

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 23
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MRS. MACY L. NICKNAME LAST SUFFIX HILL	OFFICE USE ONLY Date Received <div style="text-align: center; color: blue; font-weight: bold;">CSO REC'D APR 25 '25 PM 2 33</div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <div style="background-color: black; width: 150px; height: 30px; margin: 5px 0;"></div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (<div style="background-color: black; width: 100px; height: 20px; display: inline-block;"></div>)		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MRS. EMILY NICKNAME LAST SUFFIX CANTEY		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE 929 HILLCREST ST. FORT WORTH, TX 76107		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ()		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	Month Day Year Month Day Year 3 / 25 / 25 THROUGH 4 / 23 / 25		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 5 / 3 / 25 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) CITY COUNCIL- DISTRICT 7	13 OFFICE SOUGHT (if known) CITY COUNCIL- DISTRICT 7	
14 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS 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)	\$ 56,040.67
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 28,611.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 233,761.36
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

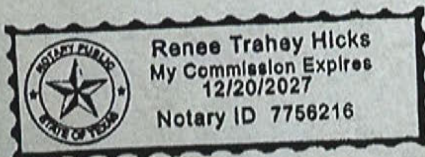
18 SIGNATURE

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 L. 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 *25* day of *April*, 20*25*, to certify which, witness my hand and seal of office.

Renee Trahey Hicks *Renee Hicks*
Signature of officer administering oath Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year)

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME HILL, MACY L.		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 48,040.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 8,000.67
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 28,611.03
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: 15
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/10/2025	5 Full name of contributor out-of-state PAC (ID#: Suzanne Greene 6 Contributor address; City; State; Zip Code 8144 Black Ash Dr. Fort Worth TX 76131	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/25/2025	Full name of contributor out-of-state PAC (ID#: Larry Brogdon Contributor address; City; State; Zip Code 306 W. 7th St, Suite 1045 Fort Worth TX 76102	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/25/2025	Full name of contributor out-of-state PAC (ID#: Kevin Khorrami Contributor address; City; State; Zip Code 7860 Skylake Dr Fort Worth TX 76179	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/25/2025	Full name of contributor out-of-state PAC (ID#: Bill Marshall Contributor address; City; State; Zip Code 8409 Lake Harbor Ct Fort Worth TX 76179	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/25/2025	5 Full name of contributor out-of-state PAC (ID# _____) Barbara Marshall 6 Contributor address; City; State; Zip Code 8409 Lake Harbor Ct Fort Worth TX 76179	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/25/2025	Full name of contributor out-of-state PAC (ID# _____) Fort Worth Firefighters Committee for Responsible Government Contributor address; City; State; Zip Code 3855 Tulsa Way Fort Worth TX 76107	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/2025	Full name of contributor out-of-state PAC (ID# _____) Marty Anderson Contributor address; City; State; Zip Code 4404 Sandstorm Way Fort Worth TX 76179	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/2025	Full name of contributor out-of-state PAC (ID# _____) Jim McKay Contributor address; City; State; Zip Code 8601 Iron Gate Court Fort Worth TX 76179	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/26/2025	5 Full name of contributor out-of-state PAC (ID#: Greg Holle 6 Contributor address; City; State; Zip Code 5901 Hudson Sail Cir Fort Worth TX 76179	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/26/2025	Full name of contributor out-of-state PAC (ID#: Dick Elkins Contributor address; City; State; Zip Code 5708 Lakeside Drive Fort Worth TX 76179	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/2025	Full name of contributor out-of-state PAC (ID#: MPR MH Notes, LLC Contributor address; City; State; Zip Code PO Box 137537 Lake Worth TX 76136	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/2025	Full name of contributor out-of-state PAC (ID#: Kyle Salzman Contributor address; City; State; Zip Code 9410 Overwood Rd. Dallas TX 75238	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/26/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Kristen Salzman 6 Contributor address; City; State; Zip Code 9410 Overwood Rd. Dallas TX 75238	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/27/2025	Full name of contributor out-of-state PAC (ID#: _____) Greater Fort Worth Real Estate Council PAC Contributor address; City; State; Zip Code 777 Main Street, Ste. 2100 Fort Worth TX 76102	Amount of contribution (\$) 1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/28/2025	Full name of contributor out-of-state PAC (ID#: _____) Merianne Roth Contributor address; City; State; Zip Code 2210 Pembroke Dr Fort Worth TX 76110	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/28/2025	Full name of contributor out-of-state PAC (ID#: _____) Christy Smith Contributor address; City; State; Zip Code 4714 Alta Drive Fort Worth TX 76107	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2025	5 Full name of contributor out-of-state PAC (ID#: Joy Ann Havran 6 Contributor address; City; State; Zip Code 4804 Overton Hollow Street Fort Worth TX 76109	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/29/2025	Full name of contributor out-of-state PAC (ID#: William Beebe Contributor address; City; State; Zip Code 412 Crestwood Dr Fort Worth TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/31/2025	Full name of contributor out-of-state PAC (ID#: Becky Redman Contributor address; City; State; Zip Code 7204 Forestwind Court Arlington TX 76001	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/31/2025	Full name of contributor out-of-state PAC (ID#: Amy Bailey Contributor address; City; State; Zip Code 3532 Overton View Ct Fort Worth TX 76109	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/31/2025	5 Full name of contributor out-of-state PAC (ID# _____) Tull Bailey 6 Contributor address; City; State; Zip Code 3532 Overton View Ct Fort Worth TX 76109	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/31/2025	Full name of contributor out-of-state PAC (ID# _____) Mary Catherine Parsons Contributor address; City; State; Zip Code 4851 Moss Hollow Ct Fort Worth TX 76109	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/2025	Full name of contributor out-of-state PAC (ID# _____) Stewart Henderson Contributor address; City; State; Zip Code 1808 Western Ave Fort Worth TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/2025	Full name of contributor out-of-state PAC (ID# _____) Travis Clegg Contributor address; City; State; Zip Code 4020 Volk Ct Fort Worth TX 76244	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/02/2025	5 Full name of contributor out-of-state PAC (ID# _____) Matt Mildren 6 Contributor address; City; State; Zip Code 110 Hazelwood Drive Fort Worth TX 76107	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/02/2025	Full name of contributor out-of-state PAC (ID# _____) Bill Clinkscale Contributor address; City; State; Zip Code 400 Crestwood Dr Fort Worth TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/2025	Full name of contributor out-of-state PAC (ID# _____) Karl A Komatsu Contributor address; City; State; Zip Code 3880 Hulen Street, Ste 300 Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/2025	Full name of contributor out-of-state PAC (ID# _____) David Endicott Contributor address; City; State; Zip Code 1201 Hillcrest Street Fort Worth TX 76107	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/02/2025	5 Full name of contributor out-of-state PAC (ID# _____) Catey Hanger LLP 6 Contributor address; City; State; Zip Code 600 W. 6th Street, Ste. 300 Fort Worth TX 76102	7 Amount of contribution (\$) 1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/02/2025	Full name of contributor out-of-state PAC (ID# _____) Pape- Dawson Engineers PAC Contributor address; City; State; Zip Code 2000 NW Loop 410 San Antonio TX 78213	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/03/2025	Full name of contributor out-of-state PAC (ID# _____) Breck Ray Contributor address; City; State; Zip Code 1401 Thomas Place Fort Worth TX 76107	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/03/2025	Full name of contributor out-of-state PAC (ID# _____) William Landreth, Jr. Contributor address; City; State; Zip Code 3207 W. 4th Street Fort Worth TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

