

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

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

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

40

<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>			
	MRS	MACY	L				
	NICKNAME	LAST	SUFFIX	Date Received			
		HILL		CSD REC'D APR 11 '23 PM12:03			
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;				STATE;
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked			
	( 682 )	235 3855		Receipt #			
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Amount \$			
		LEONARD		Date Processed			
	NICKNAME	LAST	SUFFIX	Date Imaged			
		FIRESTONE					
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;			CITY;	STATE;	ZIP CODE	
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	( )						
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)			
<b>10</b> PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	1	1	23		3	27	23
<b>11</b> ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	Primary	Runoff	Other Description	
	5	6	23	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
<b>12</b> OFFICE	OFFICE HELD (if any)			<b>13</b> OFFICE SOUGHT (if known)			
				CITY COUNCIL- DISTRICT 7			
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME HILL, MACY L. 16 Filer ID (Ethics Commission Filers)

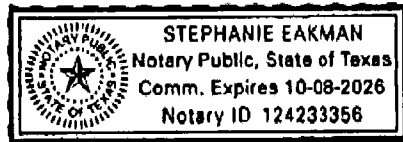
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 103,135.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 44,827.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 52,807.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Macy Hill*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Macy Hill this the 5<sup>th</sup> day of April, 2023, to certify which, witness my hand and seal of office.

Stephanie Eakman Stephanie Eakman Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> HILL, MACY L.	<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	<b>SUBTOTAL AMOUNT</b>
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 97,635.00
2. ■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 5,500.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 44,827.37
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The instruction guide explains how to complete this form.

**1** Total pages Schedule A1: 1/28**2** FILER NAME**HILL, MACY L.****3** Filer ID (Ethics Commission Filers)**4** Date

02/08/2023

**5** Full name of contributor**Calra Franz**

out-of-state PAC (ID#: \_\_\_\_\_)

**7** Amount of contribution (\$)**1,000.00****6** Contributor address;

City;

State;

Zip Code

**Po Box 310 Llano TX 78643****8** Principal occupation / Job title (See instructions)**9** Employer (See instructions)

Date

02/09/2023

Full name of contributor

**Craig Kelly**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**1,000.00**

Contributor address;

City;

State;

Zip Code

**4816 Camp Bowie Boulevard Fort Worth TX 76107**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

02/09/2023

Full name of contributor

**Dee Kelly**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**5,000.00**

Contributor address;

City;

State;

Zip Code

**5756 Merrymount Road Fort Worth TX 76107**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

02/09/2023

Full name of contributor

**Mike Berry**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**5,000.00**

Contributor address;

City;

State;

Zip Code

**6217 Genoa Road Fort Worth TX 76116**

Principal occupation / Job title (See instructions)

Employer (See instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2/28
2 FILER NAME <b>HILL, MACY L.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/10/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Kathryn Parr</b>	7 Amount of contribution (\$)  <b>500.00</b>
	6 Contributor address; City; State; Zip Code <b>5336 Collinwood Avenue Fort Worth TX 76107</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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

