

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	^{t:} 49
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST MI OFFICE U MRS. MACY L. NICKNAME LAST SUFFIX HILL	JSE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE CSE	D REC'D '25 AM11:02
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered o	AWADERSHINESIAWA
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Receipt # MR. LEONARD Date Processed NICKNAME LAST SUFFIX FIRESTONE Date Imaged	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; 4936 COLLINWOOD AVE. FORT WORTH, TX 76107	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after treasurer approximately 15th day before election Because Modified Reporting Limit Final Report (a)	ointment
10 PERIOD COVERED	Month Day Year Month Day Year 1 / 1 / 25 THROUGH 3 / 24 / 25	
11 ELECTION	Month Day Year Primary Runoth Other Description 5 / 3 / 25 General Special	
12 OFFICE	OFFICE HELD (If any) CITY COUNCIL- DISTRICT 7 13 OFFICE SOUGHT (If known) CITY COUNCIL-DISTRICT 7	7
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE CANDIDATE FOFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SECOND TO THE CANDIDATES OR OFFICEHOLDERS OF SECOND TO THE CANDIDATES	R'S KNOWLEDGE OR
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIG	N FINANCE REPORT	
15 C/OH NAME HILL, MACY L.		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 162,042.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 30,991.07
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	\$ 214,332.39
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	invear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	
	Mary A J	flue
	pignature of Can	didate of Officeriolder
		11' 17 1
	Please complete either option below	
(1) Affidavit	Renee Trahey Hicks My Commission Expires 12/20/2027 Notary ID 7756216	
NOTARY STAMP/SEA		
Swom to and subscribed		3cl day of april.
20 25 to certify	which, witness my hand and seal of office. Laly Hicks Renee Trakey Hicks	
Signature of officer administe		Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
	, and my date of birth is	
My address is		tate) (zip code) (country)
Executed In	1400000 E	.20
	Signature of Candida	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	L, MACY L.	Commission Filers)	
21 S	CHEDULE SUBTOTALS AME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 148,500.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 13,542.86	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	4. SCHEDULE E: LOANS		
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	
8.	\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		
1.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

If the reques	sted information is not applicable, DO NOT in	clude this page in the I	report.
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 34
2 FILER NAME HILL, MAC	DY L.		3 Filer ID (Ethics Commission Filers)
4 Date 01/03/2025	5 Full name of contributor out-of-state PAG Craig Kelly 6 Contributor address; City; 2108 Indian Creek Fort Wo	State; Zip Code	7 Amount of contribution (\$) 1,000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	lons)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
01/03/2025	Contributor address; City; 417 Rivercrest Fort Wor	State; Zip Code th TX 76107	1,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	AND THE TAX AND THE PROPERTY AND AND ADDRESS OF THE PROPERTY A	C (ID#:)	Amount of contribution (\$)
01/03/2025	John Aughinbaugh Contributor address; City; 5608 Byers Ave Fort Wo	State; Zip Code rth TX 76107	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	LUTTERS AT STATE STORY STORY SECTION	C (ID#:)	Amount of contribution (\$)
01/03/2025	Victor Boschini Contributor address; City; 3100 Avondale Ave Fort W	State: Zip Code orth TX 76109	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Instr		

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 34
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 01/03/2025	5 Full name of contributor out-of-state PAC (ID#:) David M. Porter		7 Amount of contribution (\$)
	1110 Broad Ave Fort Wort	State; Zip Code h TX 76107	1,000.00
3 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (IE	D#)	Amount of contribution (\$)
01/03/2025	••••••••••••••••••••••	State; Zip Code h TX 76107	500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID)4:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code 3902 Lennox Dr Fort Worth TX 76107		1,000.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID) John Needham	#:	Amount of contribution (\$)
01/05/2025	Contributor address: City: 2204 Lake Austin Blvd Austi	State: Zip Code	1,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ns)
		· g · · · · · ·	
	ATTACH ADDITIONAL COPIES OF T	THIS SCHEDULE AS NEE	EDED

