OFFICIAL RECORD CITY SECRETARY

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FT. WORTH, TX

FORM C/OH COVER SHEET PG 1

			STATES AND SECOND	- International Control of the Contr	-	
The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Eth	ilcs Commission Filers)	2 Total pages fil	led: 27
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR MRS.	FIRST		мı L.	OFFICE	USE ONLY
NAME	NICKNAME	LAST HILL		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	APT / SUITE #;	CITY; STAT	TE; ZIP CODE	GS JUL 1	0 REC'D 5'24 ami0:41
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION		d or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR MR.	FIRST LEONARD		МІ	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	100011 1001000000	
		FIRESTONE			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	4936 COLLIN FORT WORT		SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	, EXT	ENSION		
9 REPORT TYPE	January 15	30th day before	l, and	Runoff Exceeded Modified	(Officehold	fter campaign ppointment er Only) rt (Attach C/OH - FR)
9	Constant	our day belore o	11	Reporting Limit	I - marriage	T (mach croff - 1 ry
10 PERIOD COVERED	Month 1	Day Year / 1 / 24	THROUGH	Month 6	/ 30 / 24	
11 ELECTION	Month Day	Year Primary 23 Genera	-	Other Description		
12 OFFICE	OFFICE HELD (if any) FORT WORTH	CITY COUNCIL- DIST	Company of the Compan	ICE SOUGHT (If known	n)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQU	ES MAY HAVE BEEN M	ADE WITHOUT THE CAN	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME			
*		COMMITTEE CAMPAIGN TO	REASURER ADDRES	ss		
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME HILL, MACY		r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ 68,001.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,747.18
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 102,113.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
[1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	wear, or affirm, under penalty of perjury, that the accompanying report is true and co quired to be reported by me under Title 15, Election Code.	orrect and includes all information
	Mary L. Hill Eighature of Candidate	
	Signature of Candidate	or Officeholder
	Please complete either option below:	
	STEPHANIE EAKMAN Notary Public, State of Texas	
1959 (1945-90) (E.	Comm. Expires 10-08-2026	
(1) Affidavit	Notary ID 124233356	
NOTARY STAMP/SEA	" v 1' vvrv «	
Sworn to and subscribed	before me by Macy Hill this the 10	thay of July.
11	which, witness my hand and seal of office.	
	kman Stephanie Eakman	
Signature of officer administr		Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
My address is		
	(street) (city) (state)	
Executed in	County, State of , on the day of (month)	, 20 (year)
	Signature of Candidate/Offi	ceholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

- 18 Bina 70	L, M	ACY L.	20 Filer ID (Ethics Cor	mmission Filers)
		ILE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS			\$ 68,001.00
2.		SCHEDULEA2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	4. SCHEDULE E: LOANS			
5.	100	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	
6.		\$		
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$
10.	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.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$

If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 1/18		
2 FILER NAME HILL, MAC	CY L.		3 Filer ID (Ethics Commission Filers)		
4 Date 01/09/2024	Jason Baldwin		7 Amount of contribution (\$)		
0110312024	6 Contributor address; City; 1741 Rio Secco Dr Fort Wor	th TX 76131	50.00		
8 Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-slate PAC (II Jason Baldwin	D#:)	Amount of contribution (\$)		
02/09/2024	Contributor address; City; 1741 Rio Secco Dr Fort Wor	State; Zip Code th TX 76131	50.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)		
Date	Full name of contributor out-of-state PAC (I	D#:	Amount of contribution (\$)		
03/09/2024	Jason Baldwin Contributor address; Clty; 1741 Rio Secco Dr Fort Wor	State; Zip Code	50.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC (D#:)	Amount of contribution (\$)		
04/02/2024	Grace Huffman Contributor address; City; 504 N. Bailey Fort Worth	State; Zip Code	1.00		
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

