

# 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: 19

|  |   |   |  |  |                                  |
|--|---|---|--|--|----------------------------------|
| 3 CANDIDATE / OFFICEHOLDER NAME            | MS / MRS / MR   | FIRST   | MI   | <b>OFFICE USE ONLY</b>   |                                  |
|  | MRS.  | MACY  | L.   |  |                                  |
|  | NICKNAME  | LAST  | SUFFIX   | Date Received<br>CSO REC'D<br>JAN 12 '24 AM8:43  |                                  |
|  |   | HILL  |  |  |                                  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX;   | APT / SUITE #;                                    | CITY;  | STATE;   | ZIP CODE                         |
| Change of Address                          | [REDACTED]  |   |  |  |                                  |
| 5 CANDIDATE / OFFICEHOLDER PHONE           | AREA CODE   | PHONE NUMBER                                      | EXTENSION  |  |                                  |
|  | [REDACTED]  |   |  |  |                                  |
| 6 CAMPAIGN TREASURER NAME                  | MS / MRS / MR   | FIRST   | MI   | Receipt #  |                                  |
|  | MR.   | LEONARD   |  | Amount \$  |                                  |
|  | NICKNAME  | LAST  | SUFFIX   | Date Processed   |                                  |
|  |   | FIRESTONE   |  | Date Imaged  |                                  |
| 7 CAMPAIGN TREASURER ADDRESS               | STREET ADDRESS (NO PO BOX PLEASE);  |   | APT / SUITE #;   | CITY;  | STATE; ZIP CODE                  |
| (Residence or Business)                    | 4936 COLLINWOOD AVE<br>FORT WORTH, TX 76107   |   |  |  |                                  |
| 8 CAMPAIGN TREASURER PHONE                 | AREA CODE   | PHONE NUMBER                                      | EXTENSION  |  |                                  |
|  | ( )   |   |  |  |                                  |
| 9 REPORT TYPE                              | <input checked="" type="checkbox"/> January 15  | <input 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)                                   |                                  |
| 10 PERIOD COVERED                          | Month   | Day   | Year   | THROUGH  | Month Day Year                   |
|  | 7   | 1   | 23   |  | 12 31 23                         |
| 11 ELECTION                                | ELECTION DATE   |   |  | ELECTION TYPE  |                                  |
|  | Month   | Day   | Year   | Primary  | Runoff                           |
|  | 5   | 3   | 23   | <input checked="" type="checkbox"/> General  | <input type="checkbox"/> Special |
| 12 OFFICE                                  | OFFICE HELD (if any)  |   |  | 13 OFFICE SOUGHT (if known)  |                                  |
|  | Fort Worth City Council- District 7   |   |  |  |                                  |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)      | 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. |   |  |  |                                  |
| Additional Pages                           | COMMITTEE TYPE  | COMMITTEE NAME                                    |  |  |                                  |
|  | GENERAL   | COMMITTEE ADDRESS                                 |  |  |                                  |
|  | SPECIFIC  | COMMITTEE CAMPAIGN TREASURER NAME                 |  |  |                                  |
|  |   | COMMITTEE CAMPAIGN TREASURER ADDRESS              |  |  |                                  |

**GO TO PAGE 2**

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

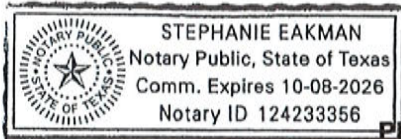
**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

|                                      |   |   |
|--------------------------------------|---|---|
| <b>15 C/OH NAME</b><br>HILL, MACY L. |   | <b>16 Filer ID (Ethics Commission Filers)</b> |
| <b>17 CONTRIBUTION TOTALS</b>        | 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)  | \$ 26,800.00                                  |
| <b>EXPENDITURE TOTALS</b>            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$  |
|                                      | 4. TOTAL POLITICAL EXPENDITURES   | \$ 7,483.75                                   |
| <b>CONTRIBUTION BALANCE</b>          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 48,859.51                                  |
| <b>OUTSTANDING LOAN TOTALS</b>       | 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 L Hill this the 11 day of January

20 24, to certify which, witness my hand and seal of office.