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

Date <b>02/12/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Joan Friedman</b>	Amount of contribution (\$)  <b>500.00</b>
	Contributor address; City; State; Zip Code <b>421 Ridgewood Road Fort Worth TX 76107</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3/28
2 FILER NAME Hill, Macy L.		3 Filer ID (Ethics Commission Filers)
4 Date 02/12/2023	5 Full name of contributor Walker Friedman out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 421 Ridgewood Road Fort Worth TX 76107	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/12/2023	Full name of contributor Thomas Harris out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 8040 Valley Drive North Richland Hills TX 76182	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/14/2023	Full name of contributor Mark Magruder out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3828 Monticello Drive Fort Worth TX 76107	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/14/2023	Full name of contributor Kevin Watler out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3906 Arlan Ln Fort Worth TX 76109	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions) Energy Merchant		Employer (See Instructions) Teragram Energy Partners
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4/28
2 FILER NAME <b>Hill, Macy L.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/14/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Ross Perot, Jr.</b> 6 Contributor address; City; State; Zip Code <b>3000 Turtle Creek Drive Dallas TX 75219</b>	7 Amount of contribution (\$)  <b>5,000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>02/15/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Mark Hill</b> Contributor address; City; State; Zip Code <b>1713 Hulen Street Fort Worth TX 76107</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>self</b>
Date <b>02/15/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Ryan Moore</b> Contributor address; City; State; Zip Code <b>101 North Rivercrest Drive Fort Worth TX 76107</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/15/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Leonard Firestone</b> Contributor address; City; State; Zip Code <b>3905 Monticello Drive Fort Worth TX 76107</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>manager</b>		Employer (See Instructions) <b>Self employed</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5/28
2 FILER NAME Hill, Macy L.		3 Filer ID (Ethics Commission Filers)
4 Date 02/15/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Patricia Meadows 6 Contributor address; City; State; Zip Code 121 Rivercrest Drive Fort Worth TX 76107	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Bill Meadows Contributor address; City; State; Zip Code 121 Rivercrest Drive Fort Worth TX 76107	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Mercedes Bass Contributor address; City; State; Zip Code 201 Main Street; Ste 2700 Fort Worth TX 76102	Amount of contribution (\$) <b>2,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/18/2023	Full name of contributor out-of-state PAC (ID#: _____) Thomas Harris Contributor address; City; State; Zip Code 8040 Valley Drive North Richland Hills TX 76182	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6/28
2 FILER NAME Hill, Macy L.		3 Filer ID (Ethics Commission Filers)
4 Date 02/19/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Steve Brauer 6 Contributor address; City; State; Zip Code 4455 Camp Bowie Boulevard 114 Fort Worth TX 76107	7 Amount of contribution (\$)  <b>1,000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/20/2023	Full name of contributor out-of-state PAC (ID#: _____) Matthew McLain Contributor address; City; State; Zip Code 5209 El Campo Avenue Fort Worth TX 76107	Amount of contribution (\$)  <b>75.00</b>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Litchfield Cavo
Date 02/21/2023	Full name of contributor out-of-state PAC (ID#: _____) Jarrett Wilson Contributor address; City; State; Zip Code 1513 Catalina Drive Fort Worth TX 76107	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Stephanie Wilson Travel
Date 02/21/2023	Full name of contributor out-of-state PAC (ID#: _____) Frank Bracken Contributor address; City; State; Zip Code 411 Hazelwood Dr Fort Worth TX 76107	Amount of contribution (\$)  <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 7/28**2** FILER NAME

Hill, Macy L.

**3** Filer ID (Ethics Commission Filers)**4** Date

02/21/2023

**5** Full name of contributor

George Young

out-of-state PAC (ID#: \_\_\_\_\_)

**6** Contributor address;

PO BOX 123610 Fort Worth TX 76121-3610

City;

State;

Zip Code

**7** Amount of contribution (\$)

5,000.00

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

## Date

02/22/2023

## Full name of contributor

V. Neils Agather

out-of-state PAC (ID#: \_\_\_\_\_)

## Contributor address;

409 Rivercrest Drive Fort Worth TX 76107

City;

State;

Zip Code

## Amount of contribution (\$)

2,500.00

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

02/22/2023

## Full name of contributor

Leah Overcash

out-of-state PAC (ID#: \_\_\_\_\_)

## Contributor address;

1701 River Run Road; Ste 304 Fort Worth TX 76109

City;

State;

Zip Code

## Amount of contribution (\$)

150.00

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

02/22/2023

## Full name of contributor

Clif Overcash

out-of-state PAC (ID#: \_\_\_\_\_)

## Contributor address;

1701 River Run Road; Ste 304 Fort Worth TX 76109

City;

State;

