OFFICIAL RECORD **CANDIDATE / OFFICEHOLDER** CITY SECRETARY FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 FT. WORTH, TX 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 36 MS / MRS / MR FIRST 3 CANDIDATE / MI OFFICE USE ONLY OFFICEHOLDER MRS. MACY NAME Date Received NICKNAME LAST SUFFIX HILL CSO REC'D 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE APR 28 '23 PM3:46 **OFFICEHOLDER** MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (682)235 3855 PHONE Receipt # Amount \$ MS / MRS / MR FIRST CAMPAIGN МІ TREASURER LEONARD MR. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged FIRESTONE CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE: ZIP CODE TREASURER ADDRESS (Residence or Business) EXTENSION 8 CAMPAIGN AREA CODE PHONE NUMBER **TREASURER** PHONE 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Day Year Year Month Month COVERED 26 / ∕ 23 28 23 **THROUGH** 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Month Day Year Description 23 / General Special 23 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) CITY COUNCIL- DISTRICT 7 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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, POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

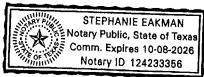
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIG	1 FIN	ANCE REPORT		ZER SHEET PG Z
15 C/OH NAME HILL, MACY L.		1	i6 Filer II	O (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 96,135.46
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$
	4.	TOTAL POLITICAL EXPENDITURES		\$ 56,436.63
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	T DAY	\$ 82,106.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$
		affirm, under penalty of perjury, that the accompanying report is true e reported by me under Title 15, Election Code.	and corr	ect and includes all information
		Mauf H	didate of	· Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL , to certify which, witness my hand and seal of office. 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) (zip code) (country) Executed in _____ County, State of _____ , on the _____ day of _ Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME LL, MACY L. 20 Filer ID (Ethics Col		nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 85,735.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$ 56,436.63	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
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 the	report.			
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 1/28			
2 FILER NAME HILL, MAC		3 Filer ID (Ethica Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Committee for Public Safety Fort Worth Police Officers Association	7 Amount of contribution (\$)			
03/20/2023	6 Contributor address; City; State: Zip Code 2501 Parkview Drive Ste 600 Fort Worth TX 76102	5,000.00			
8 Principal occur	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)			
Date	Full name of contributor out-of-state PAC (ID*:) Cassco Management Co, LLC	Amount of contribution (\$)			
03/22/2023	Contributor address; City; State; Zip Code 4200 S Hulen Street Ste 614 Fort Worth TX 76109	1,000.00			
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ilons)			
Date	Full name of contributor out-of-state PAC (ID#:) Scott Miller	Amount of contribution (\$)			
03/28/2023	Contributor address; City; State; Zip Code 5420 Benbridge Dr. Fort Worth TX 76107	100.00			
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#:) Jeff Davis	Amount of contribution (\$)			
03/29/2023	Contributor address; City; State; Zip Code	500.00			
Principal occur	2325 Mistletoe Drive Fort Worth TX 76110 pation / Job title (See Instructions) Employer (See Instructions)	lions)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI if contributor is out-of-state PAC, please see instruction guide for additional re				

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

The	instruction Guide explains how to complete this form.	1 Total pages Schodule A1: 4/28
2 FILER NAME HILL, MAC	CY L.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (IDS:	7 Amount of contribution (\$)
03/30/2023	6 Contributor address; City; State; Zip Code 6329 Klamath Road Fort Worth TX 7611	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See In	
Date	Full name of contributor out-of-state PAC (ID#:	- Miloduli of contribution (4)
03/30/2023	Contributor address; City; State; Zip Code 3855 Tulsa Way Fort Worth TX 7610	3,500.00
Principal occup	pation / Job title (See instructions) Employer (See In	
Date	Full name of contributor out-of-state PAC (IDE:	Amount of contribution (\$)
03/31/2023	Arlie Davenport Contributor address; City; State; Zip Code 4070 Clarke Avenue Fort Worth TX 7610	
Principal occu	pation / Job title (See Instructions) Employer (See In	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	
04/01/2023	Henry Paup Contributor address; City; State; Zip Code 3716 Autumn Dr Fort Worth TX 7610	125.00
Principal occu	pation / Job title (See Instructions) Employer (See In	

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

SCHEDULE A1

HILL, MACY L. 4 Date O4/03/2023 5 Full name of contributor Craig Crockett 6 Contributor address; City; State; Zip Code 5304 El Dorado Dr Fort Worth TX 76107 B Principal occupation / Job title (See Instructions) Date D4/03/2023 Full name of contributor Sharon Crockett Contributor address; City; State; Zip Code 5304 El Dorado Dr Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 75.0 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date D4/03/2023 Full name of contributor Contributor address; City: State; Zip Code S101 Bryce Ave Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 250.0 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$)	The	Instruction Guide explains how to complete this fo	orm. 1 Total pages Schedule A1: 7/28
Date S Full name of contributor Craig Crockett Craig Crockett Craig Crockett Craig Crockett Contributor address; City; State; Zip Code S304 El Dorado Dr Fort Worth TX 76107 Principal occupation / Job title (See Instructions) 9		CV I	3 Filer ID (Ethics Commission Filers
A/03/2023 6 Contributor address; City; State; Zip Code Sharon Crockett Contributor address; City; State; Zip Code State; Z		E Cull come of a soldhold	7 Amount of contribution (\$)
State: Zip Code Total Contributor State: Zip Code Total Contributor State: Zip Code Total Contributor Sharon Crockett Contributor Sharon Crockett Contributor State: Zip Code State: Zip C	4/03/2023		
Principal occupation / Job title (See Instructions) Date 4/03/2023 Full name of contributor Sharon Crockett Contributor address; City; State; City; State; City: C	-1/00/2020	,,	
Date Sharon Crockett Contributor address; City: State: Zip Code 5304 El Dorado Dr Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Paula Ann Perrone Contributor address: City: State: Zip Code 5101 Bryce Ave Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address: City: State: Zip Code 5101 Bryce Ave Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Kevin Avondet Contributor address: City: State; Zip Code 500 0			th TX 76107
Sharon Crockett Contributor address; City; State; Zip Code 5304 El Dorado Dr Fort Worth TX 76107 Principal occupation / Job title (See instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Paula Ann Perrone Contributor address; City; State; Zip Code 5101 Bryce Ave Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) State: Zip Code 5101 Bryce Ave Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Contributor address; City: State; Zip Code Contributor address; City: State; Zip Code Amount of contribution (\$)	Principal occu	pation / Job title (See Instructions)	Employer (See instructions)
Contributor address; City; State; Zip Code 5304 El Dorado Dr Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Paula Ann Perrone Contributor address; City; State; Zip Code 5101 Bryce Ave Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 250.0 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Kevin Avondet Contributor address; City: State; Zip Code 500.0	Date	autoratata the fib	*: Amount of contribution (\$)
Principal occupation / Job title (See instructions) Employer (See Instructions) Employer (See Instructions) Paula Ann Perrone Contributor address; City; State; Zip Code 5101 Bryce Ave Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 250.0 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address; City: State; Zip Code Full name of contributor Kevin Avondet Contributor address; City: State; Zip Code Contributor address; City: State; Zip Code	4/03/2023	Sharon Crockett	75.00
Principal occupation / Job title (See instructions) Principal occupation / Job title (See instructions)			
Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:			h TX 76107
Paula Ann Perrone Contributor address; City: State: Zip Code 5101 Bryce Ave Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$)	Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)
Paula Ann Perrone Contributor address; City; State; Zip Code 5101 Bryce Ave Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (IDE: Amount of contribution (\$) Kevin Avondet Contributor address; City: State; Zip Code 5000	Date	agranata i vo libi	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (IDE:	4/03/2023	Paula Ann Perrone	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (IDE:		******	
Date Full name of contributor out-of-state PAC (IDE:		· · · · · · · · · · · · · · · · · · ·	TX 76107
4/04/2023 Contributor address; City: State; Zip Code Amount of contribution (\$)	Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)
Kevin Avondet Contributor address; City: State; Zip Code 500 0	Date	Full name of contributor out-of-state PAC (IDs	Amount of contribution (\$)
Contributor address; City: State; Zip Code 5000	4/04/2023	***************************************	
1215 Washington Torrago East Worth TV 70407		•	
		1215 Washington Terrace Fort Wo	rth TX 76107
Principal occupation / Job title (See instructions) Employer (See instructions)	Principal occupa	ation / Job title (See instructions)	Employer (See Instructions)

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: 8/28 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#:_ Jean Roach 04/04/2023 150.00 6 Contributor address: 2805 Alton Road 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 (\$) **Robert White** 04/04/2023 500.00 Contributor address; State; Zip Code 1804 Carleton Avenue 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 (\$) John Smitherman 04/05/2023 100.00 Contributor address: City; 3612 Briarhaven 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 (\$) Tracy Bolt 04/05/2023 500.00 Contributor address; State: Zip Code 6908 Old Homestead Road Fort Worth TX 76132 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 Schodule A1: 9/28 The instruction Guide explains how to complete this form. 3 Filer ID (Ethica Commission Filers) 2 FILER NAME HILL, MACY L. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ Jeffrey Moten 04/05/2023 250.00 State; Zip Code 6 Contributor address; Clty; 167 Saint Andrews Lane Fort Worth TX 76109 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Scott Price 04/05/2023 100.00 Contributor address; 224 E Vickery Blvd Fort Worth TX 76104 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) **David Walters** 04/05/2023 250.00 Contributor address: City; State: Zip Code 1513 Shady Oaks Ln Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: John McBroom 04/05/2023 5,000.00 Contributor address; City: State; Zip Code 5424 Benbridge Drive Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Th	e instruction Guide explains how to complete this form.	1 Total pages Schedulo A1: 10/2
FILER NAM		3 Filer ID (Ethica Commission Filers
Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
)4/05/2023	6 Contributor address; City; State; 3708 Briarhaven Road Fort Worth	
Principal occ	unntlen / leb title (Des 1-16)	oloyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
4/05/2023	Contributor address; City; State;	
Principal occu	3616 Watonga St Fort Worth T	oyer (See Instructions)
Date	Full name of contributor out-of-state PAC (IDII:	Amount of contribution (\$)
1/06/2023		Zip Code 500.00
Principal occup	3640 Encanto Dr Fort Worth TX ation / Job title (See Instructions) Emplo	Oyer (See Instructions)
Date	Full name of contributor out-of-state PAC (IDS:	Armount of contribution (\$)
/06/2023	Contributor address; City; State;	Zíp Code 1,000.00
'rincipal occupa	1401 N Bowie Dr Weatherford TX 760 thon / Job title (See Instructions) Employ	986-1503 yer (See Instructions)

If the reques	sted information is not applicable, DO NOT inc	clude 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, MAC	CY L.		3 Filer ID (Ethica Commission Filers)
4 Date	Mike Ramsay	(ID#:)	7 Amount of contribution (\$)
04/06/2023	6 Contributor address; City; 3451 Mist Hollow Ct. Fort Wo	State; Zip Code	100.00
8 Principal occu	potton / Jah Allio (Co., L., 4	9 Employer (See Instructi	ona)
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)
04/06/2023	Contributor address; City: 1801 Eldridge St Fort Wor	State; Zip Code	500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (IDN:	Amount of contribution (\$)
04/07/2023	Contributor address; City: 929 Hillcrest Street Fort Wor	State; Zip Code rth TX 76107	500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (II Robert Estrada)D#:)	Amount of contribution (\$)
04/07/2023	Contributor address; City;	State; Zip Code	125.00
Principal occup	1705 Ashland Ave Fort Wor	th TX 76107 Employer (See Instruction	
	ATTACH ADDITIONAL COPIES OF if contributor is out-of-state PAC, please see instruct	THIS SCHEDULE AS NEE	-nen

If the reque	eted information is not applicable,	DO NOT I	nclude this page in the	report.
The	instruction Guide explains how to	complete thi	s form.	1 Total pages Schedule A1: 12/28
2 FILER NAME HILL, MAC	CY L.			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Catherine Estrada	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
04/07/2023	6 Contributor address; City; State; ZIp Code 1705 Ashland Ave Fort Worth TX 76107		125.00	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date DATE	Full name of contributor Robert Estrada	out-of-state PA	C (IDe:	Amount of contribution (\$)
04/07/2023	Contributor address; 1705 Ashland Ave	City; Fort Wo	State; Zip Code Orth TX 76107	250.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	lona)
Date	Full name of contributor Michael Ward	out-of-state PAC	: (ID#:	Amount of contribution (\$)
04/08/2023	Contributor address; 2300 Hillcrest Street Fo	cliy: Ort Worth	State; Zip Code TX 76107-4338	100.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instructi	ions)
Date	Full name of contributor Mindy Ellmer	out-of-state PAC	(104:)	Amount of contribution (\$)
04/08/2023	Contributor address;	City;	State; Zip Code	500.00
Principal occup	200 Congress Ave. Suite	<u> </u>	Employer (See Instruction	ona)
	ATTACH ADDITIONA If contributor is out-of-state PAC, plea	L COPIES O	F THIS SCHEDULE AS NE ction guide for additional re	EDED porting 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: 13/28The 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-siste PAC (ID#:_ Gregory Franz 04/08/2023 250.00 6 Contributor address; City; State; Zip Code 2724 Miller Street Port Neches TX 77651 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Ross Hunt 04/08/2023 10.00 Contributor address: City: State; Zip Code 5019 Victor Street Dallas TX 75214 Principal occupation / Job title (See Instructions) Employer (See instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Chris Ewin 04/10/2023 100.00 Contributor address; State; Zip Code 1816 Westover Square 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 (\$) Lauren Team 04/10/2023 Contributor address: 250.00 City; State; Zip Code 4019 Bunting Avenue Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. The instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 14/282 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 (\$) Larkin McMillan 04/10/2023 6 Contributor address: 50.00 City; 116 Hazelwood Drive Fort Worth TX 76107-1612 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Michael Waltrip 04/10/2023 500.00 Contributor address; City; 1501 Washington Ter 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 (\$) Averi Goff 04/11/2023 500.00 Contributor address: City: 4720 Washburn Avenue 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 (\$) Lee Bass 04/11/2023 Contributor address; 500.00 City; State; Zip Code 201 Main Street Ste 2700 Fort Worth TX 76102 Principal occupation / Job title (See instructions) Employer (See Instructions)