Stephanie Eakman Stephanie Eakman  
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 FILERNAME

HILL, MACY L.

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |   |              |
|-----|---|--------------|
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                         | \$ 26,800.00 |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS   | \$           |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$           |
| 4.  | SCHEDULE E: LOANS   | \$           |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 7,483.75  |
| 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: 1/11                |
| 2 FILER NAME<br><b>HILL, MACY L.</b>  |   | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><b>07/21/2023</b>   | 5 Full name of contributor out-of-state PAC (ID#: <u>C00303024</u> )<br><b>Lockheed Martin Employee PAC</b> | 7 Amount of contribution (\$)<br><b>500.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>2121 Crystal Drive Ste. 100 Arlington VA 22202</b> |   |  |
| 8 Principal occupation / Job title (See Instructions)   |   | 9 Employer (See Instructions)                  |

|  |  |  |
|--|--|--|
| Date<br><b>09/08/2023</b>  | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Needham Investments</b> | Amount of contribution (\$)<br><b>1,000.00</b> |
| Contributor address; City; State; Zip Code<br><b>2204 Lake Austin Blvd Austin TX 78703</b> |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                    |

|   |   |  |
|---|---|--|
| Date<br><b>09/20/2023</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>David Knight</b> | Amount of contribution (\$)<br><b>250.00</b> |
| Contributor address; City; State; Zip Code<br><b>4109 Cloudveil Terrace Fort Worth TX 76109</b> |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                  |

|   |   |  |
|---|---|--|
| Date<br><b>09/20/2023</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Stephen Brauer</b> | Amount of contribution (\$)<br><b>1,000.00</b> |
| Contributor address; City; State; Zip Code<br><b>4455 Camp Bowie Blvd Ste 114 Fort Worth TX 76107</b> |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                    |

|  |  |  |
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|  |  |  |
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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: 2/11 |
|---|---------------------------------|

|                                      |                                       |
|--------------------------------------|---------------------------------------|
| 2 FILER NAME<br><b>HILL, MACY L.</b> | 3 Filer ID (Ethics Commission Filers) |
|--------------------------------------|---------------------------------------|

|                             |   |  |
|-----------------------------|---|--|
| 4 Date<br><b>09/21/2023</b> | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Mike Moncrief</b>                      | 7 Amount of contribution (\$)<br><b>100.00</b> |
|                             | 6 Contributor address; City; State; Zip Code<br><b>777 Taylor Street Ste 1030 Fort Worth TX 76102</b> |  |

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

|                           |   |  |
|---------------------------|---|--|
| Date<br><b>09/21/2023</b> | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Rosie Moncrief</b>                     | Amount of contribution (\$)<br><b>100.00</b> |
|                           | Contributor address; City; State; Zip Code<br><b>777 Taylor Street Ste 1030 Fort Worth TX 76102</b> |  |

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

|                           |   |  |
|---------------------------|---|--|
| Date<br><b>09/24/2023</b> | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Jarrett Wilson</b>           | Amount of contribution (\$)<br><b>100.00</b> |
|                           | Contributor address; City; State; Zip Code<br><b>1513 Catalina Dr Fort Worth TX 76107</b> |  |

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

|                           |   |  |
|---------------------------|---|--|
| Date<br><b>09/28/2023</b> | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Linebarger Goggan Blair &amp; Sampson, LLP</b> | Amount of contribution (\$)<br><b>1,500.00</b> |
|                           | Contributor address; City; State; Zip Code<br><b>P.O. Box 17428 Austin TX 78760</b>                         |  |