Zip Code

## Amount of contribution (\$)

150.00

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8/28
2 FILER NAME Hill, Macy L.		3 Filer ID (Ethics Commission Filers)
4 Date 02/23/2023	5 Full name of contributor Meredith Broussard out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 2287 Quiet Bluff Lane League City TX 77573	7 Amount of contribution (\$) <b>250.00</b>
8 Principal occupation / Job title (See Instructions) homemaker		9 Employer (See Instructions) homemaker
Date 02/23/2023	Full name of contributor Martha Leonard out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1411 SHADY OAKS LN FORT WORTH TX 76107	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/23/2023	Full name of contributor Stewart Henderson out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1808 Western Ave Fort Worth TX 76107	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/23/2023	Full name of contributor Julie Watson out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 505 Rivercrest Drive Fort Worth TX 76107	Amount of contribution (\$) <b>125.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9/28
2 FILER NAME <b>Hill, Macy L.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/23/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Rob Watson</b> 6 Contributor address; City; State; Zip Code <b>505 Rivercrest Drive Fort Worth TX 76107</b>	7 Amount of contribution (\$)  <b>125.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>02/24/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Eric Fox</b> Contributor address; City; State; Zip Code <b>3513 Overton Park Drive East Fort Worth TX 76109</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/24/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Randy Hiley</b> Contributor address; City; State; Zip Code <b>1400 Tech Centre Parkway Arlington TX 76014</b>	Amount of contribution (\$)  <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/27/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Robert Benda</b> Contributor address; City; State; Zip Code <b>608 Paint Pony Trail North Fort Worth TX 76108</b>	Amount of contribution (\$)  <b>2,500.00</b>
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>retired</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 10/28

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

4 Date <b>02/27/2023</b>	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>DAVID PETTIT</b>	7 Amount of contribution (\$) <b>250.00</b>
	6 Contributor address; <small>City; State; Zip Code</small> <b>1201 Clover Lane fort worth TX 76102</b>	

8 Principal occupation / Job title (See Instructions) **Consultant** 9 Employer (See Instructions)  
**DAVID PETTIT ECONOMIC DEVELOPMENT, LLC**

Date <b>02/27/2023</b>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Dana Quisenberry</b>	Amount of contribution (\$) <b>100.00</b>
	Contributor address; <small>City; State; Zip Code</small> <b>404 Crestwood Drive Fort Worth TX 76107</b>	

Principal occupation / Job title (See Instructions) **Real Estate** Employer (See Instructions)  
**Township Commercial**

Date <b>02/28/2023</b>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Debra Aughinbaugh</b>	Amount of contribution (\$) <b>250.00</b>
	Contributor address; <small>City; State; Zip Code</small> <b>5608 Byers Fort Worth TX 76107</b>	

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

Date <b>02/28/2023</b>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>John Aughinbaugh</b>	Amount of contribution (\$) <b>250.00</b>
	Contributor address; <small>City; State; Zip Code</small> <b>5608 Byers Fort Worth TX 76107</b>	

