.	Check If Austin	, TX, officeholder living	1 expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		e / Officeholder name	PARTY - 12-12-12-12-12-12-12-12-12-12-12-12-12-1	Office sought		Office held
Date	Payee name	JB				
03/02/2023	Murphy Na	asica				
Amount (\$)	Payee addre	ess;		City;	State;	Zip Code
3,115.00	PO Box 16	648 Austin TX 78767				·
	Category (Se	ee Categories listed at the top of this sche	edule)	Description		
PURPOSE OF EXPENDITURE	Advertising	g Expense		Signage		
	Che	eck if travel outside of Texas. Complete Scheo	idule T	Check if Austin,	TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH		/ Officeholder name		Office sought	Afterior manifestation and make many annual and an annual an annual and an annual an a	Office held
	ATTAC	CH ADDITIONAL COPIES OF	F THIS S	CHEDULE AS NEED)ED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Madi Candidate/Officeholder/Polit Credi Card Payment		Event Expense Fass Food/Beverage Expense Git/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office On Polling E Printing I Salaries/	Expense Wages/Contract Labor	Travel Out Of District	pment & Related Expense	
1 Total pages Schedule F	1: 2 FILER N				2 511-15 (511)		
4/8	1	Hill, Macy L.				s Commission Filers)	
4 Date	5 Payeena	5 Payee name					
03/02/2023	Murphy	Murphy Nasica					
6 Amount (\$)	7 Payee ad	7 Payee address; City; State; Zip Code					
3,250.88	PO Box 1648 Austin TX 78767						
8	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE		ing Expense	·	Signage			
	(c)	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder jiving as] expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		te / Officeholder name	···	Office sought		Office held	
Date	Payee nan	ne					
03/03/2023	Murphy N	lasica					
Amount (\$)	Payee add	ress;		City;	State;	Zip Code	
1,000.00	PO Box 1	648 Austin TX 7876	7				
	Category (See Categories listed at the top of this sc	hedule)	Description	***************************************		
PURPOSE OF EXPENDITURE	Consulti	ng Expense		consulting			
	CI	neck if travel outside of Texas. Complete Sch	nedula T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF		e / Officeholder name		Office sought		Office held	
Date	Payee nam	8					
03/06/2023	Roy Pope	Grocery					
Amount (\$)	Payee addn	ess;		City;	State;	Zip Code	
346.65	2300 Merr	ick St Fort Worth TX	76107	•			
	Category (S	se Categories listed at the top of this sch	edule)	Description		1.00	
PURPOSE OF EXPENDITURE	Gifts/Awa	rds/Memorials		Hostess Gift			
	Che	ck if travel outside of Texas. Complete Sche	dule T.	Check if Austin,	TX, officeholder living e	xpense	
Complete ONLY if direct expenditure to benefit C/OH		/ Officeholder name		Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Lebor

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

Candidate/Officeholder/Politik Credit Card Payment	cal Committee	Legal Services	Salaries/	Wages/Contract Labor	Other (enter a categ	ory not listed above)	
Cast Cast of System		The instruction Guide ex	plains how to	complete this form.			