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME HILL, MA			3 Filer ID (Ethics Commission Filers)
4 Date	Matthew Farris	PID#:)	7 Amount of contribution (\$)
01/05/2025	6 Contributor address; City; 2812 Marquita Drive Fort Wor	State; Zip Code	2,500.00
8 Principal occu	pation / Job title (See Instructions)		ons)
Date	Full name of contributor out-of-state PAC (I)D#)	Amount of contribution (\$)
01/05/2025	Contributor address; City;	State; Zip Code	500.00
Principal occup	4117 W Seventh St Fort Wor	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (III	D#:	Amount of contribution (\$)
01/05/2025		State; Zip Code th TX 76107	1,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of contribution (\$)
01/06/2025		State; Zip Code Worth TX 76107	2,500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ns)

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 34
HILL, MA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Charlie Geren	7 Amount of contribution (\$)
01/06/2025	6 Contributor address; City; State; Zip Code PO Box 1440 Fort Worth TX 76101	1,000.00
Principal occu	ipation / Job title (See Instructions) 9 Employer (See Instru	ctions)
* Date	Full name of contributor out-of-state PAC (ID#:) Margo Bush	Amount of contribution (\$)
01/06/2025	Contributor address; City; State; Zip Code 304 Virginia Place Fort Worth TX 76107	500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	otions)
Date	Full name of contributor out-of-state PAC (ID#:) Rebeca Yow	Amount of contribution (\$)
1/06/2025	Contributor address; City; State; Zip Code 1216 Washington Terrace Fort Worth TX 76107	500.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Ardon Moore	Amount of contribution (\$)
1/07/2025	Contributor address; City; State; Zip Code 201 Main Street, Ste. 3200 Fort Worth TX 76102	500.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)

The	Instruction Guide explains how to complete this	form. 1 Total pages Schedule A1:
2 FILER NAME HILL, MA		3 Filer ID (Ethics Commission File
4 Date	Iris Moore	7 Amount of contribution (\$)
01/07/2025	6 Contributor address; City: 201 Main Street, Ste. 3200 Fort V	State; Zip Code Vorth TX 76102
Principal occu	pation / Job title (See Instructions)	
Date	Full name of contributor out-of-state PAC (O#: Amount of contribution (\$)
01/07/2025	Contributor address; City; 421 Ridgewood Rd Fort Wor	State; Zip Code th TX 76107
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (I	#:) Amount of contribution (\$)
1/07/2025	Contributor address; City: PO Box 218 Addison T	State: Zip Code X 75001
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (II	#) Amount of contribution (\$)
1/07/2025	Contributor address; City; 3340 Camp Bowie Blvd. Ste. 200 Fort	State: Zip Code Worth TX 76107
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 34
2 FILER NAME HILL, MA		3 Filer ID (Ethics Commission Filers)
4 Date 01/07/2025	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
7110772020	6 Contributor address; City; State; Zip Code 777 Main Street, Ste. 2700 Fort Worth TX 76102	500.00
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID#:) Caroline Cranz	Amount of contribution (\$)
01/07/2025	Contributor address; City; State; Zip Code 3928 Modlin Ave Fort Worth TX 76107	500.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#) William Meadows	Amount of contribution (\$)
01/07/2025	Contributor address; City; State; Zip Code 121 Rivercrest Dr Fort Worth TX 76107	500.00
Principal occup	ration / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#) Patricia Meadows	Amount of contribution (\$)
1/07/2025	Contributor address; City; State; Zip Code	500.00
Principal occup	121 Rivercrest Dr Fort Worth TX 76107 ation / Job title (See Instructions) Employer (See Instructions)	ions)

ii tile reque	ested information is not applicable, DO NOT ir	nclude this page in the	report.
The	Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1: 34
2 FILER NAME HILL, MAG			3 Filer ID (Ethics Commission Filers)
4 Date	Mike Moncrief	AC (10#:)	7 Amount of contribution (\$)
01/08/2025	6 Contributor address; City; 777 Taylor Street Ste 1030 Fort	State; Zip Code	250.00
8 Principal occu	777 Taylor Street, Ste. 1030 Fort	9 Employer (See Instruct	tions)
Date		C (IDII)	Amount of contribution (\$)
01/08/2025	Rosie Moncrief Contributor address: City;	State; Zip Code	250.00
	777 Taylor Street, Ste. 1030 Fort		230.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
01/08/2025	Contributor address; City; 201 Main Street, Ste. 2700 Fort	State; Zip Code	1,250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
01/08/2025	Contributor address; City,	State; Zip Code	1,250.00
Principal occup	201 Main Street, Ste. 2700 Fort value (See Instructions)	Worth TX 76102 Employer (See Instruction	
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru	FTHIS SCHEDULE AS NE action guide for additional re	EDED porting requirements.