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11/28
2 FILER NAME Hill, Macy L.		3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Ralph Duggins 6 Contributor address; City; State; Zip Code 600 W 6th Street; 300 Fort Worth TX 76102	7 Amount of contribution (\$)  <b>1,000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/01/2023	Full name of contributor out-of-state PAC (ID#: _____) John Thompson Contributor address; City; State; Zip Code 6009 Merrymount Road Fort Worth TX 76107	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Kelly Hart
Date 03/01/2023	Full name of contributor out-of-state PAC (ID#: _____) Barbara M Williams Contributor address; City; State; Zip Code 100 Throckmorton Street Fort Worth TX 76102	Amount of contribution (\$)  <b>1,000.00</b>
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Linebarger Goggan
Date 03/01/2023	Full name of contributor out-of-state PAC (ID#: _____) John Goff Contributor address; City; State; Zip Code 500 Commerce Street Suite 700 Fort Worth TX 76102	Amount of contribution (\$)  <b>5,000.00</b>
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Goff Capital Management
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12/28
2 FILER NAME Hill, Macy L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/01/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Paul Dorman 6 Contributor address; City; State; Zip Code 1300 Shady Oaks Lane Fort Worth TX 76107	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/01/2023	Full name of contributor out-of-state PAC (ID#: _____) Bradford Barnes Contributor address; City; State; Zip Code 4450 Harley Avenue Fort Worth TX 76107	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/01/2023	Full name of contributor out-of-state PAC (ID#: _____) Robert Folzenlogen Contributor address; City; State; Zip Code 1916 Berkeley Place Fort Worth TX 76110	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/01/2023	Full name of contributor out-of-state PAC (ID#: _____) Matt Mildren Contributor address; City; State; Zip Code 110 Hazelwood Drive Fort Worth TX 76107	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Tug Hill, Inc.
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13/28
2 FILER NAME <b>Hill, Macy L.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/01/2023</b>	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Rosie Moncrief</b> ..... 6 Contributor address; <small>City; State; Zip Code</small> <b>777 Taylor Street; Ste 1030 Fort Worth TX 76102</b>	7 Amount of contribution (\$)  <b>125.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/01/2023</b>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Mike Moncrief</b> ..... Contributor address; <small>City; State; Zip Code</small> <b>777 Taylor Street; Ste 1030 Fort Worth TX 76102</b>	Amount of contribution (\$)  <b>125.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/01/2023</b>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Woodrin Grossman</b> ..... Contributor address; <small>City; State; Zip Code</small> <b>4900 Riverbend Drive Fort Worth TX 76109</b>	Amount of contribution (\$)  <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/02/2023</b>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Christopher Applegate</b> ..... Contributor address; <small>City; State; Zip Code</small> <b>5124 Peach Willow Fort Worth TX 76109</b>	Amount of contribution (\$)  <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14/28
2 FILER NAME Hill, Macy L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/02/2023	5 Full name of contributor Sally Gavras out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 1301 Throckmorton St. 2105 Fort Worth TX 76102	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/02/2023	Full name of contributor Chris Gavras out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1301 Throckmorton St. 2105 Fort Worth TX 76102	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2023	Full name of contributor Kimberly Johnson out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3932 Bunting Avenue Fort Worth TX 76107	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2023	Full name of contributor Gabe Lowy out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 6700 Kirkwood Road Fort Worth TX 76116	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15/28
2 FILER NAME Hill, Macy L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/02/2023	5 Full name of contributor Catherine Lowy out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 6700 Kirkwood Road Fort Worth TX 76116	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/02/2023	Full name of contributor Beckie Geren out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1200 Washington Terrace Fort Worth TX 76107	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2023	Full name of contributor Preston Geren out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1200 Washington Terrace Fort Worth TX 76107	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2023	Full name of contributor Lee Tennison out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1221 Broad Avenue Fort Worth TX 76107-1530	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The instruction guide explains how to complete this form.

**1** Total pages Schedule A1: 16/28**2** FILER NAME

Hill, Macy L.

**3** Filer ID (Ethics Commission Filers)**4** Date

03/03/2023

**5** Full name of contributor

Pauline Mabry

out-of-state PAC (ID#: \_\_\_\_\_)

**7** Amount of contribution (\$)**200.00****6** Contributor address;

City;

State;

Zip Code

1004 East Harpole Road Argyle TX 76226

**8** Principal occupation / Job title (See instructions)

retired

**9** Employer (See instructions)

retired

## Date

03/03/2023

## Full name of contributor

Reid Goetz

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**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

03/03/2023

## Full name of contributor

Shannon Mccourt

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**250.00**

## Contributor address;

City;

State;

Zip Code

4709 Crestline Rd Fort Worth TX 76107

## Principal occupation / Job title (See instructions)

Promotional Marketing business owner

## Employer (See instructions)

McCourt Promotional Marketing

## Date

03/03/2023

## Full name of contributor

John Needham

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**2,000.00**

## Contributor address;

City;

