OFFICIAL RECORD CANDIDATE / OFFICEHOLDER FORM C/OH CITY SECRETARY COVER SHEET PG 1 CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Flors) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 17 MS / MRS / MR FIRST MI 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** MRS MACY L NAME Date Received NICKNAME LAST SUFFIX HILL 4 CANDIDATE/ ADDRESS / PO BOX; APT / SUITE #; CITY: STATE; ZIP CODE **OFFICEHOLDER** CSO REC'D MAILING JUL 10'23 PM3:49 **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (682)235 3855 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN FIRST MI TREASURER MR LEONARD Date Processed NAME NICKNAME LAST SUFFIX Date Imaged **FIRESTONE** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN CITY: STATE: ZIP CODE **TREASURER** 4936 COLLINWOOD AVE **ADDRESS** FORT WORTH TX 76107 (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 9 REPORT TYPE 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year COVERED 27 23 30 / 23 6 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Description Month Day **■** General 23 OFFICE HELD (If any) 13 OFFICE SOUGHT (If known) 12 OFFICE FORT WORTH CITY COUNCIL- DISTRICT 7 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 KNOWLEGGE OR COMSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM 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

15 C/OH NAME HILL, MACY L.		16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAP PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	N \$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	5) \$	18,850.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$,
	4. TOTAL POLITICAL EXPENDITURES	\$	71,412.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY \$	29,543.26
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS CLAST DAY OF THE REPORTING PERIOD	OF THE \$	
	wear, or affirm, under penalty of perjury, that the accompanying report is to juired to be reported by me under Title 15, Election Code.	ue and correc	t and includes all information
	Mary X. 7	fill	
	fignature of C	andidate or C	Officeholder
	•		
	Please complete either option below	w:	
(1) Affidavit	STEPHANIE EAKMAN Notary Public, State of Texas Comm. Expires 10-08-2026		
(1,7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	Notary ID 124233356		
NOTARY STAMP/SEAL	Glala Chan	unch	
Sworn to and subscribed	before me by Stephanie Falman this the	<u> </u>	lay of JUU
	which, witness my hand and seal of office.		- 5
Signature of officer administe	ring oath Printed name of officer administering oath	Tit	le of officer administering oath
	OR	TO SALE	STATE OF THE PARTY
(2) Unsworn Declaration	on		
My name is	, and my date of birth i	s	
My address is		14 85	
		(state) (zip	code) (country)
Executed in	County, State of, on the day of	, :	20 (year)
76	(mont	th)	(year)
	Signature of Cand	lidate/Officeho	Ider (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME HILL, MACY L. 20 Filer ID (Ethics Co			mmission Filers)
21 SCHEDULE SUBTO NAME OF SCHEDU	SUBTOTAL AMOUNT		
1. SCHEDU	ILE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 18,850.00
2. SCHEDU	ILE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDU	LE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDU	4. SCHEDULE E: LOANS		
5. SCHEDU	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
6. SCHEDU	3. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		
7. SCHEDU	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$
9. SCHEDU	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		
10. SCHEDU	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		
11. SCHEDU	1. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
12. SCHEDU	LE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

SCHEDULE A1

If the reques	ted information is not applicable, DO NOT includ	e this page in the	report.		
The	Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A1: 1/4		
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#:_ Leslie Daly		7 Amount of contribution (\$)		
04/26/2023	6 Contributor address; City; St. 3717 Potomac Ave Fort Worth Te	ate; Zip Code	500.00		
8 Principal occu	pation / Job title (See Instructions)	lions)			
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)		
04/27/2023	Contributor address; City; St	ate; Zip Code	500.00		
4900 Riverbend Drive Fort Worth TX 76109					
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date			Amount of contribution (\$)		
04/30/2023		ate; Zip Code exas 75205	250.00		
Principal occup		Employer (See Instruct	dons)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)		
05/03/2023	David Keltner Contributor address; City; St 201 Main Street Ste 2500 Fort Worth	ate; Zip Code	1,000.00		
Principal occup		Employer (See Instruct	tions)		
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS N	IEEDED		
	if contributor is out-of-state PAC, please see instruction				