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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. 3 Flier ID (Ethics Commission Filers) 2 FILER NAME HILL, MACY L. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: Ramona Bass 04/11/2023 500.00 6 Contributor address: City; 201 Main Street Ste 2700 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 (\$) NCHA's Texas Event's PAC 04/11/2023 2,500.00 Contributor address: State; Zip Code 260 Bailey Ave 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 (\$) Elizabeth Casone Mina 04/12/2023 100.00 Contributor address; State; Zip Code 2424 Winton Ter W 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 (\$) Greater Fort Worth Association of REALTORS PAC 04/12/2023 2,500.00 Contributor address; City; State; Zlp Code 2650 Parkview Dr Fort Worth TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

If the reque	sted information is not applicable, DO NOT include this page I	In the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 16/28
2 FILER NAME HILL, MA		3 Filer ID (Ethica Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
04/12/2023	6 Contributor address; City; State; Zip Code 7617 Eagle Ridge Circle Fort Worth TX 761	
8 Principal occu	ipation / Job title (See Instructions) 9 Employer (See	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/12/2023	Contributor address; City; State; Zip Code 7617 Eagle Ridge Circle Fort Worth TX 761	00.00
Principal occup	pation / Job title (See Instructions) Employer (See I	nstructions)
Date 04/13/2023	Full name of contributor out-of-state PAC (ID#:	500.00
Principal occup	1013 Hidden Road Fort Worth TX 7610 Pation / Job title (See Instructions) Employer (See in	
Date	Full name of contributor out-of-state PAC (IDE:	Amount of contribution (\$)
04/13/2023	Contributor address; City; State; Zip Code 201 Main Street Ste 3200 Fort Worth TX 7610	250.00
Principal occup	ation / 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 additional contributors.	AS NEEDED

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: 17/28The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filera) HILL, MACY L. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:__ Iris Moore 04/13/2023 250.00 6 Contributor address; City: State: Zip Code 201 Main Street Ste 3200 Fort Worth TX 76102 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) MPR Associates 04/13/2023 1,000.00 Contributor address: State; Zip Code PO BOX 137537 Lake Worth TX 76136 Principal occupation / Job title (See instructions) Employer (See Instructions) Date Full name of contributor aut-of-state PAC (ID#:_ Amount of contribution (\$) Tim Matheus 04/13/2023 100.00 Contributor address; City; State; Zip Code PO Box 136215 Fort Worth TX 76136 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) James Fender 04/14/2023 500.00 Contributor address: City: State; Zip Code 4117 Modlin Avenue Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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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: 18/28 The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) HILL, MACY 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Cheever Farley 04/14/2023 250.00 6 Contributor address; City; State; Zip Code 1204 West 7th Street 209 Fort Worth TX 76102 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (IDE:_ Amount of contribution (\$) Hunter Herren 04/14/2023 500.00 City; State; Zip Code 6255 Halifax Road Fort Worth TX 76116 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Charles Neumann 04/14/2023 250.00 Contributor address: City: State; Zip Code 8400 Lake Harbor Ct Fort Worth TX 76179 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) **Robert West** 04/15/2023 125.00 Contributor address; State; Zip Code 8848 Heron Dr Fort Worth TX 76108 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.

The	Instruction Guide explains how to complete this form.	1 Total pages Schadulo A1: 19/28
2 FILER NAME HILL, MAC		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
04/15/2023	6 Contributor address; City; State: Zip Code 8848 Heron Dr Fort Worth TX 7610	125.00
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See In	etructions)
Date 04/15/2023	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
U4/15/2U23	Contributor address; City; State; Zip Code 3900 Monticello Dr Fort Worth TX 7610	62.50
Principal occup	pation / Job title (See Instructions) Employer (See Ins	structions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/15/2023	Contributor address; City; State; Zip Code 3900 Monticello Dr Fort Worth TX 7610	62.50
Principal occup	pation / Job title (See Instructions) Employer (See Ins	structions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/15/2023	Contributor address; City: State; Zip Code 912 N. Bailey Ave Fort Worth TX 7610	50.00
Principal occupi	ation / Job title (See Instructions) Employer (See Ins	
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If the reques	sted information is not applicable, DO NOT include this page in t	the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 20/28
2 FILER NAME HILL, MAC	CY L.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
04/15/2023	6 Contributor address; City; State; Zip Code 912 N. Bailey Ave Fort Worth TX 76107	50.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Inst	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/16/2023	Contributor address; City; State; Zip Code 3921 Monticello Drive Fort Worth TX 76107	250.00
Principal occuj	pation / Job title (See Instructions) Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/16/2023	Contributor address: City; State; Zip Code 1824 Hillcrest St Fort Worth TX 76107	250.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ructions)
Date	Full name of contributor out-of-state PAC (IDIE:	Amount of contribution (\$)
04/16/2023	Contributor address; City; State; Zip Code	250.00
Principal occup	1824 Hillcrest St Fort Worth TX 76107 Detion / Job title (See Instructions) Employer (See Instructions)	
	ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS	RMEEDED
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see instruction guide for additional	NEEDED

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: 21/28 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 out-of-state PAC (ID#:_ Tyrrell Hearn 04/18/2023 500.00 6 Contributor address; City; 109 North Rivercrest Drive Fort Worth TX 76107 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Brian Crumlev 04/18/2023 350.00 Contributor address; City; State; Zip Code 420 Crestwood 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 (\$) Matthew Johnson 04/18/2023 1,000.00 Contributor address: City; State; Zip Code 1305 Hillcrest St Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor aut-of-state PAC (ID#:_ Amount of contribution (\$) L. Allen Hodges III 04/18/2023 1,200.00 Contributor address: City; State; Zip Code 306 W. 7th St. Ste. 701 Fort Worth TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONET	ARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A1		
If the reques	sted information is not applicable, DO NOT include	de this page in the	report.		
The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1: 22/28		
2 FILER NAME HILL, MA(CY L.		3 Filer ID (Ethica Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#: Stephen Gilchrist		7 Amount of contribution (\$)		
04/19/2023		State; Zip Code	2,500.00		
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state PAC (IDM:	:	Amount of contribution (\$)		
04/19/2023	Contributor address: City; s 4020 Volk Court Fort Worth	· · · · ·	250.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	1 .	:	Amount of contribution (\$)		
04/20/2023	James Rainbolt Contributor address; City: St 709 Alta Dr. Fort Worth	TX 76107	500.00		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	iona)		
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)		
	Contributor address; City; S	State; Zip Code			
Principal occur	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	I.				
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The	instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 23/28
2 FILER NAME HILL, MA	CY L.	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC Michael Radier	7 Amount of contribution (\$)	
04/20/2023	6 Contributor address; City; 1320 S University Dr Ste 500 Fort \	State; ZIp Code Worth TX 76107	1,000.00
8 Principal occu	nation / Joh title (Can Instruction	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (Walsh Ranches Limited Partner		Amount of contribution (\$)
04/21/2023	Contributor address; City; 153 Walsh Dr Aledo T	State; Zip Code	5,000.00
Principal occup	ation / Job title (See Instructions)	ons)	
Date 04/22/2023	Full name of contributor out-of-state PAC (I Rob Semple Contributor address; City;	State; Zip Code	Amount of contribution (\$) 250.00
Principal occup	4117 Idlewild Dr Fort Wort	h TX 76107 Employer (See Instruction	
Date	Full name of contributor out-of-state PAC (III Charles Florsheim	D#:	Amount of contribution (\$)
04/22/2023	Contributor address; City;	State; Zip Code	50.00
Principal occup	3719 Encanto Drive Fort Wol	Employer (See Instruction	na)
	ATTACH ADDITIONAL COPIES OF if contributor is out-of-state PAC, please see instruction	THIS SCHEDULE AS NEE on guide for additional rep	EDED orting requirements.

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The !	instruction Guide explains how to	complete this	s form.	1 Total pages Schadule A1: 24/28
FILER NAME HILL, MAC				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Ann Florsheim		7 Amount of contribution (\$)	
04/22/2023	6 Contributor address; 3719 Encanto Drive	•	State; Zip Code Orth TX 76109	50.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PA	IC (ID#:)	Amount of contribution (\$)
04/23/2023	Terry Montesi Contributor address;	1,000.00		
	2108 Bradford Park Co	ourt Fort	Worth TX 76107	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	dons)
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of contribution (\$)
04/23/2023	William Greenhill Contributor address:	City;	State; Zip Code	125.00
	1608 Ashland Ave	Fort W	orth TX 76107	
Principal occu	upetion / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state P/	AC (ID#:)	Amount of contribution (\$)
04/23/2023	Contributor address;	City;	State; Zip Code	125.00
	1608 Ashland Ave	Fort W	orth TX 76107	
Principal occ	upetion / Job title (See Instructions)		Employer (See Instruc	tions)
•				

if the reques	ted 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: 25/28
2 FILER NAME HILL, MA(CY L.		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Ronald Goldman	(ID#:)	7 Amount of contribution (\$)
04/23/2023	6 Contributor address; City; 1880 Hulen Street Fort Wo	250.00	
8 Principal occu	ention / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC Wade McMullen	(ID#:)	Amount of contribution (\$)
04/24/2023	Contributor address; City;	State; Zip Code	500.00
Principal occup	3816 West 4th Street Fort Wo	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC Steve Berry	(ID#:)	Amount of contribution (\$)
04/24/2023	Contributor address; City; PO Box 101384 Fort Wor	State; Zip Code th TX 76185	200.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/24/2023	Contributor address; City;	State; Zip Code	250.00
Principal occup	5404 El Campo Ave Fort Wo	employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NEI	EDED

1	ARY POLITICAL CONTRIBUTIONS sted information is not applicable, DO NOT include this page	SCHEDULE A1 in the report.
The	instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 26/28
2 FILER NAME HILL, MA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (IDS:	7 Amount of contribution (\$)
04/24/2023	6 Contributor address; City; State; Zip Co. 8609 Crosswind Dr Fort Worth TX 76	
8 Principal occu	spation / Job title (See Instructions) 9 Employer (See	• Instructions)
Date	Full name of contributor out-of-state PAC (IDIF:	Amount of contribution (\$)
04/24/2023	Contributor address: City; State; Zip Con 8609 Crosswind Dr Fort Worth TX 76	
Principal occup	pation / Job title (See Instructions) Employer (See	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/25/2023	Contributor address; City; State; Zip Coo 11717 Cambria Court Aledo TX 760	
Principal occup	estion / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor out-of-state PAC (IDE:	Amount of contribution (\$)
04/25/2023	Contributor address; City; State; Zip Cod-	
Principal occup	6808 Oak Hill Dr Fort Worth TX 761 etion / Job title (See Instructions) Employer (See	132
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	

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If the reques	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: 27/28
2 FILER NAME HILL, MAC	CY L.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Leann White	7 Amount of contribution (\$)
04/25/2023	6 Contributor address; City; State; Zip Code	100.00
	116 Pineland Place Fort Worth TX 76114	100.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 04/25/2023	Full name of contributor out-of-state PAC (ID#:) Janiak Revocable Trust	Amount of contribution (\$)
04/23/2023	Contributor address; City; State; Zip Code 6904 Baltusrol Road Fort Worth TX 76132	2,500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	lona)
Date	Full name of contributor out-of-state PAC (ID#:) Q PAC	Amount of contribution (\$)
04/25/2023	Contributor address; City; State; Zip Code 301 Commerce St Ste 3200 Fort Worth TX 76102	3,000.00
Principal occup	etion / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:) Leslie Daly	Amount of contribution (\$)
04/26/2023	Contributor address; City; State; Zip Code 3717 Potomac Ave Fort Worth TX 76107	500.00
Principal occup	ation / Job title (See instructions) Employer (See instructions)	ons)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional rej	EDED porting requirements.
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If the reques	ted information is not applicable, DO NOT incl	lude this page in the i	report.
The	Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1: 28/28
2 FILER NAME HILL, MAC	CY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/26/2023	5 Full name of contributor out-of-state PAC (Gus Bates 6 Contributor address; City; 2711 Simondale Drive Fort We	State; Zip Code	7 Amount of contribution (\$) 1,500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	lons)
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruct	lons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	diona)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	- 44	·	
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see instru		

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SCHEDULE F1

		EXPENDITURE CAT	regorie s	FOR BOX 8(a)		
Advertiging Expense Accounting/Banking Consulting Expense Constitutions/Donations Med Candidate/Officeholder/Poli Conditions (Consulting Consulting C		Event Expense Fees Food/Severage Expense Git/Awents/Memorials Expense Legal Services	Office Ov Polling E Printing i		Travel in Clatrict Travel Out Of Dia	ulpment & Related Expense
Credit Card Psyment		The Instruction Guide exp	lains how to	complete this form.		
1 Total pages Schedule F $1/5$	1: 2 FILER N				3 Filer ID (Eth	ics Commission Filers)
4 Date	5 Payeens	ime				
03/28/2023 6 Amount (\$)	Murphy					
1,000.00	PO Box	idress; 1656 Austin TX 787	767	City;	State;	Zip Code
8	(a) Category	y (See Categories listed at the top of t	his schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consulting Expense			Consulting		
	(0)	Check if insvel outside of Texas. Complete	w Schedule T.	Gheck if Austin	, TX, officeholder livir	д ехрепве
9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH				Office sought	<u> </u>	Office held
Date	Payee nai	me				
03/30/2023	Murphy I	Nasica				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
756.34	PO Box	1654 Austin TX 787	'67			•
	Category	(See Categories listed at the top of this	echedule)	Description		
PURPOSE OF EXPENDITURE	Printing	Expense		Printed Mailers		
	-	Check If travel outside of Taxas. Complete	Schedule T.	Check if Austin,	TX, officeholder living	Avvance
Complete ONLY if direct expenditure to benefit C/O		te / Officeholder name		Office sought		Office held
Date	Payee nan	ne	=			
03/30/2023	Murphy N	-				
Amount (\$)	Payee add	ress;	 ,	City;	State;	Zip Code
6,782.04	PO Box 1	655 Austin TX 7876	37	•-	,	որ շագ
	Category (5	see Categories listed at the top of this s	Ichedule)	Description		
PURPOSE OF EXPENDITURE	Printing E	xpense		Printed Mailer		
	Ch	eck If travel outside of Texas. Complete S	chedule T.	Check if Austin, T	X, officeholder living (LUREGE
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate	/ Officeholder name		Office Rought		Office held
	ATTA	CHADDITIONAL COPIES	OF THIS S	CHEDULE AS NEEDE	D	
with the provided of the Towns Cal						

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
Chall Card Payment

Event Expense Feas Food/Beverage Expense GM/Awarda/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarlee/Wages/Contract Labor

Solicitation/Fundrelaing Expense
Transportation Equipment & Releted Expense
Travel in District
Other (enter a cartegory not listed above)

	The instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1 2/5	2 FILER NAME HILL, MACY L.	*	3 Filer ID (Ethica Co.	mmission Filers
4 Date	5 Payee name		1	*
04/01/2023	Ray'Lee Acosta			
6 Amount (\$)	7 Payee address;	City;	State; 2	Zip Code
1,165.90	729 Arledge St Azle TX 76020	-		Dp 4055
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor		for campaign se	ervices
	(c) Check if travel outside of Taxas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expe	nes
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	***************************************	ce held
Date	Payee name			
04/05/2023	Murphy Nasica			
Amount (\$)	Payee address;	City;	State; Z	ip Code
793.00	PO Box 1653 Austin TX 78767	<u>-</u> .	 ,	μ σου
	Category (See Categories listed at the top of this schedule)	Description		-
Purpose Of Expenditure	Advertising Expense	Sign Installation	n	
	Gheck If travel outside of Texas. Complete Schedule 1.	Check if Austin,	, TX, officeholder living expens	50
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		e held
Data	Payee name			
04/09/2023	Murphy Nasica			
Amount (\$)	Payee address;	City;	State; Zir	D Code
1,525.22	PO Box 1652 Austin TX 78767			70000
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Grassroots		
	Check if trevel 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	Office sought	Office	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	ED	

SCHEDULE F1

		EXPENDITURE CAT	EGORIE	FOR BOX 8(a)		
Advantising Expense Accounting/Banking Consulting Expense Contributions/Orations (Made Candidate/Officeholder/Politi Credt Card Payment	By cel Committee	Event Expense Fees Food/Beverage Expense G#/Awarda/Memoriala Expense Legal Services	Office O Polling I Printing Salaries	psyment/Reimbursement werheed/Rentel Expense Expense Expense Wages/Contract Labor	Travel in District Travel Out Of Dist	Jpment & Related Expense
d Tatal		The Instruction Guide exp	ains how to	complete this form.	,	
1 Total pages Schedule F1	HILL, MA				3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee na	me	-			
04/12/2023	Murphy					
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
9,750.00	PO Box	1650 Austin TX 787	767			
8	(a) Category	(See Categories listed at the top of t	his achedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consul	ting Expense		Grassroots		
	(c)	Check if travel outside of Taxas. Complet	e Schedule T.	Check if Austin	, TX, officeholder fivin	g expense
9 Complete ONLY if direct expenditure to benefit C/C	Candida H	ate / Officeholder name		Office sought	·····	Office held
Date	Payee na	me				
04/12/2023	Murphy I	Vasica				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
6,500.00	PO Box	1651 Austin TX 787	67			·
	Category	(See Catagories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Advertis	ing Expense		Digital Advertis	sing	
		Check if travel cultide of Taxes. Complete	Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY If direct expenditure to benefit C/O		le / Officeholder name		Office sought		Office held
Date	Payee nar	n e				
04/13/2023	Murphy N	lasica				
Amount (\$)	Payee edd	ress;		City;	State;	Zip Code
10,499.81	PO Box 1	649 Austin TX 7876	57			
	Category (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Printing E	xpense		Printed Mailer		
	Cł	eck if travel outside of Texas, Complete S	ichedule T.	Check if Auetin, 7	IX, officeholder living e	expense
Complete ONLY If direct expenditure to benefit C/OH		o / Officeholder name		Office sought	(Office held
	ATTA	CH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEED!	ED	

SCHEDULE F1

		not applicable a trail		me page m me			
EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advartising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Canditate/Officeholder/Political Committe Credit Card Payment		Event Expense Feet Food/Beverage Expense QH/Awards/Mamoriels Expense Legal Services	Feee Office Overhead/R. Food/Beverage Expense Office Overhead/R. Food/Beverage Expense Offi/Awards/Memorials Expense Legal Services Saleries/Wages/Co.				
	· · · · · · · · · · · · · · · · · · ·	The Instruction Guide explain	s how to e	omplete this form.			
1 Total pages Schedule F1: 4/5	2 FILER N	• • • •			3 Filer ID (Ethic	S Cammission Filers)	
4 Date	5 Payeens	Bme					
04/17/2023	Murphy	Nasica					
6 Amount (\$) 10,400.46	PO Box	ddress; 1648 Austin TX 7876	37	City;	State;	Zip Coda	
8	(a) Categor	ry (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printing	g Expense		Printed Mailer			
	(c)	Check if travel outside of Yexas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/Oi		date / Officeholder name		Office sought		Office held	
Date	Payeem	Brne					
04/17/2023	-	's Fine Texas Cusine					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
5,347.16	4259 Br	yant Irvin Rd Fort Wo	rth TX 7	76109		·	
	Category	y (See Categories listed at the top of this s	chedule)	Description			
PURPOSE OF EXPENDITURE	Event l	Expense		Food & Bever	age		
		Check if travel outside of Taxes. Complete 3	chedule T.	Check if Austic	1, TX, officeholder living	A BYDARA	
Complete ONLY if direct expenditure to benefit C/OH		iste / Officeholder name		Office sought		Office held	
Date	Payee n	sme					
04/21/2023	The Pin	k Cactus DFW					
Amount (\$)	Payee at	*		City;	State;	Zip Code	
300.63	644 R	idglea Drive Wata	uga T	X 76148			
	Category	(See Categories listed at the top of this s	chadule)	Description			
PURPOSE OF EXPENDITURE	Event E	xpense		Food			
		Check if travel outside of Texas. Complete St	chedule T.	Check if Austin	, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contitutions/Donations Meda By Candidate/Officeholder/Political Committee Credt Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loen Repa Office Ove Polling Ex Printing Ex Selectes/W	eyment/Reimbursement erheet/Rental Expense opense Wages/Contract Labor	Travel in District Travel Out Of Distr	uipment & Related Expense
5/5	2 FILER N				3 Filer ID (Ethi	ics Commission Filers)
4 Date 04/26/2023	5 Payeens Anedot	ame				
6 Amount (\$)	7 Payee ac	ddress;		City;	State;	Zip Code
1,456.40	1340 Pc	oydras Street Suite 17	70 New	Orleans LA 70	112	
8	(a) Categor	ry (See Categories listed at the top of this	a schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees			Credit card pro	ocessing fee	·s
	(c)	Check if bravel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder ilvin	ng expanse
9 Complete <u>ONLY</u> If direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
04/26/2023	Lawrence	ce's Gift				
Amount (\$)	Payee ad	idress;		City;	State;	Zip Code
159.67		est Fwy #224 Fort Wo		76107		
_		(See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	Gifts/Av	wards/Memorials		Hostess gift		
		Check if travel outside of Texas, Complete Se	chedule T.	Check if Austin	n, TX, officeholder living	un expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
Amount (\$)	Payee add	dress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Calegory	(See Categories listed at the top of this ac	:hedule)	Description		
		Check If travel outside of Yexes, Complete Sci	:hedula T.	Check If Augun	, TX, officeholder living	avanta
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought	THE WALL	Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS 9	CHEDULE AS NEE	DED	