

OFFICIAL RECORD

CITY SECRETARY

FT. WORTH, TX

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORTFORM 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 MRS.	FIRST MACY	MI L.	OFFICE USE ONLY		
	NICKNAME	LAST HILL	SUFFIX	Date Received CSO REC'D JAN 14 '26 AM11:52		
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	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS.	FIRST EMILY	MI	Receipt #	Amount \$	
	NICKNAME	LAST CANTEY	SUFFIX	Date Processed Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY, 929 HILLCREST ST.				STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
()						
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 07	Day 01	Year 25	Month 12	Day 31	Year 25
11 ELECTION	ELECTION DATE Month 05 Day 03 Year 25	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> 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.					
Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL	COMMITTEE NAME				
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME HILL, MACY L.	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 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 \$

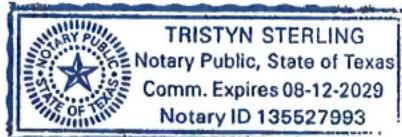
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



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 20, 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.

<p>The Instruction Guide explains how to complete this form.</p>			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 Clear Channel Outdoor LLC PAC	6 Contributor address; 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 Jason Baldwin	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address; 1741 Rio Secco Drive Fort Worth TX 76131		City;	State;
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/19/2025	Full name of contributor Rhett Bennett	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 2,000.00
Contributor address; 425 Houston St, Ste. 400 Fort Worth TX 76102		City;	State;
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/23/2025	Full name of contributor Jason Baldwin	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address; 1741 Rio Secco Drive Fort Worth TX 76131		City;	State;
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 Bobbie Marshall	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 500.00
6 Contributor address; 8409 Lake Harbor Ct Fort Worth TX 76179		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 09/05/2025	Full name of contributor Craig Kelly	out-of-state PAC (ID#:)	Amount of contribution (\$) 500.00
Contributor address; 5114 Camp Bowie Blvd Fort Worth TX 76107		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/05/2025	Full name of contributor Rosa Navajar	out-of-state PAC (ID#:)	Amount of contribution (\$) 500.00
Contributor address; 2121 Fountain Square Dr Fort Worth TX 76107		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/05/2025	Full name of contributor James Rainbolt	out-of-state PAC (ID#:)	Amount of contribution (\$) 1,000.00
Contributor address; 709 Alta Dr. Fort Worth TX 76107		City; State; Zip Code	
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: 3/20		
2 FILER NAME HILL, MACY L.		
4 Date 09/05/2025	5 Full name of contributor Gloria Moncrief 6 Contributor address; 420 Throckmorton St, Ste. 550 Fort Worth TX 76102	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 Steve Brauer Contributor address; 4455 Camp Bowie Blvd STE 114 Fort Worth TX 76107	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/07/2025	Full name of contributor Lance Byrd Contributor address; 1635 Rogers Road Fort Worth TX 76107	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/08/2025	Full name of contributor Jim Dunaway Contributor address; 500 Alta Dr Fort Worth TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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 Neils Agather	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 2,500.00
6 Contributor address; 409 Rivercrest Dr. Fort Worth TX 76107		City;	State; Zip Code
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 09/10/2025	Full name of contributor Robert Benda	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
Contributor address; 608 Paint Pony Trail North Fort Worth TX 76108		City;	State; Zip Code
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/11/2025	Full name of contributor Scott Noles	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00
Contributor address; 777 Taylor St, 1126 Fort Worth TX 76102		City;	State; Zip Code
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/11/2025	Full name of contributor Paxton Motheral	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250.00
Contributor address; 4200 South Hulen Street, Suite 416 Fort Worth TX 76109		City;	State; Zip Code
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 Martha Williams	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 250.00
6 Contributor address; 4705 Harley Ave Fort Worth TX 76107		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 09/11/2025	Full name of contributor Reed Pigman	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00
Contributor address; 200 Texas Way Fort Worth TX 76106		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/11/2025	Full name of contributor John Aughinbaugh	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
Contributor address; 5608 Byers Ave Fort Worth TX 76107		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/11/2025	Full name of contributor Arnold Gachman	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
Contributor address; 1229 Shady Oaks Ln Fort Worth TX 76107		City; State; Zip Code	
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 Micahel Mallick	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 5,000.00
6 Contributor address; 3715 Camp Bowie Blvd		City; Fort Worth	State; TX Zip Code
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 09/11/2025	Full name of contributor Mac Churchill	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
Contributor address; 1200 Shady Oaks Lane		City; Fort Worth	State; TX Zip Code
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/11/2025	Full name of contributor Mike Moncrief	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address; 777 Taylor Street, Ste. 1030		City; Fort Worth	State; TX Zip Code
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/11/2025	Full name of contributor Rosie Moncrief	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address; 777 Taylor Street, Ste. 1030		City; Fort Worth	State; TX Zip Code
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 Bill Clinkscale	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 500.00
6 Contributor address; 400 Crestwood Dr		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 09/14/2025	Full name of contributor Caroline Cranz	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250.00
Contributor address; 3928 Modlin Avenue		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/15/2025	Full name of contributor Melissa Huffman	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
Contributor address; 207 La Jolla Cv		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/15/2025	Full name of contributor R Clay Paslay	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 5,000.00
Contributor address; 209 West 2nd Street Ste 309		City; State; Zip Code	
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 James Parr	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 250.00
6 Contributor address; 5336 Collinwood Ave Fort Worth TX 76107		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 09/16/2025	Full name of contributor Mehrdad Moayedi	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 5,000.00
Contributor address; 1800 Valley View Lane Farmers Branch TX 75234		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/16/2025	Full name of contributor Kacey Cornelius	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250.00
Contributor address; 3916 Bishops Flower Rd Fort Worth TX 76109		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/16/2025	Full name of contributor Jamie McWright	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250.00
Contributor address; 6508 Abilene Trail Austin TX 78749		City; State; Zip Code	
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 Kayla Wilkie Kinne	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 1,000.00
6 Contributor address; 4455 Camp Bowie Blvd Fort Worth TX 76107		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 09/16/2025	Full name of contributor Charles Franz	out-of-state PAC (ID#:)	Amount of contribution (\$) 500.00
Contributor address; PO Box 310 Llano TX 78643		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/16/2025	Full name of contributor Caira Franz	out-of-state PAC (ID#:)	Amount of contribution (\$) 500.00
Contributor address; PO Box 310 Llano TX 78643		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/17/2025	Full name of contributor Michael Dike	out-of-state PAC (ID#:)	Amount of contribution (\$) 500.00
Contributor address; 209 Summersby Lane Fort Worth TX 76116		City; State; Zip Code	
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 Patti Meadows	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 500.00
6 Contributor address; 121 Rivercrest Dr		City; State; Zip Code Fort Worth TX 76107	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 09/17/2025	Full name of contributor Bill Meadows	out-of-state PAC (ID#:)	Amount of contribution (\$) 500.00
Contributor address; 121 Rivercrest Dr		City; State; Zip Code Fort Worth TX 76107	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/17/2025	Full name of contributor David Walters	out-of-state PAC (ID#:)	Amount of contribution (\$) 500.00
Contributor address; 1513 Shady Oaks Ln		City; State; Zip Code Fort Worth TX 76107	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/17/2025	Full name of contributor Martin Noto	out-of-state PAC (ID#:)	Amount of contribution (\$) 150.00
Contributor address; 2608 Mandy Way		City; State; Zip Code Arlington TX 76017	
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 David Chicotsky	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 1,000.00
6 Contributor address: 3709 Collinwood Ave Fort Worth TX 76107		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 09/18/2025	Full name of contributor Martha Leonard	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 2,500.00
Contributor address: 1411 Shady Oaks Ln Fort Worth TX 76107		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/18/2025	Full name of contributor Freese & Nichols PAC	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
Contributor address: 4055 International Plaza, Ste. 200 Fort Worth TX 76109		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/19/2025	Full name of contributor Stephen Luskey	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00
Contributor address: 1120 Shady Oaks Lane Fort Worth TX 76107		City; State; Zip Code	
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 American Airlines PAC 6 Contributor address; 1200 17th St. NW, Ste. 400 Washington DC 20036	out-of-state PAC (ID#: C00107300) City; State; Zip Code	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 Susan Medina Contributor address; 3613 Washburn Ave, Fort Worth TX 76107	out-of-state PAC (ID#:) City; State; Zip Code	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/22/2025	Full name of contributor Sally Gavras Contributor address; 1301 Throckmorton St. #2105 Fort Worth TX 76102	out-of-state PAC (ID#:) City; State; Zip Code	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/22/2025	Full name of contributor Pape- Dawson Engineers PAC Contributor address; 2000 NW Loop 410 San Antonio TX 78213	out-of-state PAC (ID#:) City; State; Zip Code	Amount of contribution (\$) 750.00
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: 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#: _____)	7 Amount of contribution (\$) 250.00
6 Contributor address; 6321 Juneau Rd, Fort Worth TX 76116			City; _____ State; _____ Zip Code _____
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#: _____)	Amount of contribution (\$) 500.00
Contributor address; 201 Main Street Ste. 1310, Fort Worth TX 76102			City; _____ State; _____ Zip Code _____
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/23/2025	Full name of contributor Charlie Powell	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250.00
Contributor address; PO BOX 444 Hurst TX 76053			City; _____ State; _____ Zip Code _____
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/24/2025	Full name of contributor Bill Bailey	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 200.00
Contributor address; 1324 Thomas PI Fort Worth TX 76107			City; _____ State; _____ Zip Code _____
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: 14/20
2 FILER NAME HILL, MACY L.			3 Filer ID (Ethics Commission Filers)
4 Date 09/24/2025	5 Full name of contributor Thad Brundett	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 500.00
6 Contributor address; PO Box 472085		City; Fort Worth	State; TX Zip Code 76147
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 09/27/2025	Full name of contributor Dee Kelly, Jr.	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 2,500.00
Contributor address; 5756 Merrymount Rd		City; Fort Worth	State; TX Zip Code 76107
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/28/2025	Full name of contributor Gustavo Pena	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 150.00
Contributor address; 5317 Benbridge Dr		City; Fort Worth	State; TX Zip Code 76107
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/29/2025	Full name of contributor Charlie Royer	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
Contributor address; 1908 Merrick St		City; Fort Worth	State; TX Zip Code 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**

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

<p>The Instruction Guide explains how to complete this form.</p>			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 Arlie Davenport	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 250.00
6 Contributor address; 4070 Clarke Ave Fort Worth TX 76107		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 09/29/2025	Full name of contributor Rayne Austin	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250.00
Contributor address; 6263 Halifax Rd Fort Worth TX 76116		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/29/2025	Full name of contributor Lea Payne	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250.00
Contributor address; 4001 Monticello Drive Fort Worth TX 76107		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2025	Full name of contributor Dustin Austin	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 5,000.00
Contributor address; 700 W Harwood Dr, Ste G-2 Hurst TX 76054		City; State; Zip Code	
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 Chelsea Griffith	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 250.00
6 Contributor address; 3808 Trail Lake Dr, Fort Worth TX 76109		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 09/30/2025	Full name of contributor Arthur McCoy	out-of-state PAC (ID#:)	Amount of contribution (\$) 250.00
Contributor address; 1208 Stella St Fort Worth TX 76104		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2025	Full name of contributor Cantey Hanger	out-of-state PAC (ID#:)	Amount of contribution (\$) 2,500.00
Contributor address; 600 W 6th Street, Ste. 300 Fort Worth TX 76102		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2025	Full name of contributor FW Firefighters Committee for Respon. Gov.	out-of-state PAC (ID#:)	Amount of contribution (\$) 5,000.00
Contributor address; 3855 Tulsa Way Fort Worth TX 76107		City; State; Zip Code	
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 Elizabeth Garza	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 250.00
6 Contributor address; 5321 Northcrest Fort Worth TX 76107		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 09/30/2025	Full name of contributor Rafael Garza	out-of-state PAC (ID#:)	Amount of contribution (\$) 250.00
Contributor address; 5321 Northcrest Fort Worth TX 76107		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2025	Full name of contributor Craig Goldman	out-of-state PAC (ID#:)	Amount of contribution (\$) 500.00
Contributor address; 2300 Winton Terr W Fort Worth TX 76109		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2025	Full name of contributor Marianne Auld	out-of-state PAC (ID#:)	Amount of contribution (\$) 2,500.00
Contributor address; 201 Main Street, Ste. 2500 Fort Worth TX 76102		City; State; Zip Code	
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 Rebecca Geren	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 500.00
	6 Contributor address; 1200 Washington Ter Fort Worth TX 76107	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 09/30/2025	Full name of contributor Preston Geren	out-of-state PAC (ID#:)	Amount of contribution (\$) 500.00
	Contributor address; 1200 Washington Ter Fort Worth TX 76107	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2025	Full name of contributor Rosa Navajar	out-of-state PAC (ID#:)	Amount of contribution (\$) 1,000.00
	Contributor address; 2121 Fountain Square Dr. Fort Worth TX 76107	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2025	Full name of contributor Beverly Davis	out-of-state PAC (ID#:)	Amount of contribution (\$) 500.00
	Contributor address; 6808 Oak Hill Drive Fort Worth TX 76132	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE IF NEEDED.

If a 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 Lori Schaeffer	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 750.00
6 Contributor address; 2705 Manorwood Trail		City: Fort Worth TX 76109	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 09/30/2025	Full name of contributor Ken Schaeffer	out-of-state PAC (ID#:)	Amount of contribution (\$) 750.00
Contributor address; 2705 Manorwood Trail		City: Fort Worth TX 76109	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2025	Full name of contributor Richard Casarez	out-of-state PAC (ID#:)	Amount of contribution (\$) 250.00
Contributor address; 6900 La Cantera Dr		City: Fort Worth TX 76108	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/01/2025	Full name of contributor Cynthia Shingleton	out-of-state PAC (ID#:)	Amount of contribution (\$) 125.00
Contributor address; 79 One Main Place		City: Benbrook TX 76126	
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: 20/20
2 FILER NAME HILL, MACY L.			3 Filer ID (Ethics Commission Filers)
4 Date 10/01/2025	5 Full name of contributor Dennis Shingleton	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 125.00
	6 Contributor address; 79 One Main Place Benbrook TX 76126	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 10/01/2025	Full name of contributor Janie Harper	out-of-state PAC (ID#:)	Amount of contribution (\$) 250.00
	Contributor address; 4707 Washburn Avenue Fort Worth TX 76107	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/08/2025	Full name of contributor Lockheed Martin Employees' PAC	out-of-state PAC (ID#: C00303024.....)	Amount of contribution (\$) 1,000.00
	Contributor address; 2121 Crystal Drive, Ste. 100 Arlington VA 22202	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/06/2025	Full name of contributor Mike Berry	out-of-state PAC (ID#:)	Amount of contribution (\$) 2,500.00
	Contributor address; 6217 Genoa Road Fort Worth TX 76116	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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; 729 Arledge St Azle TX 76020	City; State; Zip Code	
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; 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 07/07/2025	Payee name Le Diplomate		
Amount (\$) 509.20	Payee address; 1601 14th Street, NW Washington DC 20009	City; State; Zip Code	
 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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; 3700 Camp Bowie Blvd, Fort Worth TX 76107	City; State; Zip Code	
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; 729 Arledge St Azle TX 76020	City; State; Zip Code	
 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; 729 Arledge St Azle TX 76020	City; State; Zip Code	
 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	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

The Instruction Guide explains how to complete this form.

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; 4455 Camp Bowie Blvd Fort Worth TX 76107	City; State; Zip Code	
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; 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
Date 09/26/2025	Payee name Central Market		
Amount (\$) 454.65	Payee address; 4651 West Fwy Fort Worth TX 76107	City;	State; Zip Code
 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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; 729 Arledge St Azle TX 76020	City; State; Zip Code	
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 10/01/2025	Payee name Staples		
Amount (\$) 24.32	Payee address; 6313 Lake Worth Blvd Lake Worth TX 76135	City;	State; Zip Code
 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 <u>ONLY</u> 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; 5580 Annie Creek Rd. Fort Worth TX 76126	City;	State; Zip Code
 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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; 504 W. 12th Street Austin TX 78701	City: _____ State: _____ Zip Code _____		
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		Candidate / Officeholder name _____	Office sought _____	Office held _____
Date 10/14/2025	Payee name Starbucks			
Amount (\$) 14.94	Payee address; 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		Candidate / Officeholder name _____	Office sought _____	Office held _____
Date 10/15/2025	Payee name Fast Signs			
Amount (\$) 294.80	Payee address; 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		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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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	City; State; Zip Code
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
	Candidate / Officeholder name Office sought Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/16/2025	Payee name Tom Thumb	
Amount (\$) 17.37	Payee address; 6377 Camp Bowie Blvd Fort Worth TX 76107	City; State; Zip Code
 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
	Candidate / Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/16/2025	Payee name Arlington Heights Neighborhood Association	
Amount (\$) 1,000.00	Payee address; PO Box 470692 Fort Worth TX 76147	City; State; Zip Code
 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
	Candidate / Officeholder name Office sought Office held	
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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; 4701 White Settlement Rd. Fort Worth TX 76114	City; State; Zip Code	
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; 306 W. 7th Street Fort Worth TX 76102	City; State; Zip Code	
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; 306 W. 7th Street Fort Worth TX 76102	City; State; Zip Code	
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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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; 729 Arledge St Azle TX 76020	City; State; Zip Code	
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 11/06/2025	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 11/13/2025	Payee name Maggie Kelsor		
Amount (\$) 72.00	Payee address; 1621 Clover Lane Fort Worth TX 76107	City; State; Zip Code	
 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		Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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; 1501 Western Ave. Fort Worth, TX 76107	City; State; Zip Code	
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; 13121 NW Highway 287 Fort Worth TX 76079	City;	State; Zip Code
 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; 3300 Camp Bowie Blvd. Fort Worth TX 76107	City;	State; Zip Code
 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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; 1608 Rogers Rd Fort Worth TX 76107	City; State; Zip Code	
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		Candidate / Officeholder name Office sought Office held	
Date 11/24/2025	Payee name Twitter, Inc.		
Amount (\$) 84.00	Payee address; 1355 Market Street, Suite 900 San Francisco CA 94103	City; State; Zip Code	
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		Candidate / Officeholder name Office sought Office held	
Date 12/01/2025	Payee name Ray'Lee Acosta		
Amount (\$) 1,000.00	Payee address; 729 Arledge St Azle TX 76020	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Contract Labor for Campaign Services	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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; 504 W. 12th Street Austin TX 78701	City; State; Zip Code	
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	Candidate / Officeholder name	Office sought	Office held
Date 12/08/2025	Payee name Eagle Mountain ISD Education Foundation		
Amount (\$) 900.00	Payee address; 1600 Mustang Rock Road Fort Worth TX 76179	City; State; Zip Code	
 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 <u>ONLY</u> 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; 3208 Riverlakes Drive Hurst TX 76053	City; State; Zip Code	
 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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; 1600 Mustang Rock Road Fort Worth TX 76179	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 12/17/2025	Payee name Color Game Fort Worth		
Amount (\$) 149.39	Payee address; 4725 Camp Bowie Blvd Fort Worth TX 76107	City; State; Zip Code	
 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	Candidate / Officeholder name	Office sought	Office held
Date 12/31/2025	Payee name Anedot		
Amount (\$) 2,364.80	Payee address; 1340 Poydras Street Suite 1770 New Orleans LA 70112	City; State; Zip Code	
 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
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	Solidation/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 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; 1600 S. University Drive Ste 601 Fort Worth TX 76107	City: _____ State: _____ Zip Code		
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. _____			
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 _____
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				