

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 49								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MRS. MACY L. NICKNAME LAST SUFFIX HILL	OFFICE USE ONLY Date Received <div style="text-align: center; color: blue; font-weight: bold;">CSO REC'D APR 3 '25 AM 11:02</div> Date Hand-delivered or Date Postmarked <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Receipt #</td> <td style="width:50%; border: none;">Amount \$</td> </tr> <tr> <td colspan="2" style="border: none;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: none;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged			
Receipt #	Amount \$										
Date Processed											
Date Imaged											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE <div style="background-color: black; height: 30px; width: 100%;"></div>										
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; height: 30px; width: 100%;"></div>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. LEONARD NICKNAME LAST SUFFIX FIRESTONE										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE 4936 COLLINWOOD AVE. FORT WORTH, TX 76107										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ()										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" 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)
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10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">1 / 1 / 25</td> <td></td> <td style="text-align: center;">3 / 24 / 25</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	1 / 1 / 25		3 / 24 / 25		
Month Day Year	THROUGH	Month Day Year									
1 / 1 / 25		3 / 24 / 25									
11 ELECTION	<table style="width:100%; border: none;"> <tr> <td style="width:30%;"> ELECTION DATE Month Day Year 5 / 3 / 25 </td> <td style="width:70%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year 5 / 3 / 25	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special						
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12 OFFICE	OFFICE HELD (if any) OFFICE SOUGHT (if known) CITY COUNCIL- DISTRICT 7 CITY COUNCIL-DISTRICT 7										
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	<p style="font-size: small;">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.</p> <table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none; vertical-align: top;"> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td style="border: none;"> <table style="width:100%; border: none;"> <tr><td style="border: none;">COMMITTEE NAME</td></tr> <tr><td style="border: none;">COMMITTEE ADDRESS</td></tr> <tr><td style="border: none;">COMMITTEE CAMPAIGN TREASURER NAME</td></tr> <tr><td style="border: none;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td></tr> </table> </td> </tr> </table>			COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	<table style="width:100%; border: none;"> <tr><td style="border: none;">COMMITTEE NAME</td></tr> <tr><td style="border: none;">COMMITTEE ADDRESS</td></tr> <tr><td style="border: none;">COMMITTEE CAMPAIGN TREASURER NAME</td></tr> <tr><td style="border: none;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td></tr> </table>	COMMITTEE NAME	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS		
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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)	\$ 162,042.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 30,991.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 214,332.39
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 L Hill
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Macy L Hill this the 3rd day of April, 2025, to certify which, witness my hand and seal of office.

Renee Trahey Hicks Renee Trahey Hicks
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 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	\$ 148,500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 13,542.86
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 30,991.07
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: 34
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 01/03/2025	5 Full name of contributor out-of-state PAC (ID#: Craig Kelly 6 Contributor address; City; State; Zip Code 2108 Indian Creek Fort Worth TX 76107	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor out-of-state PAC (ID#: Randy Hiley Contributor address; City; State; Zip Code 417 Rivercrest Fort Worth TX 76107	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/03/2025	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 01/03/2025	Full name of contributor out-of-state PAC (ID#: Victor Boschini Contributor address; City; State; Zip Code 3100 Avondale Ave Fort Worth TX 76109	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**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 34
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 01/03/2025	5 Full name of contributor out-of-state PAC (ID#: David M. Porter 6 Contributor address; City; State; Zip Code 1110 Broad Ave Fort Worth TX 76107	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/03/2025	Full name of contributor out-of-state PAC (ID#: Barbara M. Williams Contributor address; City; State; Zip Code 408 Virgina Place Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2025	Full name of contributor out-of-state PAC (ID#: Preston Moore Contributor address; City; State; Zip Code 3902 Lennox Dr Fort Worth TX 76107	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2025	Full name of contributor out-of-state PAC (ID#: John Needham Contributor address; City; State; Zip Code 2204 Lake Austin Blvd Austin TX 78703	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2025	5 Full name of contributor Matthew Farris <small>out-of-state PAC (ID# _____)</small> 6 Contributor address; City; State; Zip Code 2812 Marquita Drive Fort Worth TX 76116	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/05/2025	Full name of contributor Sarah Lancarte <small>out-of-state PAC (ID# _____)</small> Contributor address; City; State; Zip Code 4117 W Seventh St Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2025	Full name of contributor Lea Payne <small>out-of-state PAC (ID# _____)</small> Contributor address; City; State; Zip Code 4001 Monticello Dr Fort Worth TX 76107	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/06/2025	Full name of contributor Stephen Brauer <small>out-of-state PAC (ID# _____)</small> Contributor address; City; State; Zip Code 4455 Camp Bowie Blvd, Ste. 114 Fort Worth TX 76107	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 01/06/2025	5 Full name of contributor out-of-state PAC (ID#: Charlie Geren 6 Contributor address; City; State; Zip Code PO Box 1440 Fort Worth TX 76101	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/06/2025	Full name of contributor out-of-state PAC (ID#: Margo Bush Contributor address; City; State; Zip Code 304 Virginia Place Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/06/2025	Full name of contributor out-of-state PAC (ID#: Rebeca Yow Contributor address; City; State; Zip Code 1216 Washington Terrace Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/07/2025	Full name of contributor out-of-state PAC (ID#: Ardon Moore Contributor address; City; State; Zip Code 201 Main Street, Ste. 3200 Fort Worth TX 76102	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

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2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 01/07/2025	5 Full name of contributor Iris Moore out-of-state PAC (ID#: 6 Contributor address; 201 Main Street, Ste. 3200 Fort Worth TX 76102 City; State; Zip Code	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/07/2025	Full name of contributor Walker Friedman out-of-state PAC (ID#: Contributor address; 421 Ridgewood Rd Fort Worth TX 76107 City; State; Zip Code	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/07/2025	Full name of contributor Jo Ellard out-of-state PAC (ID#: Contributor address; PO Box 218 Addison TX 75001 City; State; Zip Code	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/07/2025	Full name of contributor Stacie McDavid out-of-state PAC (ID#: Contributor address; 3340 Camp Bowie Blvd. Ste. 200 Fort Worth TX 76107 City; State; Zip Code	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.		

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2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 01/07/2025	5 Full name of contributor out-of-state PAC (ID# _____) Robert Ginsburg 6 Contributor address; City; State; Zip Code 777 Main Street, Ste. 2700 Fort Worth TX 76102	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/07/2025	Full name of contributor out-of-state PAC (ID# _____) Caroline Cranz Contributor address; City; State; Zip Code 3928 Modlin Ave Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/07/2025	Full name of contributor out-of-state PAC (ID# _____) William 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 01/07/2025	Full name of contributor out-of-state PAC (ID# _____) Patricia 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)
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2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 01/08/2025	5 Full name of contributor out-of-state PAC (ID# _____) Mike Moncrief 6 Contributor address; City; State; Zip Code 777 Taylor Street, Ste. 1030 Fort Worth TX 76102	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/08/2025	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 (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/08/2025	Full name of contributor out-of-state PAC (ID# _____) Lee Bass Contributor address; City; State; Zip Code 201 Main Street, Ste. 2700 Fort Worth TX 76102	Amount of contribution (\$) 1,250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/08/2025	Full name of contributor out-of-state PAC (ID# _____) Ramona Bass Contributor address; City; State; Zip Code 201 Main Street, Ste. 2700 Fort Worth TX 76102	Amount of contribution (\$) 1,250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 01/08/2025	5 Full name of contributor out-of-state PAC (ID# _____) Bernard Malone III 6 Contributor address; City; State; Zip Code 717 Westview Ave Fort Worth TX 76107	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/08/2025	Full name of contributor out-of-state PAC (ID# _____) Josh Gregg Contributor address; City; State; Zip Code 1013 Hidden Rd Fort Worth TX 76107	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/08/2025	Full name of contributor out-of-state PAC (ID# _____) Will Rodgers Contributor address; City; State; Zip Code 3230 Camp Bowie Blvd, Ste. 300 Fort Worth TX 76107	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/08/2025	Full name of contributor out-of-state PAC (ID# _____) Good Government Fund Contributor address; City; State; Zip Code 201 Main Street, Ste 250 Fort Worth TX 76102	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date 01/08/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Steve Brauer 6 Contributor address; City; State; Zip Code 4455 Camp Bowie Blvd, Ste. 114 Fort Worth TX 76107	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/09/2025	Full name of contributor out-of-state PAC (ID#: _____) Jason Baldwin Contributor address; City; State; Zip Code 1741 Rio Secco Dr Fort Worth TX 76131	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/09/2025	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 01/12/2025	Full name of contributor out-of-state PAC (ID#: _____) Chris Gavras Contributor address; City; State; Zip Code 1301 Throckmorton St, #2105 Fort Worth TX 76102	Amount of contribution (\$) 125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date 01/12/2025	5 Full name of contributor out-of-state PAC (ID#: Sally Gavras 6 Contributor address; City; State; Zip Code 1301 Throckmorton St, #2105 Fort Worth TX 76102	7 Amount of contribution (\$) 125.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/12/2025	Full name of contributor out-of-state PAC (ID#: Jim Dunaway Contributor address; City; State; Zip Code 500 Alta Dr Fort Worth TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2025	Full name of contributor out-of-state PAC (ID#: David Keltner Contributor address; City; State; Zip Code 201 Main Street, #2500 Fort Worth TX 76012	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/13/2025	Full name of contributor out-of-state PAC (ID#: Accountable Government Fund Contributor address; City; State; Zip Code 430 Old Fitzhugh #7 Dripping Springs TX 78620	Amount of contribution (\$) 10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 01/13/2025	5 Full name of contributor out-of-state PAC (ID# _____) Hyde Land & Royalty, LLC 6 Contributor address; City; State; Zip Code 6300 Ridglea Place, Ste 1018 Fort Worth TX 76116	7 Amount of contribution (\$) 5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/13/2025	Full name of contributor out-of-state PAC (ID# _____) Jenny Rosell Contributor address; City; State; Zip Code 3808 Aviemore Dr Fort Worth TX 76109	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/13/2025	Full name of contributor out-of-state PAC (ID# _____) Andrew Rosell Contributor address; City; State; Zip Code 3808 Aviemore Dr Fort Worth TX 76109	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/13/2025	Full name of contributor out-of-state PAC (ID# _____) Marianne Auld Contributor address; City; State; Zip Code 201 Main Street, #2500 Fort Worth TX 76102	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 34
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 01/13/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Dick Elkins 6 Contributor address; City; State; Zip Code 5708 Lakeside Drive Fort Worth TX 76179	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/14/2025	Full name of contributor out-of-state PAC (ID#: _____) Junita Skaggs Contributor address; City; State; Zip Code 3800 Monticello Drive Fort Worth TX 76107	Amount of contribution (\$) 125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/14/2025	Full name of contributor out-of-state PAC (ID#: _____) Roy Browning, Jr Contributor address; City; State; Zip Code 3800 Monticello Drive Fort Worth TX 76107	Amount of contribution (\$) 125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/14/2025	Full name of contributor out-of-state PAC (ID#: _____) Fort Worth Firefighters Committee for Responsible Government 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**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 34
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 01/14/2025	5 Full name of contributor out-of-state PAC (ID#: Mark Magruder 6 Contributor address; City; State; Zip Code 777 Main Street, #600 Fort Worth TX 76102	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/14/2025	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 (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/15/2025	Full name of contributor out-of-state PAC (ID#: Andrew Schatte Contributor address; City; State; Zip Code 5336 Montrose Blvd Houston TX 77005	Amount of contribution (\$) 1,250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/25/2025	Full name of contributor out-of-state PAC (ID#: Annette Schatte Contributor address; City; State; Zip Code 5336 Montrose Blvd Houston TX 77005	Amount of contribution (\$) 1,250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 34
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 01/15/2025	5 Full name of contributor out-of-state PAC (ID#: Eric Fox 6 Contributor address; City; State; Zip Code 3513 Overton Park Dr E Fort Worth TX 76109	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/15/2025	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)
Date 01/15/2025	Full name of contributor out-of-state PAC (ID#: Ronald Goldman Contributor address; City; State; Zip Code 1880 Hulen St Fort Worth TX 76107	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/16/2025	Full name of contributor out-of-state PAC (ID#: Neils Agather Contributor address; City; State; Zip Code 409 Rivercrest Drive Fort Worth TX 76107	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 34
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 01/16/2025	5 Full name of contributor out-of-state PAC (ID#: Dee J Kelly Jr. 6 Contributor address; City; State; Zip Code 5756 Merrymount Rd. Fort Worth TX 76107	7 Amount of contribution (\$) 1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/16/2025	Full name of contributor out-of-state PAC (ID#: Lee Tennison Contributor address; City; State; Zip Code 1221 Broad Ave Fort Worth TX 76107	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/16/2025	Full name of contributor out-of-state PAC (ID#: Berry Living Trust Contributor address; City; State; Zip Code 6217 Genoa Rd Fort Worth TX 76116	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/16/2025	Full name of contributor out-of-state PAC (ID#: George M. Young Contributor address; City; State; Zip Code PO Box 123610 Fort Worth TX 76121	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 34
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 01/16/2025	5 Full name of contributor out-of-state PAC (ID# _____) Linebarger Goggan Blair & Sampson, LLP 6 Contributor address; City; State; Zip Code PO Box 17428 Austin TX 78760	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/16/2025	Full name of contributor out-of-state PAC (ID# _____) Debra Rodger Contributor address; City; State; Zip Code 6524 Spyglass Hill Ct. Fort Worth TX 76132	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/16/2025	Full name of contributor out-of-state PAC (ID# _____) G.Allen Rodger Contributor address; City; State; Zip Code 6524 Spyglass Hill Ct. Fort Worth TX 76132	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/16/2025	Full name of contributor out-of-state PAC (ID# _____) Ann Bluntzer Contributor address; City; State; Zip Code 1730 6th Ave Fort Worth TX 76110	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 34
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 01/16/2025	5 Full name of contributor out-of-state PAC (ID#: Christopher Putnam 6 Contributor address; City; State; Zip Code 3923 Cole Ave, 301 Dallas TX 75204	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/16/2025	Full name of contributor out-of-state PAC (ID#: Kara Bell Contributor address; City; State; Zip Code 6259 Halifax Road Fort Worth TX 76116	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/17/2025	Full name of contributor out-of-state PAC (ID#: Gregory Bird Contributor address; City; State; Zip Code 640 Taylor Street, Suite 2400 Fort Worth TX 76102	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/21/2025	Full name of contributor out-of-state PAC (ID#: Gloria Moncrief Contributor address; City; State; Zip Code 420 Throckmorton St, Ste. 550 Fort Worth TX 76102	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 01/21/2025	5 Full name of contributor out-of-state PAC (ID#: Kit Moncrief 6 Contributor address; City; State; Zip Code 420 Throckmorton St, Ste. 550 Fort Worth TX 76102	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/21/2025	Full name of contributor out-of-state PAC (ID#: Alem Boukadoum Contributor address; City; State; Zip Code 1411 Redbud Lane Aledo TX 76008	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/21/2025	Full name of contributor out-of-state PAC (ID#: Billy Rosenthal Contributor address; City; State; Zip Code 600 E Exchange Ave, Ste. 200 Fort Worth TX 76164	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/23/2025	Full name of contributor out-of-state PAC (ID#: L. Allen Hodges III Contributor address; City; State; Zip Code 306 W. 7th St., Ste. 701 Fort Worth TX 76102	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 34
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 01/23/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Jason Baldwin 6 Contributor address; City; State; Zip Code 1741 Rio Secco Dr Fort Worth TX 76131	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/29/2025	Full name of contributor out-of-state PAC (ID#: _____) David Knight Contributor address; City; State; Zip Code 4109 Cloudveil Ter Fort Worth TX 76109	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2025	Full name of contributor out-of-state PAC (ID#: C00303024) Lockheed Martin Employee PAC Contributor address; City; State; Zip Code 2121 Crystal Drive, Ste. 100 Arlington VA 22202	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/05/2025	Full name of contributor out-of-state PAC (ID#: _____) Joaquim Carvalho Contributor address; City; State; Zip Code 6312 Indian Creek Dr Fort Worth TX 76116	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 34
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 02/09/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Michael Ferry 6 Contributor address; City; State; Zip Code 2212 6th Ave Fort Worth TX 76116	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/13/2025	Full name of contributor out-of-state PAC (ID#: _____) Charles & Kelley Royer Contributor address; City; State; Zip Code 4709 Harley Ave Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Bourke Harvey Contributor address; City; State; Zip Code 1608 Rogers Rd Fort Worth TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Eric Hahnfeld Contributor address; City; State; Zip Code 200 Bailey Avenue, Ste 200 Fort Worth TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 34
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 02/17/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Melinda Teitelbaum 6 Contributor address; City; State; Zip Code 556 Trailrider Rd Fort Worth TX 76114	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/18/2025	Full name of contributor out-of-state PAC (ID#: _____) Scott Miller Contributor address; City; State; Zip Code 5420 Benbridge Dr. Fort Worth TX 76107	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/18/2025	Full name of contributor out-of-state PAC (ID#: _____) Texas Events PAC Contributor address; City; State; Zip Code 260 Bailey Ave Fort Worth TX 76107	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/20/2025	Full name of contributor out-of-state PAC (ID#: _____) Larkin McMillian Contributor address; City; State; Zip Code 116 Hazelwood Drive Fort Worth TX 76107	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 34
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 02/21/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Edwin Ryan 6 Contributor address; City; State; Zip Code 5401 Benbridge Drive Fort Worth TX 76107	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/21/2025	Full name of contributor out-of-state PAC (ID#: _____) Cheryl Van Zandt Contributor address; City; State; Zip Code 5305 El Dorado Dr Fort Worth TX 76107	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/21/2025	Full name of contributor out-of-state PAC (ID#: _____) Neil L. Van Zandt Contributor address; City; State; Zip Code 5305 El Dorado Dr Fort Worth TX 76107	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2025	Full name of contributor out-of-state PAC (ID#: _____) Katie Semple Contributor address; City; State; Zip Code 4117 Idlewild Drive Fort Worth TX 76107	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**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 34
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 02/23/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Jason Baldwin 6 Contributor address; City; State; Zip Code 1741 Rio Secco Dr Fort Worth TX 76131	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/24/2025	Full name of contributor out-of-state PAC (ID#: _____) For the Children PAC Contributor address; City; State; Zip Code PO Box 159 Fort Worth TX 76102	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/25/2025	Full name of contributor out-of-state PAC (ID#: _____) Jeff Kearney Contributor address; City; State; Zip Code 4121 Bunting Ave Fort Worth TX 76107	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/25/2025	Full name of contributor out-of-state PAC (ID#: _____) Arlie Davenport Contributor address; City; State; Zip Code 4070 Clarke Avenue Fort Worth TX 76107	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 34
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 02/25/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Marisa Gibson Selkirk 6 Contributor address; City; State; Zip Code 1401 Hillcrest St Fort Worth TX 76107	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/25/2025	Full name of contributor out-of-state PAC (ID#: _____) David Pettit Contributor address; City; State; Zip Code 306 W 7th St, Ste 602 Fort Worth TX 76102	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/26/2025	Full name of contributor out-of-state PAC (ID#: _____) Deborah Wilkinson Contributor address; City; State; Zip Code 5421 Northcrest Rd. Fort Worth TX 76107	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/26/2025	Full name of contributor out-of-state PAC (ID#: _____) Bernard Malone III Contributor address; City; State; Zip Code 717 Westview Ave Fort Worth TX 76107	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 34
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/01/2025	5 Full name of contributor Nancy Parker out-of-state PAC (ID#: _____) 6 Contributor address; 5417 Benbridge Dr Fort Worth TX 76107 City; State; Zip Code	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/04/2025	Full name of contributor Kathryn Parr out-of-state PAC (ID#: _____) Contributor address; 5336 Collinwood Ave Fort Worth TX 76107 City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/04/2025	Full name of contributor Kyle Poulson out-of-state PAC (ID#: _____) Contributor address; 4132 Idlewild Dr Fort Worth TX 76107 City; State; Zip Code	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/05/2025	Full name of contributor Lauren Walker out-of-state PAC (ID#: _____) Contributor address; 1317 Virginia Pl Fort Worth TX 76107 City; State; Zip Code	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 34
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/05/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Leann White 6 Contributor address; City; State; Zip Code 116 Pineland Place Fort Worth TX 76114	7 Amount of contribution (\$) 125.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/05/2025	Full name of contributor out-of-state PAC (ID#: _____) Joe White Contributor address; City; State; Zip Code 116 Pineland Place Fort Worth TX 76114	Amount of contribution (\$) 125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/05/2025	Full name of contributor out-of-state PAC (ID#: _____) Preston Geren Contributor address; City; State; Zip Code 1200 WashingtonTerr Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/05/2025	Full name of contributor out-of-state PAC (ID#: _____) Beckie Geren Contributor address; City; State; Zip Code 1200 WashingtonTerr Fort Worth TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/05/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Janet Bishop 6 Contributor address; City; State; Zip Code 5308 El Dorado Ave Fort Worth TX 76107	7 Amount of contribution (\$) 125.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/05/2025	Full name of contributor out-of-state PAC (ID#: _____) Lloyd Bishop Contributor address; City; State; Zip Code 5308 El Dorado Ave Fort Worth TX 76107	Amount of contribution (\$) 125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/05/2025	Full name of contributor out-of-state PAC (ID#: _____) Suzanne Rhodes Contributor address; City; State; Zip Code 5837 El Campo Ave Fort Worth TX 76107	Amount of contribution (\$) 125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/05/2025	Full name of contributor out-of-state PAC (ID#: _____) Ray Rhodes Contributor address; City; State; Zip Code 5837 El Campo Ave Fort Worth TX 76107	Amount of contribution (\$) 125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/05/2025	5 Full name of contributor out-of-state PAC (ID#: _____) James Taylor 6 Contributor address; City; State; Zip Code 1725 Carleton Ave Fort Worth TX 76107	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/05/2025	Full name of contributor out-of-state PAC (ID#: _____) Jerry Taylor Contributor address; City; State; Zip Code 1725 Carleton Ave Fort Worth TX 76107	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/05/2025	Full name of contributor out-of-state PAC (ID#: _____) Robert Watson Contributor address; City; State; Zip Code 505 Rivercrest Dr Fort Worth TX 76107	Amount of contribution (\$) 125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/05/2025	Full name of contributor out-of-state PAC (ID#: _____) Julie Watson Contributor address; City; State; Zip Code 505 Rivercrest Dr Fort Worth TX 76107	Amount of contribution (\$) 125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 34
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/06/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Butler William 6 Contributor address; City; State; Zip Code 3812 Monticello Drive Fort Worth TX 76107	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/10/2025	Full name of contributor out-of-state PAC (ID#: _____) R Clay Paslay Contributor address; City; State; Zip Code 208 Williamsburgh Ln Fort Worth TX 76107	Amount of contribution (\$) 3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/11/2025	Full name of contributor out-of-state PAC (ID#: _____) Matt Johnson Contributor address; City; State; Zip Code PO Box 707 Whitesboro TX 76273	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/11/2025	Full name of contributor out-of-state PAC (ID#: _____) Charla Brotherton Contributor address; City; State; Zip Code 101 Nursery Lane, Ste 236 Fort Worth TX 76114	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 34
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/14/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Edwards Geren Ltd. 6 Contributor address; City; State; Zip Code 4200 S Hulen St., Ste. 614 Fort Worth TX 76109	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/14/2025	Full name of contributor out-of-state PAC (ID#: _____) Jan Schroeder 3/14/2025 Contributor address; City; State; Zip Code 1617 Catalina Dr Fort Worth TX 76107	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/14/2025	Full name of contributor out-of-state PAC (ID#: _____) James Schroeder Contributor address; City; State; Zip Code 1617 Catalina Dr Fort Worth TX 76107	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Scott Womack Contributor address; City; State; Zip Code 8504 Landing Way Court Fort Worth TX 76179	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: 34
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/17/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Christopher Goff 6 Contributor address; City; State; Zip Code 320 Ridgewood Road Fort Worth TX 76107	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/18/2025	Full name of contributor out-of-state PAC (ID#: _____) Jim DeLong Contributor address; City; State; Zip Code 8704 Granite Court Fort Worth TX 76179	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/18/2025	Full name of contributor out-of-state PAC (ID#: _____) Trenton Laird Contributor address; City; State; Zip Code 6063 Portrush Dr Fort Worth TX 76116	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2025	Full name of contributor out-of-state PAC (ID#: _____) Jeff Davis Contributor address; City; State; Zip Code 2325 Mistletoe Drive Fort Worth TX 76109	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: 34
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/21/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Robert Ginsburg 6 Contributor address; City; State; Zip Code 777 Main St., Set 2700 Fort Worth TX 76102	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/21/2025	Full name of contributor out-of-state PAC (ID#: _____) Chandra Geren Contributor address; City; State; Zip Code 4900 Westridge Ave, #4 Fort Worth TX 76116	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2025	Full name of contributor out-of-state PAC (ID#: _____) Reed Pigman Contributor address; City; State; Zip Code 200 Texas Way, HNGR 23N Fort Worth TX 76106	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/22/2025	Full name of contributor out-of-state PAC (ID#: _____) John Thompson Contributor address; City; State; Zip Code 6009 Merrymount Rd 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: 34
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/23/2025	5 Full name of contributor out-of-state PAC (ID# _____) Jason Baldwin 6 Contributor address; City; State; Zip Code 1741 Rio Secco Dr Fort Worth TX 76131	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/24/2025	Full name of contributor out-of-state PAC (ID# _____) Brandon Cross Contributor address; City; State; Zip Code 9700 Houston Hill Rd Fort Worth TX 76179	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/2025	Full name of contributor out-of-state PAC (ID# _____) Mehrdad Moayed Contributor address; City; State; Zip Code 1800 Valley View Lane, Ste. 300 Farmers Branch TX 75234	Amount of contribution (\$) 10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/2025	Full name of contributor out-of-state PAC (ID# _____) Accountable Government Fund Contributor address; City; State; Zip Code 430 Old Fitzhugh #7 Dripping Springs TX 78620	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: 34
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Steve Brown 6 Contributor address; City; State; Zip Code 1409 Summit Ave. Fort Worth TX 76102	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**SCHEDULE A2**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 A2:	2
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 13,542.86	
5 Date 01/16/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIT MONCRIEF		8 Amount of Contribution \$ 2,500.00
	7 Contributor address; City; State; Zip Code 420 THROCKMORTON ST., STE. 550 FORT WORTH TX 76102		
		9 In-kind contribution description FOOD & BEVERAGE FOR CAMPAIGN EVENT	
Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL DIKE		Amount of Contribution \$ 1,500.00
	Contributor address; City; State; Zip Code 209 SUMMERSBY LANE FORT WORTH TX 76107		
		In-kind contribution description FOOD & BEVERAGE FOR CAMPAIGN EVENT	
Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**SCHEDULE A2**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 A2: 2	
2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 13,542.86	
5 Date 03/12/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FOR THE FORT COALITION PAC 7 Contributor address; City; State; Zip Code PO BOX 101652 FORT WORTH TX 76185	8 Amount of Contribution \$ 9,542.86	9 In-kind contribution description POLLING
Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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	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: 10	2 FILER NAME HILL, MACY L.	3 Filer ID (Ethics Commission Filers)
4 Date 01/09/2025	5 Payee name Vista Print	
6 Amount (\$) 175.35	7 Payee address; City; State; Zip Code 275 Wyman St Waltham MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Stationary
	(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 01/10/2025	Payee name Lucile's Bistro	
Amount (\$) 72.35	Payee address; City; State; Zip Code 4700 Camp Bowie Blvd Fort Worth TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Meeting with Constituent
	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 01/14/2025	Payee name Cookies By Design	
Amount (\$) 117.60	Payee address; City; State; Zip Code 4455 Camp Bowie Blvd Fort Worth TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Cookies for Fundraiser
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10		2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)	
4 Date 01/15/2025		5 Payee name Cookies By Design			
6 Amount (\$) 294.00		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) Event Expense		(b) Description Cookies for 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 01/16/2025		Payee name USPS			
Amount (\$) 216.75		Payee address; City; State; Zip Code 4600 Mark IV Parkway Fort Worth TX 76161			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office/Overhead/Rental		Description Stamps		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 01/24/2025		Payee name Norfleet Strategies			
Amount (\$) 4,000.00		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
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: 1010		2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)	
4 Date 01/29/2025		5 Payee name City of Fort Worth			
6 Amount (\$) 100.00		7 Payee address; City; State; Zip Code 200 Texas Street Fort Worth TX 76102			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Campaign Filing Fee		
	(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 02/03/2025		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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 02/04/2025		Payee name Ray'Lee Acosta			
Amount (\$) 4,750.00		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 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: 10		2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)	
4 Date 02/05/2025		5 Payee name Norfleet Strategies			
6 Amount (\$) 4,000.00		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 02/05/2025		Payee name InstallConnect, INC.			
Amount (\$) 1,500.00		Payee address: City: State: Zip Code 505 W State St Garland TX 75040			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Sign Installation		
	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 02/19/2025		Payee name Cowtown Marathon			
Amount (\$) 1,000.00		Payee address: City: State: Zip Code 3584 S Hills Ave Ste. 21 Fort Worth TX 76109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Campaign Signage		
	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 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		2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)	
4 Date 02/27/2025		5 Payee name The Art of Grazing			
6 Amount (\$) 307.28		7 Payee address; City; State; Zip Code 2740 Lipscomb Street Fort Worth TX 76110			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Catering for Fundraising Event		
	(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 02/28/2025		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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/05/2025		Payee name Norfleet Strategies			
Amount (\$) 4,000.00		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 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: 10	2 FILER NAME HILL, MACY L.	3 Filer ID (Ethics Commission Filers)
4 Date 03/06/2025	5 Payee name Specs Wine & Spirits	
6 Amount (\$) 113.77	7 Payee address; City; State; Zip Code 704 Lake Worth Blvd Lake Worth TX 76135	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	
	(b) Description Beverage for Fundraising Event	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date 03/07/2025	Payee name Bluebonnet Bakery	
Amount (\$) 5.99	Payee address; City; State; Zip Code 4705 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 Gift	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date 03/07/2025	Payee name Central Market	
Amount (\$) 27.05	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) Gifts/Awards/Memorials	
	Description Host Gift	
	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: 10	2 FILER NAME HILL, MACY L.	3 Filer ID (Ethics Commission Filers)
4 Date 03/07/2025	5 Payee name Act for Justice	
6 Amount (\$) 2,575.00	7 Payee address; City; State; Zip Code P.O. Box 1144 Fort Worth TX 76102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate	(b) Description Contribution
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 03/07/2025	Payee name Ray'Lee Acosta \$1,250.00	
Amount (\$) 1,250.00	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 03/10/2025	Payee name Burton Hill Mart	
Amount (\$) 13.93	Payee address; City; State; Zip Code 1109 Burton Hill Rd Fort Worth TX 76114	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Ice for 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. 10		2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)	
4 Date 03/10/2025		5 Payee name The Art of Grazing			
6 Amount (\$) 209.31		7 Payee address; City; State; Zip Code 2740 Lipscomb Street Fort Worth TX 76110			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Catering for Fundraising Event		
	(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 03/10/2025		Payee name Specs Wine & Spirits			
Amount (\$) 293.58		Payee address; City; State; Zip Code 2750 S Hulen St, Fort Worth TX 76109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Beverage for Fundraising Event		
	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 03/12/2025		Payee name Staples			
Amount (\$) 30.30		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) Advertising Expense		Description Printed Materials		
	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: 10		2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)	
4 Date 03/13/2025		5 Payee name Fort Worth Coffee Co.			
6 Amount (\$) 6.11		7 Payee address; City; State; Zip Code 4731 Camp Bowie 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 Constituent		
	(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 03/17/2025		Payee name USPS			
Amount (\$) 210.00		Payee address; City; State; Zip Code 3101 W 6TH ST Fort Worth TX 76107			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office/Overhead/Rental		Description Mailbox Renewal		
	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 03/18/2025		Payee name Cookies By Design			
Amount (\$) 367.50		Payee address; City; State; Zip Code 4455 Camp Bowie Blvd Fort Worth TX 76107			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Cookies for Fundraiser		
	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 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	2 FILER NAME HILL, MACY L.	3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2025	5 Payee name Anedot	
6 Amount (\$) 3,355.20	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description CREDIT CARD PROCESSING FEE
	(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	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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