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.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17/28
2 FILER NAME Hill, Macy L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/03/2023	5 Full name of contributor Jeremy Raines out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 2313 Ashland Avenue Fort Worth TX 76107	7 Amount of contribution (\$) <b>250.00</b>
8 Principal occupation / Job title (See Instructions) RMP Industrial Supply, Inc.		9 Employer (See Instructions) RMP Industrial Supply, Inc.
Date 03/03/2023	Full name of contributor Sarah Lancarte out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3708 Cresthaven Terrace Fort Worth TX 76107	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions) Real estate		Employer (See Instructions) Lancarte Commercial Real Estate
Date 03/03/2023	Full name of contributor Michael Ferry out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 2212 6th ave Fort worth TX 76110	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions) District Attorney		Employer (See Instructions) Tarrant County
Date 03/03/2023	Full name of contributor Jaye Skaggs out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3800 Monticello Drive Fort Worth TX 76107	Amount of contribution (\$) <b>125.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18/28
2 FILER NAME <b>Hill, Macy L.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/03/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Roy Browning</b> ..... 6 Contributor address; City; State; Zip Code <b>3800 Monticello Drive Fort Worth TX 76107</b>	7 Amount of contribution (\$)  <b>125.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/03/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Bill Burton</b> ..... Contributor address; City; State; Zip Code <b>5 Westover Road Fort Worth TX 76107</b>	Amount of contribution (\$)  <b>2,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/04/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Lu Jo Churchill</b> ..... Contributor address; City; State; Zip Code <b>611 Rivercrest Drive Fort Worth TX 76107</b>	Amount of contribution (\$)  <b>150.00</b>
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>retired</b>
Date <b>03/04/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JAMES DUNAWAY</b> ..... Contributor address; City; State; Zip Code <b>500 Alta Drive FORT WORTH TX 76107</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>retired</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 19/28
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2 FILER NAME <b>Hill, Macy L.</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>03/06/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Will Rodgers</b>	7 Amount of contribution (\$) <b>2,500.00</b>
	6 Contributor address; City; State; Zip Code <b>3712 Potomac Avenue Fort Worth TX 76107</b>	

6 Principal occupation / Job title (See Instructions) <b>work</b>	9 Employer (See Instructions) <b>n/a</b>
--	---

Date <b>03/06/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Wesley Turner</b>	Amount of contribution (\$) <b>250.00</b>
	Contributor address; City; State; Zip Code <b>500 West 7th Street Suite 1725 Fort Worth TX 76102</b>	

Principal occupation / Job title (See Instructions) <b>Newspaper Consultant</b>	Employer (See Instructions) <b>Advance Local</b>
--	---

Date <b>03/06/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Russell Laughlin</b>	Amount of contribution (\$) <b>1,000.00</b>
	Contributor address; City; State; Zip Code <b>9800 Hillwood Parkway, Suite 300 Suite 300 Fort Worth TX 76117</b>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>03/06/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jason McCall</b>	Amount of contribution (\$) <b>100.00</b>
	Contributor address; City; State; Zip Code <b>633 Prairie Avenue Aledo TX 76008</b>	

Principal occupation / Job title (See Instructions) <b>Program manager</b>	Employer (See Instructions) <b>Rainwater</b>
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20/28
2 FILER NAME Hill, Macy L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/06/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Marisa Gibson Selkirk 6 Contributor address; City; State; Zip Code 1401 Hillcrest St Fort Worth TX 76107	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions) homemaker		9 Employer (See Instructions) homemaker
Date 03/06/2023	Full name of contributor out-of-state PAC (ID#: _____) Craig Goldman Contributor address; City; State; Zip Code 2300 Winton Terrace West Fort Worth TX 76109	Amount of contribution (\$)  <b>1,000.00</b>
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 03/06/2023	Full name of contributor out-of-state PAC (ID#: _____) Emmy Lou Prescott Contributor address; City; State; Zip Code 1800 Western Avenue Fort Worth TX 76107	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions) development		Employer (See Instructions) National Cowgirl Museum
Date 03/06/2023	Full name of contributor out-of-state PAC (ID#: _____) Andrew Schatte Contributor address; City; State; Zip Code 5330 Montrose Boulevard Houston TX 77005-1831	Amount of contribution (\$)  <b>2,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 21/28
2 FILER NAME Hill, Macy L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/06/2023	5 Full name of contributor Annette Schatte out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 5330 Montrose Boulevard Houston TX 77005-1831	7 Amount of contribution (\$)  <b>2,500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/07/2023	Full name of contributor DeeDee Byrne out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 2217 Ward Pkwy Fort Worth TX 76110	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) Byrne Brothers Foods
Date 03/07/2023	Full name of contributor Arnold Gachman out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1229 Shady Oaks Lane Fort Worth TX 76107	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions) Metal Executive		Employer (See Instructions) Gamtex Industries LP
Date 03/07/2023	Full name of contributor Don Woodard, Jr. out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3100 West 7th Street; Ste 300 Fort Worth TX 76107	Amount of contribution (\$)  <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 22/28
2 FILER NAME Hill, Macy L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/08/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Matthew Farris 6 Contributor address; City; State; Zip Code 8612 Mazzini Ct Flower Mound TX 75022	7 Amount of contribution (\$)  <b>1,000.00</b>
8 Principal occupation / Job title (See Instructions) Real estate Developer		9 Employer (See Instructions) TruLife Communities
Date 03/09/2023	Full name of contributor out-of-state PAC (ID#: _____) Scott Noles Contributor address; City; State; Zip Code 777 Taylor Street 1126 Fort Worth TX 76102	Amount of contribution (\$)  <b>1,000.00</b>
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) Mereken
Date 03/09/2023	Full name of contributor out-of-state PAC (ID#: _____) Sara Scheideman Contributor address; City; State; Zip Code 1313 Washington Terrace Fort Worth TX 76107	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/09/2023	Full name of contributor out-of-state PAC (ID#: _____) Greg Scheideman Contributor address; City; State; Zip Code 1313 Washington Terrace Fort Worth TX 76107	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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

The instruction guide explains how to complete this form. 1 Total pages Schedule A1: 23/28

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

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

8 Principal occupation / Job title (See instructions) **SVP** 9 Employer (See instructions)  
**Verador Property Management**

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

Principal occupation / Job title (See instructions) **Architect** Employer (See instructions)  
**Hahnfeld Hoffer Stanford Architects**

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

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

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

Principal occupation / Job title (See instructions) **Architect** Employer (See instructions)  
**Swayzer Engineering**

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 24/28
2 FILER NAME Hill, Macy L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/16/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Bradley Wallace 6 Contributor address; City; State; Zip Code 5213 Bryce Ave Fort Worth TX 76107	7 Amount of contribution (\$) <b>350.00</b>
8 Principal occupation / Job title (See Instructions) investments		9 Employer (See Instructions) LKCM
Date 03/16/2023	Full name of contributor out-of-state PAC (ID#: _____) Good Government Fund Contributor address; City; State; Zip Code 201 Main Street; Ste 250 Fort Worth TX 76102	Amount of contribution (\$) <b>5,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Sandy Hollander Contributor address; City; State; Zip Code 6921 Laurel Valley Drive Fort Worth TX 76132	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 03/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Ira Hollander Contributor address; City; State; Zip Code 6921 Laurel Valley Drive Fort Worth TX 76132	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 25/28
2 FILER NAME Hill, Macy L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/19/2023	5 Full name of contributor out-of-state PAC (ID#: _____) E William Burgan 6 Contributor address; City; State; Zip Code 9341 Sundial Drive Fort Worth TX 76244	7 Amount of contribution (\$)  <b>60.00</b>
8 Principal occupation / Job title (See Instructions) Auctioneer		9 Employer (See Instructions) self
Date 03/21/2023	Full name of contributor out-of-state PAC (ID#: _____) Andrew Blake Contributor address; City; State; Zip Code 311 University Drive 101 Fort Worth TX 76107	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions) Improving FW's built environment		Employer (See Instructions) Presidio Interests
Date 03/21/2023	Full name of contributor out-of-state PAC (ID#: _____) Janie Harper Contributor address; City; State; Zip Code 4707 Washburn Avenue Fort Worth TX 76107	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) homemaker
Date 03/21/2023	Full name of contributor out-of-state PAC (ID#: _____) Janie Harper Contributor address; City; State; Zip Code 4707 Washburn Avenue Fort Worth TX 76107	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions) Community volunteer		Employer (See Instructions) me
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26/28
2 FILER NAME Hill, Macy L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/21/2023	5 Full name of contributor Jason Hiley out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 625 NE Loop 820 Hurst TX 76053	7 Amount of contribution (\$)  2,500.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Hiley Automotive Group
Date 03/21/2023	Full name of contributor Alexis Brinkley out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 100 Williamsburg Lane Fort Worth TX 76107	Amount of contribution (\$)  500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2023	Full name of contributor Jeremiah Collins out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 100 Williamsburg Lane Fort Worth TX 76107	Amount of contribution (\$)  500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/22/2023	Full name of contributor Kelley Royer out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 4709 Harley Avenue Fort Worth TX 76107	Amount of contribution (\$)  250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 27/28
2 FILER NAME Hill, Macy L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/22/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Bill Royer 6 Contributor address; City; State; Zip Code 4709 Harley Avenue Fort Worth TX 76107	7 Amount of contribution (\$) <b>250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 03/22/2023	Full name of contributor out-of-state PAC (ID#: _____) Law Office of Matthew Bobo Contributor address; City; State; Zip Code 4916 Camp Bowie Blvd Fort Worth TX 76107	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 03/23/2023	Full name of contributor out-of-state PAC (ID#: _____) Justin Tankersley Contributor address; City; State; Zip Code 14810 Bramblewood Drive Houston TX 77079	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Corey Construction

Date 03/24/2023	Full name of contributor out-of-state PAC (ID#: _____) Bret Helmer Contributor address; City; State; Zip Code 6450 Ridglea Crest Dr Fort Worth TX 76116	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) R4 Foundation

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

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 28/28

2 FILER NAME

Hill, Macy L.

3 Filer ID (Ethics Commission Filers)

4 Date

03/24/2023

5 Full name of contributor

Alethea Harrington

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

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

03/26/2023

Full name of contributor

Gail Landreth

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

1316 Thomas Place Fort Worth TX 76107

Principal occupation / Job title (See Instructions)

Independent oil gas producer

Employer (See Instructions)

Landreth Co

Date

03/27/2023

Full name of contributor

R Clay Paslay

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

2,500.00

Contributor address;

City;

State;

Zip Code

208 Williamsburg Lane Fort Worth TX 76107

Principal occupation / Job title (See Instructions)

Aviation Consultant

Employer (See Instructions)

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)

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

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



**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1/8	<b>2</b> FILER NAME HILL, MACY L.	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/08/2023	<b>5</b> Payee name Murphy Nasica	
<b>6</b> Amount (\$) 1,000.00	<b>7</b> Payee address; City; State; Zip Code PO Box 1648 Austin TX 78767	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description consulting
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 02/08/2023	Payee name Murphy Nasica	
Amount (\$) 3,500.00	Payee address; City; State; Zip Code PO Box 1648 Austin TX 78767	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description consulting
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 02/10/2023	Payee name Murphy Nasica	
Amount (\$) 431.14	Payee address; City; State; Zip Code PO Box 1648 Austin TX 78767	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Printed Collateral
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidates/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2/8	<b>2</b> FILER NAME Hill, Macy L.	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 02/10/2023	<b>5</b> Payee name Murphy Nasica
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<b>6</b> Amount (\$) 2,090.85	<b>7</b> Payee address; PO Box 1648 Austin TX 78767	City;	State;	Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signage
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/10/2023	Payee name Murphy Nasica
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Amount (\$) 2,424.80	Payee address; PO Box 1648 Austin TX 78767	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signage
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/10/2023	Payee name Murphy Nasica
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Amount (\$) 6,019.23	Payee address; PO Box 1648 Austin TX 78767	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description grassroots
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 3/8	<b>2</b> FILER NAME Hill, Macy L.	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 02/13/2023	<b>5</b> Payee name Murphy Nasica
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<b>6</b> Amount (\$) 297.69	<b>7</b> Payee address; City; State; Zip Code PO Box 1648 Austin TX 78767
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description photography
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/02/2023	Payee name Murphy Nasica
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Amount (\$) 624.07	Payee address; City; State; Zip Code PO Box 1648 Austin TX 78767
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Printed Collateral
	Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/02/2023	Payee name Murphy Nasica
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Amount (\$) 3,115.00	Payee address; City; State; Zip Code PO Box 1648 Austin TX 78767
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signage
	Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 4/8		<b>2</b> FILER NAME Hill, Macy L.		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 03/02/2023		<b>5</b> Payee name Murphy Nasica			
<b>6</b> Amount (\$) 3,250.88		<b>7</b> Payee address; PO Box 1648 Austin TX 78767 City: State: Zip Code			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description Signage		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH					
Date 03/03/2023		Candidate / Officeholder name Murphy Nasica			
Amount (\$) 1,000.00		Office sought Office held			
Date 03/03/2023		Payee name Murphy Nasica			
Amount (\$) 1,000.00		Payee address; PO Box 1648 Austin TX 78767 City: State: Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense		Description consulting		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date 03/06/2023		Candidate / Officeholder name Roy Pope Grocery			