4417-1-2--

If the requested information is not applicable, DO NOT include this page in the report.				
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 2/18	
2 FILER NAME HILL, MAC	CY L.		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	
04/05/2024	6 Contributor address; City; 4455 Camp Bowie Blvd., Ste. 114 Fort	State; Zip Code	1,000.00	
8 Principal occu	pation / Job title (See Instructions)		ions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
04/06/2024	Contributor address; City;	State; Zip Code	500.00	
	1013 Hidden Road Fort Wo	rth TX 76107		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
04/09/2024	Gregory Bird Contributor address; City;	State; Zip Code	1,000.00	
	640 Taylor Street Ste. 2400 Fort V	Worth TX 76102		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
04/09/2024	Ralph Duggins Contributor address; City;	State; Zlp Code	1,000.00	
	4209 Ridgehaven Court Fort W	orth TX 76116	,	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
	ATTACH ADDITIONAL COPIES O			

If the requested information is not applicable, DO NOT include this page in the report.				
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 3/18		
2 FILER NAME HILL, MAC	CY L.	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Jason Baldwin	7 Amount of contribution (\$)		
04/09/2024	6 Contributor address; City; State; Zip Code 1741 Rio Secco Dr Fort Worth TX 76131	50.00		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	itions)		
Date	Full name of contributor out-of-state PAC (ID#:) William Meadows	Amount of contribution (\$)		
04/10/2024	Contributor address; City; State; Zip Code	500.00		
	121 Rivercrest Drive Fort Worth TX 76107			
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	bitions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
04/10/2024	Patricia Meadows Contributor address; City; State; Zip Code 121 Rivercrest Drive Fort Worth TX 76107			
Principal occup	pation / Job title (See Instructions) Employer (See Instru	L ctions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
04/11/2024	Fort Worth Firefighters Contributor address; City; State; Zip Code	5.000.00		
	3855 Tulsa Way Fort Worth TX 76107			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
·				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

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: 4/18		
2 FILER NAME HILL, MAC	CY L.		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC Mark Magruder	(ID#:)	7 Amount of contribution (\$)		
04/17/2024	6 Contributor address; City; 777 Main Street Ste. 600 Fort V	State; Zip Code	500.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
C Timolpan soon	,				
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
04/17/2024	Shannon McCourt Contributor address; City;	State; Zip Code	500.00		
	1601 Western Ave Fort Wo	orth TX 76107			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date		: (ID#:)	Amount of contribution (\$)		
04/18/2024	Terry Montesi Contributor address; City; State; Zip Code		1,000.00		
	2108 Bradford Park Ct Fort W	orth TX 76107			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)		
Date	THE CONTRACTOR AND A STATE OF THE PROPERTY OF THE STATE O	C (ID#:)	Amount of contribution (\$)		
04/18/2024	Scott Noles Contributor address; City;	State; Zip Code	500.00		
	777 Taylor St. #1126 Fort W	orth TX 76102			
Principal occupation / Job title (See Instructions) Employer (See Instructions			ctions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 5/18		
2 FILER NAME HILL, MAC	CY L.		3 Filer ID (Ethics Commission Filers)		
4 Date 04/18/2024	5 Full name of contributor out-of-state PAC (II FW Harvey Holdings, LLC. 6 Contributor address; City;	7 Amount of contribution (\$) 500.00			
	P.O. Box 123767 Fort World	IN 1X 76121			
8 Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)		
04/19/2024	Contributor address; City; 1411 Shady Oaks Lane Fort We	State; Zip Code	1,000.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
04/20/2024	Sally Gavras Contributor address; City; 1301 Throckmorton St. #2105 Fort V	State; Zip Code Vorth TX 76102	250.00		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
04/23/2024	Contributor address; City;	State; Zip Code	1,000.00		
3340 Camp Bowie Blvd. Ste. 200 Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

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: 6/18			
2 FILER NAME HILL, MAC	CY L.	3 Filer ID (Ethics Commission Filers)			
4 Date 04/24/2024	5 Full name of contributor out-of-state PAC (ID#:) David Keltner	7 Amount of contribution (\$)			
	6 Contributor address; City; State; Zip Code 201 Main Street Ste. 2500 Fort Worth TX 76102	1,000.00			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	ictions)			
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
04/25/2024	Contributor address; City; State; Zip Code 8612 Mazzini Ct Flower Mound TX 75022	2,500.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
04/25/2024	Stephen Luskey Contributor address; City; State; Zip Code 1120 Shady Oaks Lane Fort Worth TX 76107				
Principal occuj	pation / Job title (See Instructions) Employer (See Instru	uctions)			
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
04/25/2024	Caira Franz Contributor address; City; State; Zip Code DO DOV 210 Llong TV 79642	2,500.00			
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.					

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: 7/18		
2 FILER NAME HILL, MAC	CY L.		3 Filer ID (Ethics Commission Filers)		
4 Date 04/25/2024	5 Full name of contributor out-of-state PAC Linebarger Goggan Blair & Sampson Goggan Blair & City; P.O. Box 17428 Austin	7 Amount of contribution (\$) 2,500.00			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
Date	Full name of contributor cut-of-state PAC	(ID#:)	Amount of contribution (\$)		
04/26/2024	Contributor address; City; 1221 Broad Avenue Fort Wo	State; Zip Code	500.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date 04/29/2024	Full name of contributor out-of-state PAG William Landreth, Jr. Contributor address; City; 3207 W 4th Street Fort Wo	State; Zip Code	Amount of contribution (\$) 250.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)		
04/30/2024	John Goff Contributor address; City; 500 Commerce Street Ste. 700 For	State; Zlp Code	5,000.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2024

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: 8/18	
2 FILER NAME HILL, MAC	CY L.		3 Filer ID (Ethics Commission Filers)	
4 Date 04/30/2024	5 Full name of contributor out-of-state PAC Paul Dorman 6 Contributor address; City; 1300 Shady Oaks Lane Fort W	7 Amount of contribution (\$)		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date 04/30/2024	Douglas Cook Contributor address; City;	State; Zip Code	Amount of contribution (\$) 125.00	
Deleveled accur	4720 Lafayette Ave Fort Wo	Employer (See Instruct	(ana)	
Principal occup	ation / Job title (See Instructions)	Employer (See marros	and the second s	
Date 04/30/2024	Full name of contributor out-of-state PAC Gina Cook Contributor address; City; 4720 Lafayette Ave Fort Wo	State; Zip Code	Amount of contribution (\$) 125.00	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
05/01/2024	Contributor address; City; 4300 Westway Ave Dall	State; Zlp Code as TX 75205	250.00	
Principal occu	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.				

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: 9/18		
2 FILER NAME HILL, MAC	CY L.		3 Filer ID (Ethics Commission Filers)		
4 Date 05/01/2024	5 Full name of contributor Lee Henderson 6 Contributor address; 1428 Virginia Place Fort Wo	7 Amount of contribution (\$)			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)		
05/02/2024	Jonathan Cranz Contributor address; City; 3928 Modlin Avenue Fort W	State; Zip Code Orth TX 76107	500.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date 05/03/2024	Full name of contributor out-of-state PAI Marianne Auld Contributor address; City; 201 Main Street Ste. 2500 Fort	State; Zip Code Worth TX 76102	Amount of contribution (\$) 1,000.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)		
05/03/2024	Victor Agather Contributor address; City; 409 Rivercrest Drive Fort W	State; Zip Code /orth TX 76107	1,000.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst				

If the reques	ted information is not applicable, DO NOT inc	lude this page in the	report.		
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 10/18		
2 FILER NAME HILL, MAC	CY L.		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC NCHA's Texas Events PAC	(ID#:)	7 Amount of contribution (\$)		
05/03/2024	6 Contributor address; City; 260 Bailey Ave. Fort Wor	State; Zip Code th TX 76107	2,500.00		
8 Principal occu		9 Employer (See Instruc	tions)		
Date		(ID#:)	Amount of contribution (\$)		
05/04/2024	Michael Ferry Contributor address; City; 2212 6th Ave Fort Wort	State; Zip Code	250.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date		(ID#:)	Amount of contribution (\$)		
05/06/2024	Kim Carter Contributor address; City; 301 Commerce St. Ste. 1600 Fort	State; Zip Code Worth TX 76102	250.00		
Principal occu	 pation / Job title (See Instructions)	Employer (See Instruc	ctions)		
Date		; (ID#:)	Amount of contribution (\$)		
05/07/2024	Skylar O'Neal Contributor address; City; State; Zip Code 2808 Harlanwood Drive Fort Worth TX 76109				
Principal occu	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES of contributor is out-of-state PAC, please see Instru				

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: 11/18				
2 FILER NAME HILL, MAC	CY L.	3 Filer ID (Ethics Commission Filers)				
4 Date 05/07/2024	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 2,500.00				
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	structions)				
Date	Full name of contributor out-of-state PAC (ID/I:	Amount of contribution (\$)				
05/07/2024	John Aughinbaugh Contributor address; City; State; Zip Code 5608 Byers Ave. Fort Worth TX 7610	250.00				
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	structions)				
Date 05/07/2024	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 250.00				
Principal occup	pation / Job title (See Instructions) Employer (See In	structions)				
Date	Full name of contributor out-of-state PAC (ID#:					
05/07/2024	Jack Labovitz O5/07/2024 Contributor address; City; State; Zip Code 2810 Berry Street Fort Worth TX 76109					
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.						

If the reques	ted information is not applicable, DO NOT inc	lude this page in the r	eport.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 12/18
2 FILER NAME HILL, MAC	CY L.		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Good Government Fund	7 Amount of contribution (\$)	
05/07/2024	6 Contributor address; City; 201 Main Street Ste. 250 Fort V	EPANAMANAN SANTA BENEVARIAN SANTAN	2,000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	lons)
Date	Full name of contributor out-of-state PAC Dee Kelly, Jr.	(ID#:)	Amount of contribution (\$)
05/07/2024	Contributor address; City; 5756 Merrymount Rd. Fort W		2,000.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)
Date		(ID#:)	Amount of contribution (\$)
05/08/2024	Laken Avonne Rapier Contributor address; City; 605 Edgefield Road Fort Wo	State; Zip Code	250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	lions)
Date	(ADAI MI) (427, 328) 27 (328) (30.5	(ID#:)	Amount of contribution (\$)
05/08/2024	David Eberstein Contributor address; City; 3732 Cresthaven Ter Fort W	State; Zip Code	250.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see Instru		

If the reques	ted information is not applicable, DO NOT inc	lude this page in the r	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 13/18
2 FILER NAME HILL, MAC	CY L.		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Brodie Hyde	7 Amount of contribution (\$)	
05/08/2024	6 Contributor address; City; 1301 Shady Oaks Lane Fort W	State; Zip Code /orth TX 76107	250.00
8 Principal occu		9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC Dustin Austin	(ID#:)	Amount of contribution (\$)
05/08/2024	Contributor address; City; 700 West Harwood Road Ste. G2	State; Zip Code Hurst TX 76054	2,500.00
Principal occup	ration / Job title (See Instructions)	Employer (See Instruc	tions)
Date		(10#:)	Amount of contribution (\$)
05/08/2024	Mindy Ellmer Contributor address; City; 200 Congress Ave. Ste. 40FF A	State; Zip Code	500.00
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	ttions)
Date	ACT DESCRIPTION OF SAME STANDS OF SAME STANDS OF SAME STANDS OF SAME SAME STANDS OF SAME SAME SAME SAME SAME SAME SAME SAME	(ID#:)	Amount of contribution (\$)
05/08/2024	Jeffrey Kearney Contributor address; City; 3100 W. 7th Street Ste. 420 Fort	State; Zlp Code Worth TX 76107	1,000.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see Instr		

If the reques	ted information is not applicable, DO NOT inc	clude this page in the	report.		
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 14/18		
2 FILER NAME HILL, MAC	CY L.		3 Filer ID (Ethics Commission Filers)		
4 Date 05/08/2024	Garland Lasater 6 Contributor address; City;	and Lasater			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)		
05/08/2024	Molly Lasater Contributor address; City; 3815 Lisbon Street Ste. 203 Fort	250.00			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date 05/08/2024	Full name of contributor out-of-state PAG Jeffrey Kearney Contributor address; City;	State; Zip Code	Amount of contribution (\$) 500 a 00		
Principal occuj	4121 Bunting Ave Fort Wo	Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)		
05/08/2024	Olivia Kearney Contributor address; City; 4121 Bunting Ave Fort Wo	State; Zip Code	500.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see insti				

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: 15/18					
2 FILER NAME HILL, MAC	CY L.	3 Filer ID (Ethics Commission Filers)					
4 Date 05/08/2024	5 Full name of contributor Dennis Shingleton 6 Contributor address; City; State; Zip Code 79 One Main Place Benbrook TX 76126	7 Amount of contribution (\$)					
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	ctions)					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)					
05/08/2024	Cynthia Shingleton Contributor address; City; State; Zip Code 79 One Main Place Benbrook TX 76126	125.00					
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	ctions)					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)					
05/08/2024	Matthew Carter Contributor address; City; State; Zip Code 8451 E. Bankhead Hwy Willowpark TX 76008	250.00					
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ictions)					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)					
Charlie Geren Campaign Contributor address; City; State; Zip Code P.O. Box 1440 Fort Worth TX 76101							
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
	ATTACHARDITIONAL CODIFICATIVIS COLUMNIA DA	NEEDED					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.							

If the requested information is not applicable, DO NOT include this page in the report.						
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 16/18				
2 FILER NAME HILL, MAC	CY L.	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state PAC (ID#:) John McQueeney	7 Amount of contribution (\$)				
05/08/2024	6 Contributor address; City; State; Zip Code 2830 Hulen Street Ste. 360 Fort Worth TX 76109	1,250.00				
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	etions)				
Date	Full name of contributor out-of-state PAC (ID#:) Kathryn McQueeney	Amount of contribution (\$)				
05/08/2024	Contributor address; City; State; Zip Code 2830 Hulen Street Ste. 360 Fort Worth TX 76109	1,250.00				
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)				
05/08/2024	5/08/2024 Myers Law Contributor address; City; State; Zip Code 2525 Ridgemar Blvd. Fort Worth TX 76116					
Principal occuj	pation / Job title (See Instructions) Employer (See Instru	ctions)				
Date	Full name of contributor out-of-state PAC (ID#:) Dick Elkins	Amount of contribution (\$)				
05/09/2024	Contributor address; City; State; Zip Code 5708 Lakeside Drive Fort Worth TX 76179	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.						

If the requested information is not applicable, DO NOT include this page in the report.						
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 17/18				
2 FILER NAME HILL, MAC	CY L.	3 Filer ID (Ethics Commission Filers)				
4 Date 05/09/2024	5 Full name of contributor out-of-state PAC (IDI#:) Craig Kelly 6 Contributor address; City; State; Zlp Code 2108 Indian Creek Dr. Fort Worth TX 76107	7 Amount of contribution (\$)				
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)				
Date	Full name of contributor out-of-state PAC (ID#:) Jason Baldwin	Amount of contribution (\$)				
05/09/2024	Contributor address; City; State; Zip Code 1741 Rio Secco Dr Fort Worth TX 76131	50.00				
Principal occup	eation / Job title (See Instructions) Employer (See Instru	ctions)				
Date 05/09/2024	Full name of contributor out-of-state PAC (IDII:) Mike Moncrief Contributor address; City; State; Zip Code 777 Taylor Street Ste. 1030 Fort Worth TX 76102	Amount of contribution (\$) 125.00				
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ictions)				
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)				
05/09/2024	Rosie Moncrief Contributor address; City; State; Zip Code 777 Taylor Street Ste. 1030 Fort Worth TX 76102	125.00				
Principal occu	pation / Job title (See Instructions) Employer (See Instru	uctions)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS					

If the requested information is not applicable, DO NOT include this page in the report.						
The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 18/18			
2 FILER NAME HILL, MA			3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state P Jason Baldwin	AC (ID#:	7 Amount of contribution (\$)			
06/09/2024	6 Contributor address; City;	State; Zip Code	50.00			
	1741 Rio Secco Dr Fort W	orth TX 76131				
8 Principal occi	upation / Job title (See Instructions)	9 Employer (See Instru	ctions)			
Date	Full name of contributor out-of-state F Accountable Government Fur		Amount of contribution (\$)			
06/20/2024	Contributor address; City;	State; Zip Code	5,000.00			
	430 Old Fitzhugh #7 Dripping S	Springs TX 78620	-,			
Principal occupation / Job title (See Instructions) Employer (See Instru		ctions)				
Date	Full name of contributor out-of-state if	PAC (ID <u>#:</u>	Amount of contribution (\$)			
02/23/2023	Contributor address; City;	State; Zip Code	5,000.00			
	201 Main Street Ste. 2500 For	t Worth TX 76102				
Principal occu	upation / Job title (See Instructions)	Employer (See Instru	uctions)			
Date	Full name of contributor out-of-state	PAC (ID <u>#:</u>	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occi	uctions)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE F1

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

ii tilo requested line	ination is	not applicable, bo NOT I	TOTAL OF ET	no page in the re-			
1		EXPENDITURE CATE	GORIES F	OR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services	Office Overt Polling Exp Printing Exp Salaries/Wa	ense eges/Contract Labor	Solicitation/Fundrais Transportation Equip Travel in District Travel Out Of Distric Other (anter a catego	ment & Related Expense t	
		The Instruction Guide explain	is now to co	implete this form.		0	
1 Total pages Schedule F1: $1/6$	2 FILER N				3 Filer ID (Ethlo	s Commission Filers)	
4 Date	5 Payeena						
01/11/2024	Ray'Lee	Acosta					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
250.00 729 Arledge Street Azle TX 76020							
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Salarie	s/Wages/Contract Lat	oor	Campaign Co	nsultant		
personale and the Manager and Charles	(c)	Check if travel outside of Texas. Complete 5	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
O Complete ONLY If disc-1	33/35//	date / Officeholder name	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Office sought		Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-		The state of the s					
Date	Payee na	ame					
03/18/2024	United 8	States Postal Service					
Amount (\$)	Payee a	ddress;	2 211	City;	State;	Zip Code	
200.00	3101 W	6th Street Fort Worth	TX 761	07			
	Categor	y (See Calegories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Office/	Overhead/Rental		Mailbox			
		Check if travel outside of Texas, Complete	Schedule T.	Check If Aust	in, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held	
Date	Payeer	name					
03/27/2024	Silver F	Fox Steakhouse					
Amount (\$)	Payee a	address;		City;	State;	Zip Code	
178.01	1651 S.	University Dr. Fort W	orth TX	76107			
	Categor	y (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Food/E	Beverage Expense		Constituent M	eal		
		Check if travel outside of Texas. Complete	Schedule T.	Check If Aus	tin, TX, officeholder livi	ng expense	
Complete ONLY if direct expenditure to benefit C/O	71 M O O O O	idate / Officeholder name		Office sought		Office held	
	Δ.	TTACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NE	EDED		

SCHEDULE F1

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

ii iiio roquostou iiiic	Jiii Cation 10	not applicable, 20 no. i.		ne page manara		
		EXPENDITURE CATEO	SORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Conations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Foot/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Exp Salaries/Wi	pense ages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethic	s Commission Filers)
2/6	HILL, MA				•	
4 Date	5 Payeena					
03/28/2024	Café Re			1200		
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
414.30 8640 N. Beach Street Fort Worth TX 76244						
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	everage Expense		Constituent M	leal		
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Aust	in, TX, afficehalder livir	ng expense
9 Complete ONLY if direct expenditure to benefit C/Ol-		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
04/15/2024	Act for	Justice				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
540.00	P.O. Bo	x 1144 Fort Worth TX	76102			
	Categor	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Contribu	tions/Donations Made By Ca	ındidate	Contribution		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Aust	tin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/Oh	75	late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
04/20/2024	Craig G	oldman For Congress	Campa	aign		
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
1,000.00	P.O. Bo	x 100039 Fort Worth	TX 7618	85		
	Categor	(See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	Contribu Candida	tions/Donations Made By te		Contribution		
		Check if travel outside of Texas. Complete S	Schedule T.	Check If Aust	tin, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		date / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

11 110 10 400 10 11						
		EXPENDITURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Overt Polling Expe Printing Exp Salaries/Wa	ense iges/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel in District Travel Out Of Distric Other (enter a catego	ment & Related Expense t
1 Total pages Schedule F1: 3/6	2 FILER N				3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payeens					
04/22/2024	Mellow	Mushroom				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
129.95	3455 Bluebonnet Circle Fort Worth TX 76109					
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/B	everage Expense		Constituent Me	eal	
	(c)	Check if travel outside of Texas. Complete \$	Schedule T.	Check If Austi	n, TX, officeholder living	j expense
9 Complete ONLY if direct expenditure to benefit C/Ol-		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
04/24/2024	River C	rest Country Club				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
585.00	1501 W	estern Ave. Fort Wor	th TX 76	3107		
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Food/E	Beverage Expense		Constituent M	leal	8
		Check if travel outside of Texas. Complete	Schedule T.	Check If Austi	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh		date / Officeholder name		Office sought		Office held
Date	Payeer	name				
04/25/2024	Fort Wo	orth Club				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
84.44	306 W.	7th Street Fort Worth	TX 761	02	<u> </u>	
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Food/B	everage Expense		Constituent Me	eal	
		Check if travel outside of Texas. Complete	Schedule T.	Check If Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
	۸٦	TACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Relmbursement 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)

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nting Expense arles/Wages/Contract Labor w to complete this form.	Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1: $4/6$	2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
04/25/2024	Amazon				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
84.32	410 N. Terry Ave. Seattle WA 98	3109			
8	(a) Category (See Categories listed at the top of this schedu	(b) Description			
PURPOSE	Office/Overhead/Rental	Office Supplie	20		
OF EXPENDITURE	Omos/Ovomodo/Homa	Ollioo Gappi	,5		
	(c) Check if travel outside of Texas. Complete Schedule	eT. Check If Aus!	stin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name	¥	2		
05/03/2024	United States Postal Service				
Amount (\$)	Payee address;	City;	State; Zip Code		
74.99	4600 Mark IV Parkway Fort Wort	h TX 76161			
	Category (See Categories listed at the top of this schedule	Description			
PURPOSE OF EXPENDITURE	Office/Overhead/Rental	Stamps			
	Check if travel outside of Texas. Complete Schedule	a T. Check if Aus!	stin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
05/06/2024	Kincaid's Hamburgers	10.74 <u>1.0004</u>	0.001		
Amount (\$)	Payee address;	City;	State; Zip Code		
69.35	4825 Overton Ridge Blvd Suite 328 Fort Worth TX 76109				
	Category (See Categories listed at the top of this schedule	Description			
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Constituent Me	eal		
	Check if travel outside of Texas. Complete Schedule	eT. Check If Aust	elln, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF T	THIS SCHEDULE AS NE	EDED		

Complete ONLY if direct expenditure to benefit C/OH

Complete ONLY if direct expenditure to benefit C/OH SCHEDULE F1

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

		EXPENDITURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Glift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Travel In District Travel Out Of Distr	pment & Related Expense
1 Total pages Schedule F1: 5/6	2 FILER N				3 Filer ID (Ethi	cs Commission Filers)
4 Date 05/09/2024	5 Payeen	escent Hotel				
4,062.45	7 Payee a 3300 Ca	^{ddress;} amp Bowie Blvd. Fort	t Worth	City; FX 76107	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Campaign Fundraiser			
	(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/Ol	100000000000000000000000000000000000000	date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
05/13/2024	Pacific '	Table				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
359.85	1600 S.	Univeristy Drive Ste	601 For	Worth TX 761	07	
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Food/E	Beverage Expense		Constituent M	1eal	
		Check if travel outside of Texas. Complete	Schedule T.	Check If Aus	lin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held

Date	Payee name			
05/15/2024	Sams Club 5/15/2024 995.51			
Amount (\$)	Payee address;	City;	State;	Zip Code
432.65	2101 SE Simple Savings Dr Benton	ville AR 72712		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense Campaign Fundraiser			
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin,	TX, officeholder living	g expense

Office sought

Candidate / Officeholder name

Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (entera category not listed above)

Credit Card Payment	The instruction Guide explains how to co	omplete this form.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1 Total pages Schedule F1: 6/6	2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee name				
06/12/2024	Grace Huffman				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
4,844.90	504 North Bailey Avenue Fort Worth TX 76107				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Campaign Consultant			
	(c) Checkif travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/Oh	Complete ONLY if direct			Office held	
Date	Payee name				
06/24/2024	Fort Worth Club				
Amount (\$)	Payee address;	City;	State;	Zip Code	
321.27	306 W. 7th Street Fort Worth TX 76102				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Constituent M	leal		
	Check if travel outside of Texas. Complete Schedule T.	Check If Austi	n, TX, officeholder living	expense	
Complete ONLY if direct				Office held	
Date	Payee name				
06/30/2024	Anedot				
Amount (\$)	Payee address;	City;	State;	Zip Code	
1,115.70	1340 Poydras Street Suite 1770 New Orleans LA 70112				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fees	Credit Card Procesing Fee			
	Check if travel outside of Texas, Complete Schedule T.	Check If Austin, TX, officeholder living expense			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					