SCHEDULE A1

If the reques	ted information is not applicable, DO NOT include this page in the	e report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2/4
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#:) Lauren Walker	7 Amount of contribution (\$)
05/03/2023	6 Contributor address; City; State; Zip Code 1317 Virginia PI Fort Worth Texas 76107	500.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:) Haydn Cutler, Jr.	Amount of contribution (\$)
05/03/2023	Contributor address; City; State; Zip Code 3825 Camp Bowie Blvd Fort Worth TX 76107	2,500.00
Principal occup	Detion / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
05/03/2023	Greater Fort Worth Real Estate Council PAC Contributor address; City; State; Zip Code P.O. Box 470474 Fort Worth TX 76147-0474	1,000.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:) Linebarger, Goggan, Blair & Sampson, LLP	Amount of contribution (\$)
05/04/2023	Contributor address; City; State; Zip Code 100 Throckmorton Ste 300 Fort Worth Texas 76102	1,000.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)
	ATTACH ADDITIONAL CODIES OF THIS SOURDING FAS	NEEDED
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS if contributor is out-of-state PAC, please see instruction guide for additional	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

SCHEDULE A1

ii the reques	sted information is not applicable, DO NOT include this page in the	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 3/4
FILER NAME HILL, MA	CY L.	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:) G. Allen Rodgers	7 Amount of contribution (\$)
05/04/2023	6 Contributor address; City; State; Zip Code 6524 Spyglass Hill Ct. Fort Worth Texas 76132	750.00
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
05/04/2023	Debra Rodgers Contributor address; City; State; Zip Code	750.00
	6524 Spyglass Hill Ct. Fort Worth Texas 76132	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	ttions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
)5/04/2023	Trulife Construction Contributor address; City; State; Zip Code	1,500.00
	P.O. BOX 92687 Southlake Texas 76092	1,000.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID#:) Burch Waldron	Amount of contribution (\$)
05/04/2023	Contributor address; City; State; Zip Code	500.00
Principal occup	301 Commerce Street Ste 3660 Fort Worth TX 76102 Pation / Job title (See Instructions) Employer (See Instru	ctions)

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

SCHEDULE A1

The	instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 4/4
FILER NAME HILL, MAG	DY L.	3 Filer ID (Ethics Commission Filers)
1 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
05/04/2023	6 Contributor address; City; State; Zip 301 Commerce Street Ste 3660 Fort Worth TX	500.00 500.00
Principal occu	pation / Job title (See Instructions) 9 Employer	(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
05/07/2023		100.00
Principal occup		(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
05/23/2023	Dustin Austin Contributor address; City; State; Zip 700 W Harwood Dr Ste G-2 Hurst TX	5,000.00
Principal occup	Detion / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
06/09/2023	Contributor address; City; State; Zip 6350 Baker Blvd Richland Hills TX	2.300.00
Principal occup		r (See Instructions)

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politic	Fees C Food/Beverage Expense P by Glft/Awards/Memorials Expense P	oan Rapayment/Relmbursement office Overhead/Rental Expense olling Expense rinting Expense elarles/Wages/Contract Labor	Travel in District Travel Out Of Distri	pment & Related Expense	
Credit Card Payment	The Instruction Guide explains i	ow to complete this form.			
1 Total pages Schedule F1: 1/10	2 FILER NAME HILL, MACY L.		3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee name				
04/27/2023	Bonnell's Catering		No.	Zip Code	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
5,347.16	4259 Bryant Irvin Rd Fort Worth	1 TX 76109			
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description			
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Constituents			
	(C) Check if travel outside of Texas. Complete Scheo	ustin, TX, officeholder livin	g expense		
9 Complete ONLY if direct expenditure to benefit C/OI				Office held	
Date	Payee name				
04/27/2023	Murphy Nasica				
Amount (\$)	Payee address;	City;	State;	Zlp Code	
5,200.24	PO Box 1650 Austin TX 78767				
	Category (See Categories listed at the top of this sche	dule) Description			
PURPOSE OF EXPENDITURE	Printing Expense	Mailer			
	Check if travel outside of Taxas. Complete School	ule T. Check If A	ustin, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
04/28/2023	Murphy Nasica				
Amount (\$)	Payee address;	City;	State;	ZIp Code	
6,000.00	PO Box 1650 Austin TX 78767				
	Category (See Categories listed at the top of this sched	luie) Description			
PURPOSE OF EXPENDITURE	Polling Expense	Anderson Wi	illiams Researd	ch	
	Check If travel outside of Texas. Complete Sched	ule T. Check II Au	ustin, TX, officeholder livin	g expense	
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	EEDED		