Amount (\$) 346.65		Office sought Office held			
Date 03/06/2023		Payee name Roy Pope Grocery			
Amount (\$) 346.65		Payee address; 2300 Merrick St Fort Worth TX 76107 City: State: Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials		Description Hostess Gift		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date 03/06/2023		Candidate / Officeholder name Roy Pope Grocery			
Amount (\$) 346.65		Office sought Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expenses	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5/8		<b>2</b> FILER NAME Hill, Macy L.		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 03/09/2023		<b>5</b> Payee name Roy Pope Grocery			
<b>6</b> Amount (\$) 102.83		<b>7</b> Payee address; City; State; Zip Code 2300 Merrick St Fort Worth TX 76107			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense		<b>(b)</b> Description Sign Event		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/10/2023		Payee name Murphy Nasica			
Amount (\$) 867.99		Payee address; City; State; Zip Code PO Box 1648 Austin TX 78767			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Printed Collateral		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/14/2023		Payee name Murphy Nasica			
Amount (\$) 433.00		Payee address; City; State; Zip Code PO Box 1648 Austin TX 78767			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Photography		
	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 NEEDED

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |   |
|--|-------------------------------|--------------------------------|---|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense            |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expenses |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                          |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                      |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)   |
| Credit Card Payment                        |                               |                                |   |

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6/8	2 FILER NAME Hill, Macy L.	3 Filer ID (Ethics Commission Filers)
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4 Date 03/15/2023	5 Payee name Murphy Nasica
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6 Amount (\$) <b>7,423.33</b>	7 Payee address; PO Box 1648 Austin TX 78767	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	(b) Description <b>grassroots</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/16/2023</b>	Payee name USPS
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Amount (\$) <b>194.00</b>	Payee address; 3101 W 6TH ST Fort Worth TX 76107	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>	Description <b>Post Office Box</b>
	Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/16/2023</b>	Payee name Murphy Nasica
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Amount (\$) <b>8,380.45</b>	Payee address; PO Box 1648 Austin TX 78767	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Digital Advertising</b>
	Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7/8	2 FILER NAME Hill, Macy L.	3 Filer ID (Ethics Commission Filers)
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4 Date 03/21/2023	5 Payee name Flower Child
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6 Amount (\$) 46.98	7 Payee address; 1616 University Drive #301 Fort Worth TX 76107	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Meal with Supporters
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/21/2023	Payee name Murphy Nasica
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Amount (\$) 658.98	Payee address; PO Box 1648 Austin TX 78767	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Printed Collateral
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/22/2023	Payee name USPS
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Amount (\$) 63.00	Payee address; 1008 Roberts Cut Off Rd Fort Worth TX 76114	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Stamps
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX B(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 8/8		<b>2</b> FILER NAME Hill, Macy L.		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 03/27/2023		<b>5</b> Payee name Mi Cocina			
<b>6</b> Amount (\$) 61.80		<b>7</b> Payee address; City; State; Zip Code 4601 West Freeway Ste 100 Fort Worth TX 76107			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>(b)</b> Description Meal with Supporters		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH					
Date 03/27/2023		Candidate / Officeholder name Anedot			
Amount (\$) 2,494.70		Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans LA 70112			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Credit Card Processing Fees		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED