

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
HILL, MACY L.

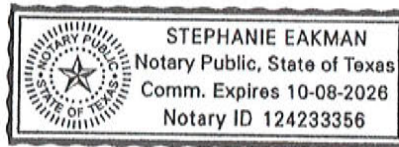
16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 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	\$

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

Macy Hill
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Macy Hill this the 10th day of July, 2024, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Stephanie Eakman

Printed name of officer administering oath: Stephanie Eakman

Title of officer administering oath

OR

(2) Unsworn Declaration

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

My address is _____, _____, _____, _____, _____.

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME HILL, MACY L.		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 68,001.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$ 14,747.18
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
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: 1/18
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 01/09/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Jason Baldwin 6 Contributor address; City; State; Zip Code 1741 Rio Secco Dr Fort Worth TX 76131	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/09/2024	Full name of contributor out-of-state PAC (ID#: _____) Jason Baldwin Contributor address; City; State; Zip Code 1741 Rio Secco Dr Fort Worth TX 76131	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/09/2024	Full name of contributor out-of-state PAC (ID#: _____) Jason Baldwin Contributor address; City; State; Zip Code 1741 Rio Secco Dr Fort Worth TX 76131	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/2024	Full name of contributor out-of-state PAC (ID#: _____) Grace Huffman Contributor address; City; State; Zip Code 504 N. Bailey Fort Worth TX 76107	Amount of contribution (\$) 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.		

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: 2/18
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/05/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Stephen Brauer 6 Contributor address; City; State; Zip Code 4455 Camp Bowie Blvd., Ste. 114 Fort Worth TX 76107	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/06/2024	Full name of contributor out-of-state PAC (ID#: _____) Josh Gregg Contributor address; City; State; Zip Code 1013 Hidden Road Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/09/2024	Full name of contributor out-of-state PAC (ID#: _____) Gregory Bird Contributor address; City; State; Zip Code 640 Taylor Street Ste. 2400 Fort Worth TX 76102	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/09/2024	Full name of contributor out-of-state PAC (ID#: _____) Ralph Duggins Contributor address; City; State; Zip Code 4209 Ridgehaven Court Fort Worth TX 76116	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3/18
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/09/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Jason Baldwin 6 Contributor address; City; State; Zip Code 1741 Rio Secco Dr Fort Worth TX 76131	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/10/2024	Full name of contributor out-of-state PAC (ID#: _____) William Meadows Contributor address; City; State; Zip Code 121 Rivercrest Drive Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/2024	Full name of contributor out-of-state PAC (ID#: _____) Patricia Meadows Contributor address; City; State; Zip Code 121 Rivercrest Drive Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2024	Full name of contributor out-of-state PAC (ID#: _____) Fort Worth Firefighters Contributor address; City; State; Zip Code 3855 Tulsa Way Fort Worth TX 76107	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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: 4/18
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/17/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Mark Magruder 6 Contributor address; City; State; Zip Code 777 Main Street Ste. 600 Fort Worth TX 76102	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/17/2024	Full name of contributor out-of-state PAC (ID#: _____) Shannon McCourt Contributor address; City; State; Zip Code 1601 Western Ave Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/18/2024	Full name of contributor out-of-state PAC (ID#: _____) Terry Montesi Contributor address; City; State; Zip Code 2108 Bradford Park Ct Fort Worth TX 76107	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/18/2024	Full name of contributor out-of-state PAC (ID#: _____) Scott Noles Contributor address; City; State; Zip Code 777 Taylor St. #1126 Fort Worth TX 76102	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5/18
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/18/2024	5 Full name of contributor out-of-state PAC (ID#: _____) FW Harvey Holdings, LLC. 6 Contributor address; City; State; Zip Code P.O. Box 123767 Fort Worth TX 76121	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/19/2024	Full name of contributor out-of-state PAC (ID#: _____) Martha Leonard Contributor address; City; State; Zip Code 1411 Shady Oaks Lane Fort Worth TX 76107	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/20/2024	Full name of contributor out-of-state PAC (ID#: _____) Sally Gavras Contributor address; City; State; Zip Code 1301 Throckmorton St. #2105 Fort Worth TX 76102	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/23/2024	Full name of contributor out-of-state PAC (ID#: _____) David McDavid Contributor address; City; State; Zip Code 3340 Camp Bowie Blvd. Ste. 200 Fort Worth TX 76107	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6/18
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/24/2024	5 Full name of contributor out-of-state PAC (ID#: _____) David Keltner 6 Contributor address; City; State; Zip Code 201 Main Street Ste. 2500 Fort Worth TX 76102	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/25/2024	Full name of contributor out-of-state PAC (ID#: _____) Matthew Farris Contributor address; City; State; Zip Code 8612 Mazzini Ct Flower Mound TX 75022	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/25/2024	Full name of contributor out-of-state PAC (ID#: _____) Stephen Luskey Contributor address; City; State; Zip Code 1120 Shady Oaks Lane Fort Worth TX 76107	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/25/2024	Full name of contributor out-of-state PAC (ID#: _____) Caira Franz Contributor address; City; State; Zip Code PO BOX 310 Llano TX 78643	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7/18
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/25/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson, LLP 6 Contributor address; City; State; Zip Code P.O. Box 17428 Austin TX 78760	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/26/2024	Full name of contributor out-of-state PAC (ID#: _____) Lee Tennison Contributor address; City; State; Zip Code 1221 Broad Avenue Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/29/2024	Full name of contributor out-of-state PAC (ID#: _____) William Landreth, Jr. Contributor address; City; State; Zip Code 3207 W 4th Street Fort Worth TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/30/2024	Full name of contributor out-of-state PAC (ID#: _____) John Goff Contributor address; City; State; Zip Code 500 Commerce Street Ste. 700 Fort Worth TX 76102	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8/18
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 04/30/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Paul Dorman 6 Contributor address; City; State; Zip Code 1300 Shady Oaks Lane Fort Worth TX 76107	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/30/2024	Full name of contributor out-of-state PAC (ID#: _____) Douglas Cook Contributor address; City; State; Zip Code 4720 Lafayette Ave Fort Worth TX 76107	Amount of contribution (\$) 125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/30/2024	Full name of contributor out-of-state PAC (ID#: _____) Gina Cook Contributor address; City; State; Zip Code 4720 Lafayette Ave Fort Worth TX 76107	Amount of contribution (\$) 125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/01/2024	Full name of contributor out-of-state PAC (ID#: _____) Roberta Rossato Contributor address; City; State; Zip Code 4300 Westway Ave Dallas TX 75205	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9/18
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 05/01/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Lee Henderson 6 Contributor address; City; State; Zip Code 1428 Virginia Place Fort Worth TX 76107	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/02/2024	Full name of contributor out-of-state PAC (ID#: _____) Jonathan Cranz Contributor address; City; State; Zip Code 3928 Modlin Avenue Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/03/2024	Full name of contributor out-of-state PAC (ID#: _____) Marianne Auld Contributor address; City; State; Zip Code 201 Main Street Ste. 2500 Fort Worth TX 76102	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/03/2024	Full name of contributor out-of-state PAC (ID#: _____) Victor Agather Contributor address; City; State; Zip Code 409 Rivercrest Drive Fort Worth TX 76107	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10/18
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 05/03/2024	5 Full name of contributor out-of-state PAC (ID#: _____) NCHA's Texas Events PAC 6 Contributor address; City; State; Zip Code 260 Bailey Ave. Fort Worth TX 76107	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/04/2024	Full name of contributor out-of-state PAC (ID#: _____) Michael Ferry Contributor address; City; State; Zip Code 2212 6th Ave Fort Worth TX 76110	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/06/2024	Full name of contributor out-of-state PAC (ID#: _____) Kim Carter Contributor address; City; State; Zip Code 301 Commerce St. Ste. 1600 Fort Worth TX 76102	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/07/2024	Full name of contributor out-of-state PAC (ID#: _____) Skylar O'Neal Contributor address; City; State; Zip Code 2808 Harlanwood Drive Fort Worth TX 76109	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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: 11/18
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 05/07/2024	5 Full name of contributor out-of-state PAC (ID#: _____) L. Allen Hodges, III 6 Contributor address; City; State; Zip Code 306 W. 7th St. Ste. 701 Fort Worth TX 76102	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/07/2024	Full name of contributor out-of-state PAC (ID#: _____) John Aughinbaugh Contributor address; City; State; Zip Code 5608 Byers Ave. Fort Worth TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/07/2024	Full name of contributor out-of-state PAC (ID#: _____) Debra Aughinbaugh Contributor address; City; State; Zip Code 5608 Byers Ave. Fort Worth TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/07/2024	Full name of contributor out-of-state PAC (ID#: _____) Jack Labovitz Contributor address; City; State; Zip Code 2810 Berry Street Fort Worth TX 76109	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12/18
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 05/07/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Good Government Fund	7 Amount of contribution (\$) 2,000.00
6 Contributor address; City; State; Zip Code 201 Main Street Ste. 250 Fort Worth TX 76102		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/07/2024	Full name of contributor out-of-state PAC (ID#: _____) Dee Kelly, Jr.	Amount of contribution (\$) 2,000.00
Contributor address; City; State; Zip Code 5756 Merrymount Rd. Fort Worth TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/08/2024	Full name of contributor out-of-state PAC (ID#: _____) Laken Avonne Rapier	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 605 Edgefield Road Fort Worth TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/08/2024	Full name of contributor out-of-state PAC (ID#: _____) David Eberstein	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 3732 Cresthaven Ter 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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13/18
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 05/08/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Brodie Hyde 6 Contributor address; City; State; Zip Code 1301 Shady Oaks Lane Fort Worth TX 76107	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/08/2024	Full name of contributor out-of-state PAC (ID#: _____) Dustin Austin Contributor address; City; State; Zip Code 700 West Harwood Road Ste. G2 Hurst TX 76054	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/08/2024	Full name of contributor out-of-state PAC (ID#: _____) Mindy Ellmer Contributor address; City; State; Zip Code 200 Congress Ave. Ste. 40FF Austin TX 78701	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/08/2024	Full name of contributor out-of-state PAC (ID#: _____) Jeffrey Kearney Contributor address; City; State; Zip Code 3100 W. 7th Street Ste. 420 Fort Worth TX 76107	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14/18
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 05/08/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Garland Lasater 6 Contributor address; City; State; Zip Code 3815 Lisbon Street Ste. 203 Fort Worth TX 76107	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/08/2024	Full name of contributor out-of-state PAC (ID#: _____) Molly Lasater Contributor address; City; State; Zip Code 3815 Lisbon Street Ste. 203 Fort Worth TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/08/2024	Full name of contributor out-of-state PAC (ID#: _____) Jeffrey Kearney Contributor address; City; State; Zip Code 4121 Bunting Ave Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/08/2024	Full name of contributor out-of-state PAC (ID#: _____) Olivia Kearney Contributor address; City; State; Zip Code 4121 Bunting Ave Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15/18
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 05/08/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Dennis Shingleton 6 Contributor address; City; State; Zip Code 79 One Main Place Benbrook TX 76126	7 Amount of contribution (\$) 125.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/08/2024	Full name of contributor out-of-state PAC (ID#: _____) Cynthia Shingleton Contributor address; City; State; Zip Code 79 One Main Place Benbrook TX 76126	Amount of contribution (\$) 125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/08/2024	Full name of contributor out-of-state PAC (ID#: _____) Matthew Carter Contributor address; City; State; Zip Code 8451 E. Bankhead Hwy Willowpark TX 76008	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/08/2024	Full name of contributor out-of-state PAC (ID#: _____) Charlie Geren Campaign Contributor address; City; State; Zip Code P.O. Box 1440 Fort Worth TX 76101	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16/18
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 05/08/2024	5 Full name of contributor out-of-state PAC (ID#: _____) John McQueeney 6 Contributor address; City; State; Zip Code 2830 Hulen Street Ste. 360 Fort Worth TX 76109	7 Amount of contribution (\$) 1,250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/08/2024	Full name of contributor out-of-state PAC (ID#: _____) Kathryn McQueeney Contributor address; City; State; Zip Code 2830 Hulen Street Ste. 360 Fort Worth TX 76109	Amount of contribution (\$) 1,250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/08/2024	Full name of contributor out-of-state PAC (ID#: _____) Myers Law Contributor address; City; State; Zip Code 2525 Ridgemar Blvd. Fort Worth TX 76116	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/09/2024	Full name of contributor out-of-state PAC (ID#: _____) Dick Elkins Contributor address; City; State; Zip Code 5708 Lakeside Drive Fort Worth TX 76179	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17/18
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 05/09/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Craig Kelly 6 Contributor address; City; State; Zip Code 2108 Indian Creek Dr. Fort Worth TX 76107	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/09/2024	Full name of contributor out-of-state PAC (ID#: _____) Jason Baldwin Contributor address; City; State; Zip Code 1741 Rio Secco Dr Fort Worth TX 76131	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/09/2024	Full name of contributor out-of-state PAC (ID#: _____) Mike Moncrief Contributor address; City; State; Zip Code 777 Taylor Street Ste. 1030 Fort Worth TX 76102	Amount of contribution (\$) 125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/09/2024	Full name of contributor out-of-state PAC (ID#: _____) Rosie Moncrief Contributor address; City; State; Zip Code 777 Taylor Street Ste. 1030 Fort Worth TX 76102	Amount of contribution (\$) 125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18/18
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 06/09/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Jason Baldwin	7 Amount of contribution (\$) 50.00
	6 Contributor address; City; State; Zip Code 1741 Rio Secco Dr Fort Worth TX 76131	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/20/2024	Full name of contributor out-of-state PAC (ID#: _____) Accountable Government Fund	Amount of contribution (\$) 5,000.00
	Contributor address; City; State; Zip Code 430 Old Fitzhugh #7 Dripping Springs TX 78620	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/23/2023	Full name of contributor out-of-state PAC (ID#: _____) Marianne Auld	Amount of contribution (\$) 5,000.00
	Contributor address; City; State; Zip Code 201 Main Street Ste. 2500 Fort Worth TX 76102	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1/6		2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)	
4 Date 01/11/2024		5 Payee name Ray'Lee Acosta			
6 Amount (\$) 250.00		7 Payee address; City; State; Zip Code 729 Arledge Street Azle TX 76020			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Campaign Consultant		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/18/2024		Payee name United States Postal Service			
Amount (\$) 200.00		Payee address; City; State; Zip Code 3101 W 6th Street Fort Worth TX 76107			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office/Overhead/Rental		Description Mailbox		
	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 03/27/2024		Payee name Silver Fox Steakhouse			
Amount (\$) 178.01		Payee address; City; State; Zip Code 1651 S. University Dr. Fort Worth TX 76107			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Constituent Meal		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2/6	2 FILER NAME HILL, MACY L.	3 Filer ID (Ethics Commission Filers)	
4 Date 03/28/2024	5 Payee name Café Republic		
6 Amount (\$) 414.30	7 Payee address; City; State; Zip Code 8640 N. Beach Street Fort Worth TX 76244		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Constituent Meal
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 04/15/2024	Payee name Act for Justice		
Amount (\$) 540.00	Payee address; City; State; Zip Code P.O. Box 1144 Fort Worth TX 76102		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate		Description Contribution
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 04/20/2024	Payee name Craig Goldman For Congress Campaign		
Amount (\$) 1,000.00	Payee address; City; State; Zip Code P.O. Box 100039 Fort Worth TX 76185		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate		Description Contribution
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3/6		2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)	
4 Date 04/22/2024		5 Payee name Mellow Mushroom			
6 Amount (\$) 129.95		7 Payee address; City; State; Zip Code 3455 Bluebonnet Circle Fort Worth TX 76109			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Constituent Meal		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/24/2024		Payee name River Crest Country Club			
Amount (\$) 585.00		Payee address; City; State; Zip Code 1501 Western Ave. Fort Worth TX 76107			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Constituent Meal		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/25/2024		Payee name Fort Worth Club			
Amount (\$) 84.44		Payee address; City; State; Zip Code 306 W. 7th Street Fort Worth TX 76102			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Constituent Meal		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4/6		2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)	
4 Date 04/25/2024		5 Payee name Amazon			
6 Amount (\$) 84.32		7 Payee address; City; State; Zip Code 410 N. Terry Ave. Seattle WA 98109			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office/Overhead/Rental		(b) Description Office Supplies		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 05/03/2024		Candidate / Officeholder name United States Postal Service			
Amount (\$) 74.99		Office sought Office held			
Payee name		Payee address; City; State; Zip Code			
05/03/2024		4600 Mark IV Parkway Fort Worth TX 76161			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office/Overhead/Rental		Description Stamps		
	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					
Date 05/06/2024		Candidate / Officeholder name Kincaid's Hamburgers			
Amount (\$) 69.35		Office sought Office held			
Payee name		Payee address; City; State; Zip Code			
05/06/2024		4825 Overton Ridge Blvd Suite 328 Fort Worth TX 76109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Constituent Meal		
	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					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5/6	2 FILER NAME HILL, MACY L.	3 Filer ID (Ethics Commission Filers)
4 Date 05/09/2024	5 Payee name The Crescent Hotel	
6 Amount (\$) 4,062.45	7 Payee address; City; State; Zip Code 3300 Camp Bowie Blvd. Fort Worth TX 76107	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/13/2024	Payee name Pacific Table	
Amount (\$) 359.85	Payee address; City; State; Zip Code 1600 S. Univeristy Drive Ste 601 Fort Worth TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Constituent Meal
	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 05/15/2024	Payee name Sams Club 5/15/2024 995.51	
Amount (\$) 432.65	Payee address; City; State; Zip Code 2101 SE Simple Savings Dr Bentonville AR 72712	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Campaign Fundraiser
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

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