1 Total pages Schedule F1 5/8	2 FILER NAME Hill, Macy L. 3 Filer ID (Ethics Co					s Commission Filera)	
4 Date	5 Payee na						
03/09/2023	Roy Po	oe Grocery					
6 Amount (S)	7 Payee ac	ldress;		City;	State;	Zip Code	
102.83	2300 Me	errick St Fort Worth	1X 7610)7			
8	(a) Categor	y (See Categories listed at the top o	f this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Event E	xpense		Sign Event			
	(c)	Check if travel outside of Taxas. Compl	iete Schedule T.	Check If Austin	ı, TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held	
Date	Payee na	me					
03/10/2023	Murphy	Nasica			•		
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
867.99	PO Box	1648 Austin TX 78	767				
	Category	(See Categories listed at the top of t	his schedule)	Description		**************************************	
PURPOSE OF EXPENDITURE	Advertis	sing Expense		Printed Collate	eral		
	(Check If travel outside of Taxas. Comple	ite Schedule T.	Check If Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name		Office sought	**************************************	Office held	
Date	Payee nar	ne					
03/14/2023	Murphy N	lasica				*	
Amount (\$)	Payee add	ress;		City;	State;	Zip Code	
433.00	PO Box 1	648 Austin TX 787	' 67				
	Category (See Categories listed at the top of th	is schedule)	Description			
PURPOSE OF EXPENDITURE	Consultin	g Expense		Photography			
Check if travel outside of Texas. Complete Schedula T. Check if Austin, TX, officeholder living expense						expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidat	e / Officeholder name		Office sought		Office held	
	ATTA	CH ADDITIONAL COPIE	S OF THIS S	SCHEDULE AS NEED)ED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Git/Awarda/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	al Committee Legal	Offi/Awarda/Mernorlals Expense Printing Expense Saleries/Wages/Contract Lebor The Instruction Guide explains how to complete this form.			Travel in District Travel Cut Of District Other (enter a category not listed above)		
1 Total pages Schedule F1: 6/8					3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payes name						
03/15/2023	Murphy Nasi	ica					
6 Amount (\$)	7 Payee address;			City;	State;	Zip Code	
7,423.33	PO Box 1648	8 Austin TX 7876	37				
8	(a) Category (See (Categories listed at the top of this s	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Consulting E	Expense		grassroots			
	(C) Check if I	f travel outside of Texas, Complete Sci	chedule T.	Check if Austin	n, TX, officeholder living] expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Officeholder name		Office sought		Office held	
Date	Рауве пате						
03/16/2023	USPS						
Amount (\$)	Payee address;	,		City;	State;	Zlp Code	
194.00	3101 W 6TH	ST Fort Worth T	X 76107	7			
	Category (See Ca	ategories listed at the top of this sci	chedule)	Description			
PURPOSE OF EXPENDITURE	Office Overh	head/Rental Exper	nse	Post Office Box	K		
	Check lift	travel outside of Taxas, Complete Sch	:hedule T.	Check If Austin,	, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH		fficeholder name		Office sought		Office held	
Date	Payee name						
03/16/2023	Murphy Nasio	ca					
Amount (\$)	Payee address;			City;	State;	Zip Code	
8,380.45	PO Box 1648	Austin TX 78767	7				
	Category (See Cat	itegories listed at the top of this sch	hedule)	Description	***************************************		
PURPOSE OF EXPENDITURE	Advertising E	xpense	I	Digital Advertisir	ng		
	Check if travel outside of Texas. Complete Schedule T.		nedule T.	Check if Austin,	TX, officeholder living e	expense	
Complete ONLY if direct expenditure to benefit C/OH		fficeholder name		Office sought		Office held	
	ATTACH /	ADDITIONAL COPIES O	OF THIS S	CHEDULE AS NEED	ED ED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Benking Consulting Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Refered Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form, 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Hill, Macy L. 5 Payee name 4 Date 03/21/2023 Flower Child 6 Amount (S) 7 Payee address; City: State: Zip Code 46.98 1616 University Drive #301 Fort Worth TX 76107 (a) Category (See Categories fisled at the top of this schedule) (b) Description PURPOSE Food/Beverage Expense Meal with Supporters EXPENDITURE (c) Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Payee name 03/21/2023 Murphy Nasica Amount (\$) Payee address: City: State: Zip Code 658.98 PO Box 1648 Austin TX 78767 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense **Printed Collateral** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 03/22/2023 **USPS** Amount (\$) City; Payee address; State: Zip Code 1008 Roberts Cut Off Rd Fort Worth TX 76114 63.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Office Overhead/Rental Expense Stamps **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY If direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not issted above)				
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 (\$)	7 Payee address; City; State; Zip Code						
61.80	4601 West Freeway Ste 100 Fort Worth TX 76107						
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description					
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meal with Sup	Meal with Supporters				
	(C) Check if travel outside of Texas. Complete S	Schedule T. Check if Austi	Check If Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name I	Office sought	Office held				
Date	Payee name						
03/27/2023	Anedot						
Amount (\$)	Payee address;	City;	State; Zip Code				
2,494.70	1340 Poydras Street Suite 1770 New Orleans LA 70112						
	Category (See Categories listed at the top of this :	schedule) Description					
PURPOSE OF EXPENDITURE	Fees 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 Cendidate / Officeholder name expenditure to benefit C/OH		Office sought	Office held				
Date	Payee name						
Amount (\$)	Payee address;	City;	State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this s	chedule) Description					
	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	Candidate / Officeholder name	Office sought	Office held				
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED				