

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

37

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

MRS.

MACY

L.

NICKNAME

LAST

SUFFIX

HILL

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO BOX 471121

FORT WORTH, TX 76147

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

MS / MRS / MR

FIRST

MI

MRS.

EMILY

NICKNAME

LAST

SUFFIX

CANTEY

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

929 HILLCREST ST.

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

()

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign
treasurer appointment
(Officeholder Only)



July 15



8th day before election



Exceeded Modified
Reporting Limit



Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

07

/

01

/

25

THROUGH

Month

Day

Year

12

/

31

/

25

11 ELECTION

ELECTION DATE

Month

Day

Year

05

/

03

/

25



Primary



Runoff



Other
Description



General



Special

12 OFFICE

OFFICE HELD (if any)

CITY COUNCIL- DISTRICT 7

13 OFFICE SOUGHT (if known)

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME



GENERAL

COMMITTEE ADDRESS



SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
HILL, MACY L.

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 79,400.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 28,254.52
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 267,587.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

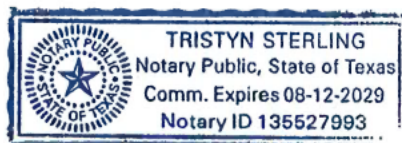
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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 14 day of January

20 26, to certify which, witness my hand and seal of office.

Tristyn Sterling
Signature of officer administering oath

Tristyn Sterling
Printed name of officer administering oath

Notary
Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME HILL, MACY L.		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 79,400.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 28,254.52
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: 1/20**2** FILER NAME

HILL, MACY L.

3 Filer ID (Ethics Commission Filers)**4** Date

04/10/2025

5 Full name of contributor

out-of-state PAC (ID#: C00699157)

Clear Channel Outdoor LLC PAC

6 Contributor address;

City;

State;

Zip Code

2325 E Camelback Rd. Ste 400 Phoenix AZ 85016

7 Amount of contribution (\$)

500.00

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

Date

07/23/2025

Full name of contributor

out-of-state PAC (ID#:

Jason Baldwin

Contributor address;

City;

State;

Zip Code

1741 Rio Secco Drive Fort Worth TX 76131

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/19/2025

Full name of contributor

out-of-state PAC (ID#:

Rhett Bennett

Contributor address;

City;

State;

Zip Code

425 Houston St, Ste. 400 Fort Worth TX 76102

Amount of contribution (\$)

2,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/23/2025

Full name of contributor

out-of-state PAC (ID#:

Jason Baldwin

Contributor address;

City;

State;

Zip Code

1741 Rio Secco Drive Fort Worth TX 76131

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2/20

2 FILER NAME

HILL, MACY L.

3 Filer ID (Ethics Commission Filers)

4 Date

09/05/2025

5 Full name of contributor

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

Bobbie Marshall

6 Contributor address;

City;

State;

Zip Code

8409 Lake Harbor Ct Fort Worth TX 76179

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/05/2025

Full name of contributor

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

Craig Kelly

Contributor address;

City;

State;

Zip Code

5114 Camp Bowie Blvd Fort Worth TX 76107

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/05/2025

Full name of contributor

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

Rosa Navajar

Contributor address;

City;

State;

Zip Code

2121 Fountain Square Dr Fort Worth TX 76107

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/05/2025

Full name of contributor

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

James Rainbolt

Contributor address;

City;

State;

Zip Code

709 Alta Dr. 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.

SCHEDULE A1

The Instruction Guide explains how to complete this form.

3 Filer ID (Ethics Commission Filers)

9 Employer (See Instructions)

Employer (See Instructions)

Employer (See Instructions)

Employer (See Instructions)

Revised 1/1/2025

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: 4/20
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 09/09/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Neils Agather 6 Contributor address; City; State; Zip Code 409 Rivercrest Dr. Fort Worth TX 76107	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/10/2025	Full name of contributor out-of-state PAC (ID#: _____) Robert Benda Contributor address; City; State; Zip Code 608 Paint Pony Trail North Fort Worth TX 76108	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2025	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 (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2025	Full name of contributor out-of-state PAC (ID#: _____) Paxton Motheral Contributor address; City; State; Zip Code 4200 South Hulen Street, Suite 416 Fort Worth TX 76109	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**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: 5/20
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 09/11/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Martha Williams 6 Contributor address; City; State; Zip Code 4705 Harley Ave Fort Worth TX 76107	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/11/2025	Full name of contributor out-of-state PAC (ID#: _____) Reed Pigman Contributor address; City; State; Zip Code 200 Texas Way Fort Worth TX 76106	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2025	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 (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2025	Full name of contributor out-of-state PAC (ID#: _____) Arnold Gachman Contributor address; City; State; Zip Code 1229 Shady Oaks Ln 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: 6/20
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 09/11/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Micahel Mallick 6 Contributor address; City; State; Zip Code 3715 Camp Bowie Blvd Fort Worth TX 76107	7 Amount of contribution (\$) 5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/11/2025	Full name of contributor out-of-state PAC (ID#: _____) Mac Churchill Contributor address; City; State; Zip Code 1200 Shady Oaks Lane Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2025	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 (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2025	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 (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7/20
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 09/12/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Bill Clinkscale 6 Contributor address; City; State; Zip Code 400 Crestwood Dr Fort Worth TX 76107	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/14/2025	Full name of contributor out-of-state PAC (ID#: _____) Caroline Cranz Contributor address; City; State; Zip Code 3928 Modlin Avenue Fort Worth TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/15/2025	Full name of contributor out-of-state PAC (ID#: _____) Melissa Huffman Contributor address; City; State; Zip Code 207 La Jolla Cv Fort Worth TX 76114	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/15/2025	Full name of contributor out-of-state PAC (ID#: _____) R Clay Paslay Contributor address; City; State; Zip Code 209 West 2nd Street Ste 309 Fort Worth TX 76102	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: 8/20**2** FILER NAME

HILL, MACY L.

3 Filer ID (Ethics Commission Filers)**4** Date

09/16/2025

5 Full name of contributor

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

James Parr

6 Contributor address;

City;

State;

Zip Code

5336 Collinwood Ave Fort Worth TX 76107

7 Amount of contribution (\$)**250.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

09/16/2025

Full name of contributor

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

Mehrddad Moayeddi

Contributor address;

City;

State;

Zip Code

1800 Valley View Lane Farmers Branch TX 75234

Amount of contribution (\$)

5,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/16/2025

Full name of contributor

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

Kacey Cornelius

Contributor address;

City;

State;

Zip Code

3916 Bishops Flower Rd Fort Worth TX 76109

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/16/2025

Full name of contributor

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

Jamie McWright

Contributor address;

City;

State;

Zip Code

6508 Abilene Trail Austin TX 78749

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**

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: 9/20
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 09/16/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Kayla Wilkie Kinne 6 Contributor address; City; State; Zip Code 4455 Camp Bowie Blvd Fort Worth TX 76107	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/16/2025	Full name of contributor out-of-state PAC (ID#: _____) Charles Franza Contributor address; City; State; Zip Code PO Box 310 Llano TX 78643	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2025	Full name of contributor out-of-state PAC (ID#: _____) Caira Franza Contributor address; City; State; Zip Code PO Box 310 Llano TX 78643	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Michael Dike Contributor address; City; State; Zip Code 209 Summersby Lane Fort Worth TX 76116	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: 10/20
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 09/17/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Patti Meadows 6 Contributor address; City; State; Zip Code 121 Rivercrest Dr Fort Worth TX 76107	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Bill Meadows Contributor address; City; State; Zip Code 121 Rivercrest Dr Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2025	Full name of contributor out-of-state PAC (ID#: _____) David Walters Contributor address; City; State; Zip Code 1513 Shady Oaks Ln Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Martin Noto Contributor address; City; State; Zip Code 2608 Mandy Way Arlington TX 76017	Amount of contribution (\$) 150.00
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: 11/20
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 09/17/2025	5 Full name of contributor out-of-state PAC (ID#: _____) David Chicotsky 6 Contributor address; City; State; Zip Code 3709 Collinwood Ave Fort Worth TX 76107	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/18/2025	Full name of contributor out-of-state PAC (ID#: _____) Martha Leonard Contributor address; City; State; Zip Code 1411 Shady Oaks Ln Fort Worth TX 76107	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2025	Full name of contributor out-of-state PAC (ID#: _____) Freese & Nichols PAC Contributor address; City; State; Zip Code 4055 International Plaza, Ste. 200 Fort Worth TX 76109	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2025	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)
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: 12/20
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 09/19/2025	5 Full name of contributor out-of-state PAC (ID#: C00107300) American Airlines PAC 6 Contributor address; City; State; Zip Code 1200 17th St. NW, Ste. 400 Washington DC 20036	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 09/22/2025	Full name of contributor out-of-state PAC (ID#: Susan Medina Contributor address; City; State; Zip Code 3613 Washburn Ave, Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 09/22/2025	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 (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 09/22/2025	Full name of contributor out-of-state PAC (ID#: Pape- Dawson Engineers PAC Contributor address; City; State; Zip Code 2000 NW Loop 410 San Antonio TX 78213	Amount of contribution (\$) 750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 13/20

2 FILER NAME

HILL, MACY L.

3 Filer ID (Ethics Commission Filers)

4 Date

09/23/2025

5 Full name of contributor

Brinton Payne

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

6 Contributor address;

City;

State; Zip Code

6321 Juneau Rd, Fort Worth TX 76116

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/23/2025

Full name of contributor

Robert McGee

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

Contributor address;

City;

State; Zip Code

201 Main Street Ste. 1310, Fort Worth TX 76102

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/23/2025

Full name of contributor

Charlie Powell

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

Contributor address;

City;

State; Zip Code

PO BOX 444 Hurst TX 76053

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/24/2025

Full name of contributor

Bill Bailey

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

Contributor address;

City;

State; Zip Code

1324 Thomas Pl Fort Worth TX 76107

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.

SCHEDULE A1

The Instruction Guide explains how to complete this form.

3 Filer ID (Ethics Commission Filers)

7 Amount of contribution (\$)

500.00

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

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Revised 1/1/2025

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: 15/20**2** FILER NAME

HILL, MACY L.

3 Filer ID (Ethics Commission Filers)**4** Date

09/29/2025

5 Full name of contributor

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

Arlie Davenport

6 Contributor address;

City;

State;

Zip Code

4070 Clarke Ave Fort Worth TX 76107

7 Amount of contribution (\$)

250.00

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

Date

09/29/2025

Full name of contributor

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

Rayne Austin

Contributor address;

City;

State;

Zip Code

6263 Halifax Rd Fort Worth TX 76116

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/29/2025

Full name of contributor

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

Lea Payne

Contributor address;

City;

State;

Zip Code

4001 Monticello Drive Fort Worth TX 76107

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/30/2025

Full name of contributor

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

Dustin Austin

Contributor address;

City;

State;

Zip Code

700 W Harwood Dr, Ste G-2 Hurst TX 76054

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: 16/20

2 FILER NAME

HILL, MACY L.

3 Filer ID (Ethics Commission Filers)

4 Date

09/30/2025

5 Full name of contributor

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

Chelsea Griffith

6 Contributor address;

City;

State; Zip Code

3808 Trail Lake Dr, Fort Worth TX 76109

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/30/2025

Full name of contributor

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

Arthur McCoy

Contributor address;

City;

State; Zip Code

1208 Stella St Fort Worth TX 76104

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/30/2025

Full name of contributor

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

Cantey Hanger

Contributor address;

City;

State; Zip Code

600 W 6th Street, Ste. 300 Fort Worth TX 76102

Amount of contribution (\$)

2,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/30/2025

Full name of contributor

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

FW Firefighters Committee for Respon. Gov.

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: 17/20

2 FILER NAME

HILL, MACY L.

3 Filer ID (Ethics Commission Filers)

4 Date

09/30/2025

5 Full name of contributor

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

Elizabeth Garza

6 Contributor address;

City;

State; Zip Code

5321 Northcrest Fort Worth TX 76107

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/30/2025

Full name of contributor

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

Rafael Garza

Contributor address;

City;

State; Zip Code

5321 Northcrest Fort Worth TX 76107

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/30/2025

Full name of contributor

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

Craig Goldman

Contributor address;

City;

State; Zip Code

2300 Winton Terr W Fort Worth TX 76109

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/30/2025

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 (\$)

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.

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: 18/20
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 09/30/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Rebecca Geren 6 Contributor address; City; State; Zip Code 1200 Washtington Ter Fort Worth TX 76107	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/30/2025	Full name of contributor out-of-state PAC (ID#: _____) Preston Geren Contributor address; City; State; Zip Code 1200 Washtington Ter Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2025	Full name of contributor out-of-state PAC (ID#: _____) Rosa Navajar Contributor address; City; State; Zip Code 2121 Fountain Square Dr. Fort Worth TX 76107	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2025	Full name of contributor out-of-state PAC (ID#: _____) Beverly Davis Contributor address; City; State; Zip Code 6808 Oak Hill Drive Fort Worth TX 76132	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: 19/20

2 FILER NAME
HILL, MACY L.

3 Filer ID (Ethics Commission Filers)

4 Date

09/30/2025

5 Full name of contributor

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

Lori Schaeffer

6 Contributor address;

City;

State; Zip Code

2705 Manorwood Trail Fort Worth TX 76109

7 Amount of contribution (\$)

750.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/30/2025

Full name of contributor

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

Ken Schaeffer

Contributor address;

City;

State; Zip Code

2705 Manorwood Trail Fort Worth TX 76109

Amount of contribution (\$)

750.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/30/2025

Full name of contributor

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

Richard Casarez

Contributor address;

City;

State; Zip Code

6900 La Cantera Dr Fort Worth TX 76108

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/01/2025

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1/14		2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)	
4 Date 07/01/2025		5 Payee name Ray'Lee Acosta			
6 Amount (\$) 1,000.00		7 Payee address; City; State; Zip Code 729 Arledge St Azle TX 76020			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Contract Labor for Campaign Services		
	(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 07/07/2025		Payee name Norfleet Strategies			
Amount (\$) 1,500.00		Payee address; City; State; Zip Code 504 W. 12th Street Austin TX 78701			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Campaign Management		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 07/07/2025		Payee name Le Diplomate			
Amount (\$) 509.20		Payee address; City; State; Zip Code 1601 14th Street, NW Washington DC 20009			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Meeting with Constituents		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2/14	2 FILER NAME HILL,MACY L.	3 Filer ID (Ethics Commission Filers)
4 Date 07/09/2025	5 Payee name Bowie House	
6 Amount (\$) 219.44	7 Payee address; City; State; Zip Code 3700 Camp Bowie Blvd, Fort Worth TX 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Meeting with Constituents
	(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 08/01/2025	Payee name Ray'Lee Acosta	
Amount (\$) 1,000.00	Payee address; City; State; Zip Code 729 Arledge St Azle TX 76020	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Contract Labor for Campaign Services
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/02/2025	Payee name Ray'Lee Acosta	
Amount (\$) 1,000.00	Payee address; City; State; Zip Code 729 Arledge St Azle TX 76020	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Contract Labor for Campaign Services
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 3/14		2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)	
4 Date 09/02/2025		5 Payee name Cowtown Republican Women			
6 Amount (\$) 300.00		7 Payee address; P.O. Box 470152 Fort Worth TX 76147 City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate		(b) Description Donation/ Attended on behalf of Campaign		
	(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 09/02/2025		Payee name Norfleet Strategies			
Amount (\$) 1,500.00		Payee address; 504 W. 12th Street Austin TX 78701 City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Campaign Management		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 09/19/2025		Payee name Minuteman Press			
Amount (\$) 92.24		Payee address; 2904 Cullen St Fort Worth TX 76107 City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing		Description Stationary		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS****SCHEDULE F1**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Accounting/Banking

Consulting Expense

Contributions/Donations Made By

Candidate/Officeholder/Political Committee

Credit Card Payment

Event Expense

Fees

Food/Beverage Expense

Gift/Awards/Memorials Expense

Legal Services

Loan Repayment/Reimbursement

Office Overhead/Rental Expense

Polling Expense

Printing Expense

Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel In District

Travel Out Of District

Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4/14	2 FILER NAME HILL, MACY L.	3 Filer ID (Ethics Commission Filers)
4 Date 09/24/2025	5 Payee name Cookies By Design	
6 Amount (\$) 245.00	7 Payee address; City; State; Zip Code 4455 Camp Bowie Blvd Fort Worth TX 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Fundraiser
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/25/2025	Payee name Minuteman Press	
Amount (\$) 6.04	Payee address; City; State; Zip Code 2904 Cullen St Fort Worth TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing	Description Stationary
	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 09/26/2025	Payee name Central Market	
Amount (\$) 454.65	Payee address; City; State; Zip Code 4651 West Fwy Fort Worth TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Event Floral
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 5/14	2 FILER NAME HILL, MACY L.	3 Filer ID (Ethics Commission Filers)
4 Date 10/01/2025	5 Payee name Ray'Lee Acosta	
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 729 Arledge St Azle TX 76020	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Contract Labor for Campaign Services
	(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 10/01/2025	Payee name Staples	
Amount (\$) 24.32	Payee address; City; State; Zip Code 6313 Lake Worth Blvd Lake Worth TX 76135	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office/Overhead/Rental	Description Office Supplies
	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 10/02/2025	Payee name Jeremy Reinhart	
Amount (\$) 150.00	Payee address; City; State; Zip Code 5580 Annie Creek Rd. Fort Worth TX 76126	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Contract Labor for Campaign Services
	Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 6/14	2 FILER NAME HILL, MACY L.	3 Filer ID (Ethics Commission Filers)
4 Date 10/06/2025	5 Payee name Norfleet Strategies	
6 Amount (\$) 1,500.00	7 Payee address; City; State; Zip Code 504 W. 12th Street Austin TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Campaign Management
	(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 10/14/2025	Payee name Starbucks	
Amount (\$) 14.94	Payee address; City; State; Zip Code 1300 Houston St Fort Worth TX 76102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Meeting with Constituents
	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 10/15/2025	Payee name Fast Signs	
Amount (\$) 294.80	Payee address; City; State; Zip Code 5925 Camp Bowie Blvd Fort Worth TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing	Description Campaign Signs
	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		
<div style="text-align: center;"> ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED </div>		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7/14	2 FILER NAME HILL, MACY L.	3 Filer ID (Ethics Commission Filers)
4 Date 10/15/2025	5 Payee name Cowtown Marathon	
6 Amount (\$) 1,035.32	7 Payee address; 3584 S Hills Ave suite 21 Fort Worth TX 76109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate	(b) Description Donation/ Attended on behalf of Campaign
	(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 10/16/2025	Payee name Tom Thumb	
Amount (\$) 17.37	Payee address; 6377 Camp Bowie Blvd Fort Worth TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Water for Community Event
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/16/2025	Payee name Arlington Heights Neighborhood Association	
Amount (\$) 1,000.00	Payee address; PO Box 470692 Fort Worth TX 76147	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate	Description Donation/ Attended on behalf of Campaign
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8/14		2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)	
4 Date 10/17/2025		5 Payee name Flowers On the Square			
6 Amount (\$) 178.61		7 Payee address; City; State; Zip Code 4701 White Settlement Rd. Fort Worth TX 76114			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials		(b) Description Host Gifts		
	(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 10/17/2025		Payee name Fort Worth Club			
Amount (\$) 378.26		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) Event Expense		Description Fundraiser		
	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 10/17/2025		Payee name Fort Worth Club			
Amount (\$) 3,068.70		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) Event Expense		Description Fundraiser		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9/14		2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)	
4 Date 10/31/2025		5 Payee name Ray'Lee Acosta			
6 Amount (\$) 1,000.00		7 Payee address; City; State; Zip Code 729 Arledge St Azle TX 76020			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Contract Labor for Campaign Services		
	(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 11/06/2025		Payee name Norfleet Strategies			
Amount (\$) 1,500.00		Payee address; City; State; Zip Code 504 W. 12th Street Austin TX 78701			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Campaign Management		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 11/13/2025		Payee name Maggie Kelsor			
Amount (\$) 72.00		Payee address; City; State; Zip Code 1621 Clover Lane Fort Worth TX 76107			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Cookies for Community Meeting		
	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					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS****SCHEDULE F1**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 8(a)**Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card PaymentEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10/14		2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)	
4 Date 11/13/2025		5 Payee name River Crest Country Club			
6 Amount (\$) 461.83		7 Payee address; City; State; Zip Code 1501 Western Ave. Fort Worth, TX 76107			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting with Constituents		
	(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 11/14/2025		Payee name Chick-fil-a			
Amount (\$) 326.61		Payee address; City; State; Zip Code 13121 NW Highway 287 Fort Worth TX 76079			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Community Meeting		
	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 11/19/2025		Payee name Ralph's Fort Worth			
Amount (\$) 648.72		Payee address; City; State; Zip Code 3300 Camp Bowie Blvd. Fort Worth TX 76107			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Fundraiser		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11/14		2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)	
4 Date 11/21/2025		5 Payee name Westland Hospitality			
6 Amount (\$) 1,004.99		7 Payee address; City; State; Zip Code 1608 Rogers Rd Fort Worth TX 76107			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Mounted Patrol Luncheon		
	(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 11/24/2025		Payee name Twitter, Inc.			
Amount (\$) 84.00		Payee address; City; State; Zip Code 1355 Market Street, Suite 900 San Francisco CA 94103			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing		Description Subscription		
	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 12/01/2025		Payee name Ray'Lee Acosta			
Amount (\$) 1,000.00		Payee address; City; State; Zip Code 729 Arledge St Azle TX 76020			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Contract Labor for Campaign Services		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12/14	2 FILER NAME HILL, MACY L.	3 Filer ID (Ethics Commission Filers)
4 Date 12/02/2025	5 Payee name Norfleet Strategies	
6 Amount (\$) 1,500.00	7 Payee address; City; State; Zip Code 504 W. 12th Street Austin TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Campaign Management
	(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 12/08/2025	Payee name Eagle Mountain ISD Education Foundation	
Amount (\$) 900.00	Payee address; City; State; Zip Code 1600 Mustang Rock Road Fort Worth TX 76179	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate	Description Donation/ Attended on behalf of Campaign
	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 12/09/2025	Payee name Rachel DeLira	
Amount (\$) 500.00	Payee address; City; State; Zip Code 3208 Riverlakes Drive Hurst TX 76053	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing	Description Campaign Photos
	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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13/14		2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)	
4 Date 12/09/2025		5 Payee name Eagle Mountain ISD Education Foundation			
6 Amount (\$) 150.00		7 Payee address; City; State; Zip Code 1600 Mustang Rock Road Fort Worth TX 76179			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate		(b) Description Donation/ Attended on behalf of Campaign		
	(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 12/17/2025		Payee name Color Game Fort Worth			
Amount (\$) 149.39		Payee address; City; State; Zip Code 4725 Camp Bowie Blvd Fort Worth TX 76107			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials		Description Host Gifts		
	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 12/31/2025		Payee name Anedot			
Amount (\$) 2,364.80		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					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solidification/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14/14	2 FILER NAME HILL, MACY L.	3 Filer ID (Ethics Commission Filers)
4 Date 10/23/2025	5 Payee name Pacific Table	
6 Amount (\$) 103.29	7 Payee address; City; State; Zip Code 1600 S. Univeristy Drive Ste 601 Fort Worth TX 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Meeting with Constituents
	(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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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