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/Officaholder/Political Committee

Event Expense Fees Foot/Beverage Expense Gift/Awards/emortels Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (notice a present not listed shows)

Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor	Other (enter a category not listed above)	
	The Instruction Guide explains how to c			
1 Total pages Schedule F1: 2/10	HILL, MACY L.		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		-	
05/01/2023	Ray'Lee Acosta			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
1,000.00	729 Arledge St Azle TX 76020			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	AND VISCOUS AND ASSESSMENT OF THE PROPERTY OF	
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	/ages/Contract Labor Contract Labor for Campaign Se		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	ı, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
05/01/2023	Walmart- Westworth			
Amount (\$)	Payee address;	City;	State; Zip Code	
131.95	6770 Westworth Blvd Westworth Vill	age TX 76114		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	Printing Cartrid	lges	
	Check if travel outside of Taxas. Complete Schedule T.	Check If Austin,	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
05/01/2023	Walmart- Westworth			
Amount (\$)	Payee address;	City;	State; Zip Code	
43.28	6770 Westworth Blvd Westworth Villa	age TX 76114		
***************************************	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	Printing Cartridg	ges	
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin,	, TX, officeholder living expense	
Complete <u>QNLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEL	DED	

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 Office Overhead/Rental Expense

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense

Accounting/Banking Consulting Expense Contributions/Donetions Made B Candidate/Officeholder/Politica	3y ;al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing Ex Salaries/V	xpense	Travel In District Travel Out Of Distri Other (enter a cate)	rict gory not listed above)
Credit Card Payment		The instruction Guide explain	ins how to c	complete this form.		
1 Total pages Schedule F1: 3/10	: 2 FILER NA				3 Filer ID (Ethio	cs Commission Filers)
4 Date	5 Payee na			Spirit Street Communication Co		
05/01/2023	Murphy	Nasica			~~ - 4 4	Wi- Codo
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
4,066.67	PO Box	1650 Austin TX 7876	67 			
8	(a) Categor	ry (See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE	Consulf	ting Expense		Grassroots		
OF EXPENDITURE		<u> </u>				
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check If Austin	, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought Office held		
Date	Payee na	eme				
05/01/2023	Murphy	Nasica				
Amount (\$)	Payee ad	;eserbt		City;	State;	Zip Code
8,020.86	PO Box	c 1650 Austin TX 787	67			
	Category	(See Categories listed at the top of this s	schedule)	Description		
PURPOSE	Printing	g Expense		Printed Mailers	3	
OF EXPENDITURE		, - •	I			
!		Check If travel outside of Taxas. Complete Sc	Schedula T.	Check if Austin,	TX, officeholder living	ı expense
Complete ONLY if direct	Candida	late / Officeholder name		Office sought		Office held
expenditure to benefit C/OH	1					
Dete	Payee na	ame				
05/01/2023	Murphy I	Nasica				
Amount (\$)	Payee add	dress;		City;	State;	Zip Code
2,750.00	PO Box 1	1650 Austin TX 7876	7			
	Category	(See Categories listed at the top of this so	chedule)	Description	***************************************	
PURPOSE OF EXPENDITURE	Advertisi	ing Expense		Digital Advertisi	ng	
		Check if travel outside of Taxas. Complete Sci	chedule T.	Check if Austin,	TX, officeholder living	ехрепзе
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	ATT	FACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEED)FD	

SCHEDULE F1

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

EVENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repsyment/Reimburseme Fees Office Contract/Partial France

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donetions Made By
Cendidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loen Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Lubor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politics Credit Card Payment	al Committee	Legal Services		Vages/Contract Labor	Other (enter a categorial	jory not listed above)
	-	The instruction Guide explains	s how to c	omplete this form.		
1 Total pages Schedule F1: 4/10	HILL, MA				3 Filer ID (Ethic	cs Commission Filers)
4 Date	5 Payee na					
05/03/2023	Buon Gi	iorno Coffee				
6 Amount (\$)	7 Payee ad	;asenbt		City;	State;	Zip Code
5.44	500 W S	Seventh St Fort Worth	TX 76	i102 		
8	(a) Categor	ry (See Categories listed at the top of this s	schedule)	(b) Description	A STATE OF THE STA	
PURPOSE OF EXPENDITURE	Food/Be	Beverage Expense		Meeting with C	onstituent	
!	(c)	Check if travel outside of Toxas. Complete Sci	chedule T.	Check If Austin	n, TX, officeholder living) expense
9 Complete <u>ONLY</u> If direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
05/03/2023	Murphy	Nasica				
Amount (\$)	Payee ad	idress;		City;	State;	Zip Code
9,902.03	PO Box	1650 Austin TX 78767	7			
	Category	y (See Categories listed at the top of this sci	:hedule)	Description	A complete deputing a comment of the	
PURPOSE OF EXPENDITURE	Advertis	ising Expense		Text campaign	1	
		Check if travel outside of Taxas. Complete Sch	hedule T.	Check if Austin,	ı, TX, officeholder living) expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
05/04/2023	Murphy I	Nasica	_			
Amount (\$)	Payee add			City;	State;	Zip Code
5,000.00	PO Box 1	1650 Austin TX 78767	<i>'</i>			
	Category	(See Categories listed at the top of this sch	hedule)	Description		Additional transcription to the residence and the second and the s
PURPOSE OF EXPENDITURE	Advertisi	sing Expense		Digital Advertisi	ing 	
	,	Check if travel outside of Texas. Complete Schi	nedula T.	Check If Austin,	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	ATT	TACH ADDITIONAL COPIES O	OF THIS S	SCHEDULE AS NEET	DED	

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

Event Expense
Foes
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selaries/Weges/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed shows)

Contributions/Donations Mede By Candidate/Officeholder/Politica Credit Card Payment		inting Expense slaries/Wages/Contract Labor ow to complete this form.	Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1: 5/10	2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
05/06/2023	Murphy Nasica				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
4,015.59	PO Box 1650 Austin TX 78767				
8	(a) Category (See Categories listed at the top of this achee	dule) (b) Description	Programme and the second control of the Programme and the Second Control of the Second C		
PURPOSE OF EXPENDITURE	Advertising Expense	Text campaigr	1		
	(C) Check if travel outside of Taxas. Complete Schedu	ule T. Check if Austi-	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
05/08/2023	Murphy Nasica				
Amount (\$)	Payee address;	City;	State; Zlp Code		
5,000.00	PO Box 1650 Austin TX 78767				
	Category (See Categories listed at the top of this schedu	fule) Description			
PURPOSE OF EXPENDITURE	Consulting Expense	Fee			
	Check if travel outside of Texas. Complete Schedu	Je T. Check if Austir	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
05/08/2023	Great Outdoors				
Amount (\$)	Payee address;	City;	State; Zip Code		
60.60	3204 Camp Bowie Blvd Fort Wor	rth TX 76107			
	Category (See Categories listed at the top of this schedu	ule) Description			
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Election Day - \	Volunteers		
	Check if travel outside of Texas. Complete Schedul	le T. Check If Austin	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEF	:DED		

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 Event Expense Food/Beverage Expense Glft/Awards/Memorials Expense

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District

Printing Expense
Salaries/Wages/Contract Labor Travel Out Of District Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide expisins how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) HILL, MACY L. 4 Date 5 Payee name 05/08/2023 Dickie's Multi Purpose Arena 6 Amount (\$) 7 Payee address; City; State; Zip Code 12.00 1911 Montgomery St. Fort Worth TX 76107 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Event Expense Parking Fee OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 05/08/2023 Murphy Nasica Amount (\$) Payee address; City; State: Zip Code 450.75 PO Box 1650 Austin TX 78767 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Printing Expense Printed Push Card OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 05/10/2023 The Eppstein Group Amount (\$) Payee address; State: Zip Code 2830 S. Hulen St. St 361 Fort Worth TX 76109 9,399.27 Category (See Categories listed at the top of this schedule) Description **PURPOSE Printing Expense** Mailers EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidats/Officeholder/Political Committee
Chaft Can Payment

Event Expense Fees Food/Beverage Expense Gift/Awarda/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Salaries/Wages/Contract Lebor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Other (antar a category not listed above)

Candidate/Officeholder/Politics Credt Card Payment	Candidate/Officeholder/Political Committee Legal Services Printing Expense Salaries/Wages/Contract Labor		(
		The Instruction Guids explain	s how to c	omplete this form.		
1 Total pages Schedule F1: 7/10	2 FILER NA				3 Filer ID (Ethica	Commission Filers)
4 Date	5 Payee na			***************************************		
05/10/2023	Ray'Lee					
6 Amount (\$)	7 Payee ad		~	City;	State;	Zip Code
364.17	729 Arle	dge St Azle TX 7602	0			
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Salaries	s/Wages/Contract Lab	Contract Labor for Campaign Services			
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
05/10/2023	Chick-fil	-a				
Amount (\$)	Payee ad	ldress;		City;	State;	Zlp Code
336.66	549 Car	roll St Fort Worth TX	76107			
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Food/B	everage Expense		Food/Beverag	e Election Pa	arty
	Check if travel outside of Taxes. Complete Schedule T. Check If Austin, TX, officeholder living expense				expense	
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
05/11/2023	National	Cowgirl Museum & H	all of F	ame		
Amount (\$)	Payse ad	dress;		City;	State;	Zip Code
1,500.00	1720 Ge	ndy Street Fort Worth	1 TX 76	107		
	Category	(See Categories listed at the top of this so	chedula)	Description	***************************************	***************************************
PURPOSE OF EXPENDITURE	Event Ex	kpense		Rental Fee		
		Check # travel outside of Texas. Complete Sc	hedula T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	32.73

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Git/VAwards/Memorials Expense Legal Services Loen Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Other (enter a rategory not listed shove)

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 8/10 HILL, MACY L. 4 Date 5 Payee name 05/11/2023 Friends of the Fort Worth Nature Center and Refuge 6 Amount (\$) 7 Payee address; City; State; Zip Code 515.00 P.O. Box 471486 Fort Worth TX 76147 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Contributions/Donations Made By Donation OF Candidate EXPENDITURE (c) Check If travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/16/2023 Pacific Table Amount (\$) Payee address: City; State: Zip Code 119.59 1612 S. University Drive Fort Worth TX 76107 Category (See Categories listed at the top of this schedule) Description PURPOSE Food/Beverage Expense Meeting with Constituents OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 05/16/2023 Pacific Table Amount (\$) Payee address; State; Zip Code 1612 S. University Drive Fort Worth TX 76107 245.18 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Food/Beverage Expense Meeting with Constituents OF EXPENDITURE Check If travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Relimbursement Office Overhead/Rental Expense Polling Expense

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

Consulting Expans Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 9/10 HILL, MACY L. 4 Date 5 Pavee name 05/17/2023 Halo 6 Amount (\$) 7 Payee address; Zip Code City: State: 553.37 3182 Momentum Place Chicago IL 60689 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE Event Expense** Tshirts for Volunteers Election Day **EXPENDITURE** (c) Check if travel outside of Taxes, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY If direct Office sought Office held expenditure to benefit C/OH Payee name 05/23/2023 Ray'Lee Acosta Amount (\$) Pavee address: City: State: Zip Code 1,000.00 729 Arledge St Azle TX 76020 Category (See Categories listed at the top of this schedule) Description PURPOSE Salaries/Wages/Contract Labor Contract Labor for Campaign Services EXPENDITURE Check If travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name 06/01/2023 Flowers on the Square Amount (\$) Payee address; City; State: Zip Code 4701 White Settlement Rd Fort Worth TX 76114 97.43 Category (See Categories listed at the top of this schedule) Description PURPOSE **Event Expense** Floral OF EXPENDITURE Check If travel outside of Taxas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

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
Cendidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Relimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manas/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officeholder/Political Credit Card Payment		Legal Services	Salarles/W	/ages/Contract Labor	Travel Out Of Distri- Other (enter a categ		
1 Total pages Schedule F1: 10/10	The Instruction Guide explains how to complete this form. es Schedule F1: 2 FILER NAME HILL, MACY L.					3 Filer ID (Ethics Commission Filers)	
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06/30/2023	Anedot						
6 Amount (\$)	7 Payee address;			City;	State;	Zip Code	
275.50	1340 Pc	oydras Street Sui	te 1770 New	Orleans LA 70)112		
8	(a) Categor	y (See Calegories listed at the	top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fees Cr			Credit Card Processing Fees			
	(c) Check if travel outside of Taxas. Complete Schedule T. Check			Check if Aust	Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name		Office sought	,	Office held	
Date	Payee na	ame					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the to	op 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		Candidate / Officeholder name		Office sought		Office held	
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PURPOSE OF EXPENDITURE	Category	(See Categories listed at the to	op of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
	AT	TACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS NE	EDED		