|   |                             |
|---|-----------------------------|
| 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: 3/11                    |
| 2 FILER NAME<br><b>HILL, MACY L.</b>                      |  | 3 Filer ID (Ethics Commission Filers)              |
| 4 Date<br><b>10/03/2023</b>                               | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Jeremy Raines</b><br>6 Contributor address; City; State; Zip Code<br><b>3209 Stuart Drive Fort Worth TX 76110</b>   | 7 Amount of contribution (\$)<br><br><b>200.00</b> |
| 8 Principal occupation / Job title (See Instructions)     |  | 9 Employer (See Instructions)                      |
| Date<br><b>10/04/2023</b>                                 | Full name of contributor out-of-state PAC (ID#: _____)<br><b>William Meadows</b><br>Contributor address; City; State; Zip Code<br><b>121 Rivercrest Drive Fort Worth TX 76107</b>  | Amount of contribution (\$)<br><br><b>250.00</b>   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                        |
| Date<br><b>10/04/2023</b>                                 | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Patricia Meadows</b><br>Contributor address; City; State; Zip Code<br><b>121 Rivercrest Drive Fort Worth TX 76107</b> | Amount of contribution (\$)<br><br><b>250.00</b>   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                        |
| Date<br><b>10/09/2023</b>                                 | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Bret Helmer</b><br>Contributor address; City; State; Zip Code<br><b>6450 Ridglea Crest Dr Fort Worth TX 76116</b>     | Amount of contribution (\$)<br><br><b>200.00</b>   |
| 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: 4/11                    |
| 2 FILER NAME<br><b>HILL, MACY L.</b>  |   | 3 Filer ID (Ethics Commission Filers)              |
| 4 Date<br><b>10/12/2023</b>   | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Bobbie Marshall</b><br>.....<br>6 Contributor address; City; State; Zip Code<br><b>8409 Lake Harbor Court Fort Worth TX 76179</b>                          | 7 Amount of contribution (\$)<br><br><b>500.00</b> |
| 8 Principal occupation / Job title (See Instructions)   |   | 9 Employer (See Instructions)                      |
| Date<br><b>10/13/2023</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>FW Firefighters Committee for Responsible Government</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>3855 Tulsa Way Fort Worth TX 76107</b> | Amount of contribution (\$)<br><br><b>5,000.00</b> |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                        |
| Date<br><b>10/18/2023</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Jonathan Cranz</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>3928 Modlin Avenue Fort Worth TX 76107</b>                                   | Amount of contribution (\$)<br><br><b>500.00</b>   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                        |
| Date<br><b>10/19/2023</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Jenny Rosell</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>3808 Aviemore Dr Fort Worth TX 76109</b>                                       | Amount of contribution (\$)<br><br><b>200.00</b>   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                        |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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: 5/11                    |
| 2 FILER NAME<br><b>HILL, MACY L.</b>                      |  | 3 Filer ID (Ethics Commission Filers)              |
| 4 Date<br><b>10/20/2023</b>                               | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Mindy Ellmer</b><br>6 Contributor address; City; State; Zip Code<br><b>200 Congress Ave. Ste 40FF Austin TX 78701</b> | 7 Amount of contribution (\$)<br><br><b>500.00</b> |
| 8 Principal occupation / Job title (See Instructions)     |  | 9 Employer (See Instructions)                      |
| Date<br><b>10/21/2023</b>                                 | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Bryce Barrow</b><br>Contributor address; City; State; Zip Code<br><b>3124 Wild Plum Drive Fort Worth TX 76109</b>       | Amount of contribution (\$)<br><br><b>50.00</b>    |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                        |
| Date<br><b>10/21/2023</b>                                 | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Susan Barrow</b><br>Contributor address; City; State; Zip Code<br><b>3124 Wild Plum Drive Fort Worth TX 76109</b>       | Amount of contribution (\$)<br><br><b>50.00</b>    |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                        |
| Date<br><b>10/21/2023</b>                                 | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Linda Christie</b><br>Contributor address; City; State; Zip Code<br><b>1729 Carleton Avenue Fort Worth TX 76107</b>     | Amount of contribution (\$)<br><br><b>100.00</b>   |
| 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: 6/11                |
| 2 FILER NAME<br><b>HILL, MACY L.</b>   |  | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><b>10/21/2023</b>  | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Dennis Shingleton</b> | 7 Amount of contribution (\$)<br><b>100.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>79 One Main Place Benbrook TX 76126</b>   |  |  |
| 8 Principal occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)                  |
| Date<br><b>10/21/2023</b>  | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Cynthia Shingleton</b>  | Amount of contribution (\$)<br><b>100.00</b>   |
| Contributor address; City; State; Zip Code<br><b>79 One Main Place Benbrook TX 76126</b>   |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                    |
| Date<br><b>10/21/2023</b>  | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Skylar O'Neal</b>       | Amount of contribution (\$)<br><b>200.00</b>   |
| Contributor address; City; State; Zip Code<br><b>2808 Harlanwood Dr Fort Worth TX 76109</b>  |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                    |
| Date<br><b>10/21/2023</b>  | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Lloyd Colegrove</b>     | Amount of contribution (\$)<br><b>200.00</b>   |
| Contributor address; City; State; Zip Code<br><b>208 Lindenwood Drive Fort Worth TX 76107</b>  |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                    |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br/>                 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: 7/11                    |
| 2 FILER NAME<br><b>HILL, MACY L.</b>  |  | 3 Filer ID (Ethics Commission Filers)              |
| 4 Date<br>10/21/2023  | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>David Eberstein</b><br>6 Contributor address; City; State; Zip Code<br><b>3732 Cresthaven Terrace Fort Worth TX 76107</b> | 7 Amount of contribution (\$)<br><br><b>200.00</b> |
| 8 Principal occupation / Job title (See Instructions)   |  | 9 Employer (See Instructions)                      |
| Date<br>10/21/2023  | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Michael Ferry</b><br>Contributor address; City; State; Zip Code<br><b>2212 6th Ave Fort Worth TX 76110</b>                  | Amount of contribution (\$)<br><br><b>200.00</b>   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                        |
| Date<br>10/21/2023  | Full name of contributor out-of-state PAC (ID#: _____)<br><b>John Thompson</b><br>Contributor address; City; State; Zip Code<br><b>6009 Merrymount Rd Fort Worth TX 76107</b>            | Amount of contribution (\$)<br><br><b>200.00</b>   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                        |
| Date<br>10/21/2023  | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Lauren Walker</b><br>Contributor address; City; State; Zip Code<br><b>1317 Virginia Pl Fort Worth TX 76107</b>              | Amount of contribution (\$)<br><br><b>200.00</b>   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                        |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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: 8/11

2 FILER NAME  
**HILL, MACY L.** 3 Filer ID (Ethics Commission Filers)

|                      |   |  |
|----------------------|---|--|
| 4 Date<br>10/21/2023 | 5 Full name of contributor<br><b>Chris Lightbound</b><br><small>out-of-state PAC (ID#: _____)</small> | 7 Amount of contribution (\$)<br><br><b>500.00</b> |
|                      | 6 Contributor address; City; State; Zip Code<br><b>6629 Sahalee Drive Fort Worth TX 76132</b>         |  |

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

|                    |   |  |
|--------------------|---|--|
| Date<br>10/22/2023 | Full name of contributor<br><b>Jerry Taylor</b><br><small>out-of-state PAC (ID#: _____)</small> | Amount of contribution (\$)<br><br><b>100.00</b> |
|                    | Contributor address; City; State; Zip Code<br><b>1725 Carleton Avenue Fort Worth TX 76107</b>   |  |

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

|                    |   |  |
|--------------------|---|--|
| Date<br>10/22/2023 | Full name of contributor<br><b>Chris Gavras</b><br><small>out-of-state PAC (ID#: _____)</small>         | Amount of contribution (\$)<br><br><b>125.00</b> |
|                    | Contributor address; City; State; Zip Code<br><b>1301 Throckmorton Street #2105 Fort Worth TX 76102</b> |  |

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

|                    |   |  |
|--------------------|---|--|
| Date<br>10/22/2023 | Full name of contributor<br><b>Sally Gavras</b><br><small>out-of-state PAC (ID#: _____)</small>         | Amount of contribution (\$)<br><br><b>125.00</b> |
|                    | Contributor address; City; State; Zip Code<br><b>1301 Throckmorton Street #2105 Fort Worth TX 76102</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: 9/11                      |
| 2 FILER NAME<br><b>HILL, MACY L.</b>                      |  | 3 Filer ID (Ethics Commission Filers)                |
| 4 Date<br><b>10/24/2023</b>                               | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Accountable Government Fund</b><br>6 Contributor address; City; State; Zip Code<br><b>430 Old Fitzhugh #7 Dripping Springs TX 78620</b> | 7 Amount of contribution (\$)<br><br><b>5,000.00</b> |
| 8 Principal occupation / Job title (See Instructions)     |  | 9 Employer (See Instructions)                        |
| Date<br><b>11/06/2023</b>                                 | Full name of contributor out-of-state PAC (ID#: _____)<br><b>NCHA's Texas Events PAC</b><br>Contributor address; City; State; Zip Code<br><b>260 Bailey Ave Fort Worth TX 76107</b>                    | Amount of contribution (\$)<br><br><b>2,500.00</b>   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                          |
| Date<br><b>11/08/2023</b>                                 | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Jason Baldwin</b><br>Contributor address; City; State; Zip Code<br><b>1741 Rio Secco Dr Fort Worth TX 76131</b>                           | Amount of contribution (\$)<br><br><b>50.00</b>      |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                          |
| Date<br><b>12/09/2023</b>                                 | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Jason Baldwin</b><br>Contributor address; City; State; Zip Code<br><b>1741 Rio Secco Dr Fort Worth TX 76131</b>                           | Amount of contribution (\$)<br><br><b>50.00</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: 10/11                     |
| 2 FILER NAME<br>HILL, MACY L.   |  | 3 Filer ID (Ethics Commission Filers)                |
| 4 Date<br>12/14/2023  | 5 Full name of contributor out-of-state PAC (ID#: _____)<br>FW Retired Firefighters Committee for Responsible Government<br>6 Contributor address; City; State; Zip Code<br>103 Green Oaks Ct Hudson Oaks TX 76087 | 7 Amount of contribution (\$)<br><br><b>1,000.00</b> |
| 8 Principal occupation / Job title (See Instructions)   |  | 9 Employer (See Instructions)                        |
| Date<br>12/19/2023  | Full name of contributor out-of-state PAC (ID#: _____)<br>Grace Dunham<br>Contributor address; City; State; Zip Code<br>504 North Bailey Avenue Fort Worth TX 76107  | Amount of contribution (\$)<br><br><b>500.00</b>     |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                          |
| Date<br>10/21/2023  | Full name of contributor out-of-state PAC (ID#: _____)<br>Craig Goldman<br>Contributor address; City; State; Zip Code<br>2300 Winton Terrace Fort Worth TX 76109   | Amount of contribution (\$)<br><br><b>1,000.00</b>   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                          |
| Date<br>10/20/2023  | Full name of contributor out-of-state PAC (ID#: _____)<br>Dee J Kelly, Jr.<br>Contributor address; City; State; Zip Code<br>5756 Merrymount Rd Fort Worth TX 76107   | Amount of contribution (\$)<br><br><b>1,000.00</b>   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                          |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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: 11/11            |
| 2 FILER NAME<br>HILL, MACY L.   |  | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date<br>10/21/2023  | 5 Full name of contributor out-of-state PAC (ID#: _____)<br>Gustavo Pena Quinones<br>6 Contributor address; City; State; Zip Code<br>5317 Benbridge Dr Fort Worth TX 76107   | 7 Amount of contribution (\$) <b>50.00</b>  |
| 8 Principal occupation / Job title (See Instructions)   |  | 9 Employer (See Instructions)               |
| Date<br>10/21/2023  | Full name of contributor out-of-state PAC (ID#: _____)<br>Cheraya Pena Quinones<br>Contributor address; City; State; Zip Code<br>5317 Benbridge Dr Fort Worth TX 76107       | Amount of contribution (\$) <b>50.00</b>    |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                 |
| Date<br>10/18/2023  | Full name of contributor out-of-state PAC (ID#: _____)<br>Good Government Fund<br>Contributor address; City; State; Zip Code<br>201 Main Street; Ste 250 Fort Worth TX 76102 | Amount of contribution (\$) <b>1,000.00</b> |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                 |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code   | Amount of contribution (\$)                 |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                 |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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:<br>1/5 | <b>2</b> FILER NAME<br>HILL, MACY L. | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|--------------------------------------|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>07/19/2023 | <b>5</b> Payee name<br>Roy Pope Grocery |
|-----------------------------|---|

|                                |  |       |        |          |
|--------------------------------|--|-------|--------|----------|
| <b>6</b> Amount (\$)<br>347.48 | <b>7</b> Payee address;<br>2300 Merrick St Fort Worth TX 76107 | City; | State; | Zip Code |
|--------------------------------|--|-------|--------|----------|

|   |  |   |
|---|--|---|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense   | <b>(b)</b> Description<br>Campaign Fundraiser |
|   | <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 |
|---|-------------------------------|---------------|-------------|

|                    |                           |
|--------------------|---------------------------|
| Date<br>09/14/2023 | Payee name<br>First Watch |
|--------------------|---------------------------|

|                       |  |       |        |          |
|-----------------------|--|-------|--------|----------|
| Amount (\$)<br>357.60 | Payee address;<br>6333 Camp Bowie Blvd Ste 280 Fort Worth TX 76116 | City; | State; | Zip Code |
|-----------------------|--|-------|--------|----------|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | Description<br>FWPD West Division Breakfast |
|                               | 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 |
|--|-------------------------------|---------------|-------------|

|                    |                               |
|--------------------|-------------------------------|
| Date<br>10/04/2023 | Payee name<br>Fort Worth Club |
|--------------------|-------------------------------|

|                       |   |       |        |          |
|-----------------------|---|-------|--------|----------|
| Amount (\$)<br>158.41 | Payee address;<br>306 W. 7th Street Fort Worth TX 76102 | City; | State; | Zip Code |
|-----------------------|---|-------|--------|----------|

|                               |   |                                  |
|-------------------------------|---|----------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | Description<br>Constituent Lunch |
|                               | 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 |
|--|-------------------------------|---------------|-------------|

**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                     |
| 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:<br>2/5                            | <b>2</b> FILER NAME<br>HILL, MACY L.  | <b>3</b> Filer ID (Ethics Commission Filers)               |
| <b>4</b> Date<br>10/20/2023   | <b>5</b> Payee name<br>Taylor's Rental  |  |
| <b>6</b> Amount (\$)<br><b>108.25</b>                               | <b>7</b> Payee address; City; State; Zip Code<br>220 University Drive Fort Worth TX 76107   |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense  | <b>(b)</b> Description<br>Fundraiser Rentals               |
|   | <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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought <span style="float:right">Office held</span> |
| Date<br><b>10/23/2023</b>   | Payee name<br>Trader Joe's  |  |
| Amount (\$)<br><b>118.12</b>  | Payee address; City; State; Zip Code<br>2701 S. Hulen Street Fort Worth TX 76109  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Event Expense   | Description<br>Fundraiser Florals                          |
|   | Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name   | Office sought <span style="float:right">Office held</span> |
| Date<br><b>10/24/2023</b>   | Payee name<br>Charlie Geren for State Representative  |  |
| Amount (\$)<br><b>250.00</b>  | Payee address; City; State; Zip Code<br>P.O. Box 1440 Fort Worth TX 76101   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate   | Description<br>Campaign Contribution                       |
|   | Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name   | Office sought <span style="float:right">Office held</span> |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>          |   |  |



**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:<br>3/5 | <b>2</b> FILER NAME<br>HILL, MACY L. | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|--------------------------------------|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>11/06/2023 | <b>5</b> Payee name<br>Michael's Restaurant |
|-----------------------------|---|

|                                  |  |       |        |          |
|----------------------------------|--|-------|--------|----------|
| <b>6</b> Amount (\$)<br>3,202.09 | <b>7</b> Payee address;<br>3413 W 7th Street Fort Worth TX 76107 | City; | State; | Zip Code |
|----------------------------------|--|-------|--------|----------|

|   |   |  |
|---|---|--|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense   | (b) Description<br>Campaign Fundraiser |
|   | (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 |
|---|-------------------------------|---------------|-------------|

|                    |                               |
|--------------------|-------------------------------|
| Date<br>12/01/2023 | Payee name<br>Seven Mile Cafe |
|--------------------|-------------------------------|

|                       |  |       |        |          |
|-----------------------|--|-------|--------|----------|
| Amount (\$)<br>439.06 | Payee address;<br>6300 North Fwy Fort Worth TX 76137 | City; | State; | Zip Code |
|-----------------------|--|-------|--------|----------|

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | Description<br>FWPD North Division Breakfast |
|                               | 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 |
|--|-------------------------------|---------------|-------------|

|                    |   |
|--------------------|---|
| Date<br>12/14/2023 | Payee name<br>On the Border Mexican Grill |
|--------------------|---|

|                       |  |       |        |          |
|-----------------------|--|-------|--------|----------|
| Amount (\$)<br>358.38 | Payee address;<br>6536 Northwest Loop 820 Frwy Fort Worth TX 76135 | City; | State; | Zip Code |
|-----------------------|--|-------|--------|----------|

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | Description<br>FWPD Mounted Patrol Lunch |
|                               | 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 |
|--|-------------------------------|---------------|-------------|

**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                     |
| 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:<br>4/5 | <b>2</b> FILER NAME<br>HILL, MACY L. | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|--------------------------------------|--|

|                             |                                     |
|-----------------------------|-------------------------------------|
| <b>4</b> Date<br>12/18/2023 | <b>5</b> Payee name<br>Grace Dunham |
|-----------------------------|-------------------------------------|

|                                  |  |       |        |          |
|----------------------------------|--|-------|--------|----------|
| <b>6</b> Amount (\$)<br>1,792.00 | <b>7</b> Payee address;<br>504 North Bailey Avenue Fort Worth TX 76107 | City; | State; | Zip Code |
|----------------------------------|--|-------|--------|----------|

|   |  |   |
|---|--|---|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor   | <b>(b)</b> Description<br>Campaign Consultant |
|   | <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 |
|---|-------------------------------|---------------|-------------|

|                    |                             |
|--------------------|-----------------------------|
| Date<br>12/20/2023 | Payee name<br>Crumb Cookies |
|--------------------|-----------------------------|

|                      |   |       |        |          |
|----------------------|---|-------|--------|----------|
| Amount (\$)<br>51.03 | Payee address;<br>2300 W 7th Street Fort Worth TX 76107 | City; | State; | Zip Code |
|----------------------|---|-------|--------|----------|

|                               |   |                                |
|-------------------------------|---|--------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | Description<br>FWFD Station 18 |
|                               | 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 |
|--|-------------------------------|---------------|-------------|

|                    |                             |
|--------------------|-----------------------------|
| Date<br>12/20/2023 | Payee name<br>Crumb Cookies |
|--------------------|-----------------------------|

|                      |   |       |        |          |
|----------------------|---|-------|--------|----------|
| Amount (\$)<br>51.03 | Payee address;<br>2300 W 7th Street Fort Worth TX 76107 | City; | State; | Zip Code |
|----------------------|---|-------|--------|----------|

|                               |   |                                |
|-------------------------------|---|--------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | Description<br>FWFD Station 53 |
|                               | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>5/5                            | <b>2</b> FILER NAME<br>HILL, MACY L.   | <b>3</b> Filer ID (Ethics Commission Filers)         |
| <b>4</b> Date<br>12/31/2023   | <b>5</b> Payee name<br>Anedot  |  |
| <b>6</b> Amount (\$)<br>250.30                                      | <b>7</b> Payee address; City; State; Zip Code<br>1340 Poydras Street Suite 1770 New Orleans LA 70112               |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                                    | <b>(b)</b> Description<br>Credit Card Processing Fee |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held                            |
| Date  | Payee name   |  |
| Amount (\$)   | Payee address; City; State; Zip Code   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | 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 <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought Office held                            |
| Date  | Payee name   |  |
| Amount (\$)   | Payee address; City; State; Zip Code   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | 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 <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**