5 Full name of contributor

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

04/03/2025

6 Contributor address; City; State; Zip Code
PO BOX 122269 Fort Worth TX 76121

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Full name of contributor

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

04/04/2025

Contributor address; City; State; Zip Code
4256 Park Ln Dallas TX 75220

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Full name of contributor

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

04/05/2025

Contributor address; City; State; Zip Code
500 Alta Dr Fort Worth TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Full name of contributor

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

04/05/2025

Contributor address; City; State; Zip Code
7302 Tidal Trce Arlington TX 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/06/2025	5 Full name of contributor out-of-state PAC (ID#: LVG Investments LLC 6 Contributor address; City; State; Zip Code 4300 Westway Ave. Dallas TX 75205	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/06/2025	Full name of contributor out-of-state PAC (ID#: Janie Harper Contributor address; City; State; Zip Code 1009 Hidden Rd. Fort Worth TX 76107	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/07/2025	Full name of contributor out-of-state PAC (ID#: Gage Yager Contributor address; City; State; Zip Code 2201 Ashland Ave Fort Worth TX 76107	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/09/2025	Full name of contributor out-of-state PAC (ID#: Mairanne Auld Contributor address; City; State; Zip Code 201 Main Street, Ste. 2500 Fort Worth TX 76102	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/09/2025	5 Full name of contributor out-of-state PAC (ID#: John Goff 6 Contributor address; City; State; Zip Code 3230 Camp Bowie Blvd, Ste. 800 Fort Worth TX 76107	7 Amount of contribution (\$) 5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/09/2025	Full name of contributor out-of-state PAC (ID#: Bryan King Contributor address; City; State; Zip Code 4926 Crestline Rd Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/2025	Full name of contributor out-of-state PAC (ID#: Sherri Patton Contributor address; City; State; Zip Code 5801 Merrymount Rd Fort Worth TX 76107	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/2025	Full name of contributor out-of-state PAC (ID#: Andrew Lombardi Contributor address; City; State; Zip Code 1717 Carleton Ave Fort Worth TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2025	5 Full name of contributor out-of-state PAC (ID# _____) Rusty Reid 6 Contributor address; City; State; Zip Code 500 W 13th St Fort Worth TX 76102	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/10/2025	Full name of contributor out-of-state PAC (ID# _____) Matthew Carter Contributor address; City; State; Zip Code 8451 E Bankhead Hwy Willowpark TX 76008	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/2025	Full name of contributor out-of-state PAC (ID# _____) Walsh Ranches Limited Partnership Contributor address; City; State; Zip Code 155 Walsh Drive Aledo TX 76008	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/13/2025	Full name of contributor out-of-state PAC (ID# _____) Vernon Bryant Contributor address; City; State; Zip Code 4455 Camp Bowie Blvd., Ste. 114-156 Fort Worth TX 76107	Amount of contribution (\$) 125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/13/2025	5 Full name of contributor out-of-state PAC (ID# _____) Nancy Bryant 6 Contributor address; City; State; Zip Code 4455 Camp Bowie Blvd., Ste. 114-156 Fort Worth TX 76107	7 Amount of contribution (\$) 125.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/15/2025	Full name of contributor out-of-state PAC (ID# _____) Kacey Pipes Contributor address; City; State; Zip Code 3700 Country Club Cir Fort Worth TX 76109	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/15/2025	Full name of contributor out-of-state PAC (ID# _____) Ken Schaefer Contributor address; City; State; Zip Code 2705 Manorwood Trail Fort Worth TX 76109	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/15/2025	Full name of contributor out-of-state PAC (ID# _____) Wade Chapel Contributor address; City; State; Zip Code 6329 Klamath Road Fort Worth TX 76116	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/16/2025	5 Full name of contributor out-of-state PAC (ID#: William Burgan 6 Contributor address; City; State; Zip Code 9341 Sundial Dr Fort Worth TX 76244	7 Amount of contribution (\$) 40.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/18/2025	Full name of contributor out-of-state PAC (ID#: Robert Benda Contributor address; City; State; Zip Code 608 Paint Pony Trail North Fort Worth TX 76108	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/22/2025	Full name of contributor out-of-state PAC (ID#: Jordan Stimpson Contributor address; City; State; Zip Code 113 Ridglea Country Club Dr Fort Worth TX 76126	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/23/2025	Full name of contributor out-of-state PAC (ID#: Jason Baldwin Contributor address; City; State; Zip Code 1741 Rio Secco Dr Fort Worth TX 76131	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/18/2025	5 Full name of contributor out-of-state PAC (ID#: Mark Moorhouse 6 Contributor address; City; State; Zip Code 505 Willow Drive S. Orono MN 55356	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/23/2025	Full name of contributor out-of-state PAC (ID#: Dustin Austin Contributor address; City; State; Zip Code 700 W Harwood Rd Hurst TX 76054	Amount of contribution (\$) 10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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: 1	
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 8,000.67	
5 Date 04/23/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mattie Parker Campaign 7 Contributor address; City; State; Zip Code 4455 Camp Bowie Blvd., #114-127, Fort Worth, TX 76107	8 Amount of Contribution \$ 8,000.67	9 In-kind contribution description Campaign Support Mailer & Postage <small>Check if travel outside of Texas. Complete Schedule T.</small>
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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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 (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME HILL, MACY L.	3 Filer ID (Ethics Commission Filers)
4 Date 03/26/2025	5 Payee name Catalyst Advisors Group, LLC	
6 Amount (\$) 331.20	7 Payee address; City; State; Zip Code 1108 Lavaca St 110-506 Austin TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Marketing	(b) Description Website Hosting
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/27/2025	Payee name Central Market	
Amount (\$) 419.90	Payee address; City; State; Zip Code 4651 West Fwy Fort Worth TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Floral for Event
	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 03/28/2025	Payee name Starbucks	
Amount (\$) 5.63	Payee address; City; State; Zip Code 215 Commerce Street Ste. 103 Fort Worth TX 76102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Meeting with Constituent
	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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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 (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4		2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)	
4 Date 03/31/2025		5 Payee name Fort Worth Boat Club			
6 Amount (\$) 5,127.30		7 Payee address; City; State; Zip Code 10000 Boat Club Rd. Fort Worth TX 76179			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Fundraiser		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 04/01/2025		Payee name Ray'Lee Acosta			
Amount (\$) 1,000.00		Payee address; City; State; Zip Code 729 Arledge Street Azle TX 76020			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Contract Labor for Campaign Services		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 04/04/2025		Payee name Ray'Lee Acosta			
Amount (\$) 1,250.00		Payee address; City; State; Zip Code 729 Arledge Street Azle TX 76020			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Contract Labor for Campaign Services		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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 (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4		2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)	
4 Date 04/11/2025		5 Payee name Rein Strategies			
6 Amount (\$) 15,500.00		7 Payee address; City; State; Zip Code 230 Mockingbird Drive Waxahachie TX 75165			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Mailers		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/11/2025		Payee name Quince Riverside			
Amount (\$) 209.70		Payee address; City; State; Zip Code 1701 River Run # 181 Fort Worth TX 76107			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Meeting with Constituent		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/15/2025		Payee name Norfleet Strategies			
Amount (\$) 2,500.00		Payee address; City; State; Zip Code 504 W. 12th Street Austin TX 78701			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Campaign Management		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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 (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4		2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)	
4 Date 04/16/2025		5 Payee name Hunt Research			
6 Amount (\$) 1,000.00		7 Payee address; City; State; Zip Code 5019 Victor St Dallas TX 75214			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Campaign Data and Targeting		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/23/2025		Payee name Anedot			
Amount (\$) 1,267.30		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 Fee		
	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		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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