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 34
2 FILER NAME HILL, MA			3 Filer ID (Ethics Commission Filers)
4 Date 01/08/2025	5 Full name of contributor Bernard Malone III 6 Contributor address; City; 717 Westview Ave Fort Wor	State: Zip Code	7 Amount of contribution (\$) 250.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC Josh Gregg	(ID#)	Amount of contribution (\$)
01/08/2025	Contributor address; City: 1013 Hidden Rd Fort Wort	State; Zip Code th TX 76107	1,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 01/08/2025	Full name of contributor out-of-state PAC (Will Rodgers Contributor address: City; 3230 Camp Bowie Blvd, Ste. 300 Fort	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 01/08/2025	Good Government Fund Contributor address; City; 201 Main Street, Ste 250 Fort W	State; Zip Code	2,500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 34
2 FILER NAME HILL, MAG			3 Filer ID (Ethics Commission Filers)
4 Date 01/08/2025	5 Full name of contributor out-of-state PAC (ID#:) Steve Brauer 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$) 2,500.00
8 Principal occu	4455 Camp Bowie Blvd, Ste. 114 Fort Valuation / Job title (See Instructions)		ons)
Date 01/09/2025	Full name of contributor out-of-state PAC (ID Jason Baldwin Contributor address; City; 1741 Rio Secco Dr Fort Wort	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 01/09/2025	777 Taylor St, #1126 Fort Wor	State; Zip Code rth TX 76102	Amount of contribution (\$) 1,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	(anı
Date 01/12/2025	1301 Throckmorton St, #2105 Fort W	State; Zip Code	Amount of contribution (\$) 125.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)
	ATTACH ADDITIONAL COPIES OF T	THIS SCHEDULE AS NE	EDED

If the reque	sted 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, MA		3 Filer ID (Ethics Commission Filers)
4 Date 01/12/2025	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 125.00
8 Principal occu	ppation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 01/12/2025	Jim Dunaway Contributor address; City; State; Zip Code 500 Alta Dr Fort Worth TX 76107	Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date 01/12/2025	Full name of contributor David Keltner Contributor address; City; State; Zip Code 201 Main Street, #2500 Fort Worth TX 76012	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ions)
Date 01/13/2025	Full name of contributor Accountable Government Fund Contributor address; City; State; Zip Code 430 Old Fitzhugh #7 Dripping Springs TX 78620	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see Instruction guide for additional re	EDED porting requirements.

If the reque	sted information is not applicable, DO NOT inc	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 34
2 FILER NAME HILL, MAG			3 Filer ID (Ethics Commission Filers)
4 Date 01/13/2025	5 Full name of contributor out-of-state PAC Hyde Land & Royalty, LLC 6 Contributor address; City; 6300 Ridglea Place, Ste 1018 Fort	State; Zip Code	7 Amount of contribution (\$) 5,000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
01/13/2025	Contributor address: City: 3808 Aviemore Dr Fort Wor	State; Zip Code	250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 01/13/2025	Full name of contributor out-of-state PAC (Andrew Rosell Contributor address; City; 3808 Aviemore Dr Fort Wor	State; Zip Code	Amount of contribution (\$) 250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 01/13/2025	Full name of contributor Marianne Auld Contributor address: City: Contributor Auli Street, #2500 Fort Weet	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF		
	If contributor is out-of-state PAC, please see Instruc	tion guide for additional re	porting requirements.

Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 34
	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:) Dick Elkins	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code	1,000.00
matter / Ich Wi- (0 I)	stions)
Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	125.00
3800 Monticello Drive Fort Worth TX 76107	123.00
pation / Job title (See Instructions) Employer (See Instruc	tions)
Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address: City; State; Zip Code 3800 Monticello Drive Fort Worth TX 76107	125.00
eation / Job title (See Instructions) Employer (See Instructions)	tions)
Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	5,000.00
	ions)
	Dick Elkins 6 Contributor address; City; State; Zip Code 5708 Lakeside Drive Fort Worth TX 76179 upation / Job title (See Instructions) Full name of contributor Junita Skaggs Contributor address; City; State; Zip Code 3800 Monticello Drive Fort Worth TX 76107 pation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Postion / Job title (See Instructions) Full name of contributor Contributor address; City; State; Zip Code 3800 Monticello Drive Fort Worth TX 76107 Contributor address; City; State; Zip Code 3800 Monticello Drive Fort Worth TX 76107 Dation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#:

If the reque	sted information is not applicable, DO NOT includ	e this page in the report.	
The	Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A1: 34	
2 FILER NAME HILL, MA	CY 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; St. 777 Main Street, #600 Fort Wort	ate; Zip Code 500 00)
8 Principal occu		Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_	Amount of contribution (\$)	
01/14/2025	Contributor address; City; Sta 1120 Shady Oaks Lane Fort Wort	tte; Zip Code h TX 76107)
Principal occup	ation / Job title (See Instructions)	imployer (See Instructions)	
Date 01/15/2025	Full name of contributor out-of-state PAC (IDIF_ Andrew Schatte Contributor address; City; Sta 5336 Montrose Blvd Houston	1.250.00)
Principal occup	allas (lab IIIIa (D. a. I.a.)	imployer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_) Amount of contribution (\$)	
01/25/2025		1,250.00 TX 77005)
Principal occup	P. 111 W. 15	mployer (See Instructions)	
	ATTACH ADDITIONAL COPIES OF THI If contributor is out-of-state PAC, please see Instruction	S SCHEDULE AS NEEDED guide for additional reporting requirements.	

If the reque	sted information is not applicable, DO NOT ir	nclude this page in the	report.
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 34
2 FILER NAME HILL, MAG	CY L.		3 Filer ID (Ethics Commission Filers)
4 Date 01/15/2025	5 Full name of contributor out-of-state PAGE FIC FOX 6 Contributor address; City;		7 Amount of contribution (\$)
	3513 Overton Park Dr E Fort V	TOTAL AND AND THE CONTRACT OF	500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	G (ID#:)	Amount of contribution (\$)
01/15/2025	Contributor address; City; 1229 Shady Oaks Ln Fort Wo	State; Zip Code Orth TX 76107	500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC	(10#:)	Amount of contribution (\$)
01/15/2025	Contributor address; City; 1880 Hulen St Fort Worl	State; Zip Code th TX 76107	1,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC Neils Agather	(ID#:)	Amount of contribution (\$)
01/16/2025	Contributor address; City;	State; Zip Code	2,000.00
Principal occupa	409 Rivercrest Drive Fort Wo	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES O	E THIS SCUEDIN E AS ME	EDED

If the reque	sted information is not applicable, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 34
2 FILER NAME HILL, MAC			3 Filer ID (Ethics Commission Filers)
4 Date 01/16/2025	Dee J Kelly Jr.	C (ID#:)	7 Amount of contribution (\$)
01/10/2025	6 Contributor address; City; 5756 Merrymount Rd. Fort W	State; Zip Code Orth TX 76107	1,500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC Lee Tennison	; (ID#:)	Amount of contribution (\$)
01/16/2025	Contributor address; City; 1221 Broad Ave Fort Wor	State; Zip Code rth TX 76107	1,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	(10#:)	Amount of contribution (\$)
01/16/2025	Berry Living Trust Contributor address; City: 6217 Genoa Rd Fort Wor	State; Zip Code Th TX 76116	2,500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC George M. Young	(10#:)	Amount of contribution (\$)
01/16/2025	Contributor address; City; PO Box 123610 Fort Wor	State; Zip Code	5,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
= ,	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NE	EDED porting requirements.

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 34
2 FILER NAME HILL, MAC	NOTE THE COLUMN TO THE COLUMN	У	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Linebarger Goggan Blair & Samps		7 Amount of contribution (\$)
01/16/2025	6 Contributor address; City; PO Box 17428 Austin 7	State; Zip Code	2,500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC Debra Rodger	: ((D#:)	Amount of contribution (\$)
01/16/2025	Contributor address; City; 6524 Spyglass Hill Ct. Fort W	State; Zip Code Orth TX 76132	2,500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC G.Allen Rodger	(ID#:)	Amount of contribution (\$)
01/16/2025	Contributor address; City; 6524 Spyglass Hill Ct. Fort W	State; Zip Code Orth TX 76132	2,500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
01/16/2025	Contributor address; City; 1730 6th Ave Fort Wortl	State: Zip Code h TX 76110	1,000.00
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	7		
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruc	F THIS SCHEDULE AS NE ction guide for additional re	EDED porting requirements.

SCHEDULE A1

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

2 FILER NAME HILL, MACY L. 4 Date 5 Full Chri 01/16/2025 6 Cor 392 8 Principal occupation / Date Full Kara Cor 625 Principal occupation / Jo Date Full Gree 01/17/2025 Cont 640 Principal occupation / Jo Date Full Gree 01/21/2025 Cont 640 C	Full name of contributor hristopher Putnam Contributor address; City; 923 Cole Ave, 301 Dalla n / Job title (See Instructions) Full name of contributor ara Bell Contributor address; City;	C (ID#:) State; Zip Code	1 Total pages Schedule A1 34 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 500.00 lons)
HILL, MACY L. 4 Date 5 Full Chri 01/16/2025 6 Cor 392 8 Principal occupation / Date Full Kara 01/16/2025 Cor 625 Principal occupation / Date Full Grecont G40 Tender occupation / Principal occupation / Date Full Grecont G40 Tender occupation / Date Full Grecont G40 Tender occupation / Date Full Glori 01/21/2025 Cont G40 Tender occupation /	Full name of contributor hristopher Putnam Contributor address; City; 923 Cole Ave, 301 Dalla n / Job title (See Instructions) Full name of contributor ara Bell Contributor address; City;	State; Zip Code AS TX 75204 9 Employer (See Instruction	7 Amount of contribution (\$) 500.00
O1/16/2025 8 Principal occupation / Date Full Kara O1/16/2025 Principal occupation / Jo Date Gree O1/17/2025 Principal occupation / Jo Cont 640 T Principal occupation / Jo Cont 640 T Onl Date Full Glori O1/21/2025 Cont 420 T	hristopher Putnam Contributor address; City; 923 Cole Ave, 301 Dalla n / Job title (See Instructions) Full name of contributor out-of-state PAG ara Bell Contributor address; City;	State; Zip Code AS TX 75204 9 Employer (See Instruction	500.00
Date Full Kara Con 625	Full name of contributor out-of-state PAG ara Bell Contributor address; City;	C (ID#:)	
01/16/2025 Kara	ara Bell Contributor address; City;		Amount of contribution (\$)
Principal occupation / Jo Date Full Greg 01/17/2025 Cont 640 Principal occupation / Jo Date Full Glori 01/21/2025 Cont		State, Zip Code	250.00
Date Full Gree Conf 640 To Principal occupation / Journal Occupation / J	259 Halifax Road Fort Wo		
O1/17/2025 Gred 640 7 Principal occupation / Jo Date Full Glori 01/21/2025 Cont 420 7	7 Job litle (See Instructions)	Employer (See Instruction	ons)
Date Full Glori 01/21/2025 Cont	Full name of contributor out-of-state PAC regory Bird Contributor address; City; O Taylor Street, Suite 2400 Fort	State; Zip Code	Amount of contribution (\$)
01/21/2025 Glori	/ Job title (See Instructions)	Employer (See Instruction	ons)
	Full name of contributor out-of-state PAC Oria Moncrief Contributor address; City;	(IDII:) State; Zip Code	Amount of contribution (\$) 2,500.00
Principal occupation / Jo	0 Throckmorton St, Ste. 550 For	Worth TX 76102	2,300.00
	/ Job title (See Instructions)	Employer (See Instruction	ins)
lf contri			

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 34
2 FILER NAME HILL, MAC	CY L.		3 Filer ID (Ethics Commission Filers)
4 Date 01/21/2025	5 Full name of contributor out-of-state PAC Kit Moncrief 6 Contributor address; City; 420 Throckmorton St, Ste. 550 Fort	State; Zip Code Worth TX 76102	7 Amount of contribution (\$) 2,500.00
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date 01/21/2025	Full name of contributor out-of-state PAC Alem Boukadoum Contributor address; City;		Amount of contribution (\$)
	1411 Redbud Lane Aledo	State; Zip Code D TX 76008	250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
01/21/2025	Contributor address; City; 600 E Exchange Ave, Ste. 200 Fort	State: Zip Code Worth TX 76164	1,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (IO#:	Amount of contribution (\$)
01/23/2025	Contributor address; City: 306 W. 7th St., Ste. 701 Fort Wo	State; Zip Code	5,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ns)

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 34
2 FILER NAME HILL, MA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Jason Baldwin	7 Amount of contribution (\$)
01/23/2025	6 Contributor address; City; State; Zip Code 1741 Rio Secco Dr Fort Worth TX 76131	100.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	Itions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
01/29/2025	Contributor address; City: State; Zip Code 4109 Cloudveil Ter Fort Worth TX 76109	250.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	clons)
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 occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:) Joaquim Carvalho	Amount of contribution (\$)
02/05/2025	Contributor address: City; State; Zip Code 6312 Indian Creek Dr Fort Worth TX 76116	150.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructi	ons)

If the request	ed information is not applicable, DO NOT inc	clude this page in the r	eport.
The	nstruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 34
2 FILER NAME HILL, MAC	Y L.		3 Filer ID (Ethics Commission Filers)
4 Date 02/09/2025	Michael Ferry 6 Contributor address; 2212 6th Ave Fort Wortl	State; Zip Code	7 Amount of contribution (\$)
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date) (ID#)	Amount of contribution (\$)
02/13/2025	Charles & Kelley Royer Contributor address; City: 4709 Harley Ave Fort Wor		500.00
Principal occup	ation / Job tille (See Instructions)	Employer (See Instruct	ions)
Date 02/17/2025 Principal occup	Full name of contributor out-of-state PAC Bourke Harvey Contributor address; City; 1608 Rogers Rd Fort Word	State; Zip Code rth TX 76107 Employer (See Instruc	Amount of contribution (\$) 250.00
	Г		
Date 02/17/2025	Full name of contributor out-of-state PA Eric Hahnfeld Contributor address; City; 200 Bailey Avenue, Ste 200 Fort		250.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Ins	OF THIS SCHEDULE AS truction guide for additiona	NEEDED I reporting requirements.

The I	nstruction Guide explains how to complete this form	1 Total pages Schedule A1: 34
FILER NAME	VI	3 Filer ID (Ethics Commission Filers)
HILL, MAC	5 Full name of contributor out-of-state PAC (IDB:_ Melinda Teitelbaum	7 Amount of contribution (\$)
2/17/2025		1,000.00 TX 76114
Principal occup		imployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#_	Amount of contribution (\$)
)2/18/2025	Scott Miller Contributor address; City; Sta 5420 Benbridge Dr. Fort Worth	
Principal occup	ation / Job title (See Instructions)	imployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:_	COLUMN TANAH TANAH TANAH
02/18/2025	260 Bailey Ave Fort Worth	7X 76107 2,500.00
Principal occup		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
02/20/2025	Larkin McMillian Contributor address; City; St 116 Hazelwood Drive Fort Wort	th TX 76107
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)

If the request	ed information is not applicable, DO NOT include this page in the	report.
The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1: 34
2 FILER NAME HILL, MAC	XY L.	3 Filer ID (Ethics Commission Filers)
4 Date 02/21/2025	5 Full name of contributor out-of-state PAC (IDII:) Edwin Ryan 6 Contributor address; City; State; Zip Code 5401 Benbridge Drive Fort Worth TX 76107	7 Amount of contribution (\$) 250.00
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 02/21/2025	Cheryl Van Zandt Contributor address; City; State; Zip Code 5305 El Dorado Dr Fort Worth TX 76107	Amount of contribution (\$) 50.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	ctions)
Date 02/21/2025 Principal occup	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 Deation / Job title (See Instructions) Employer (See Instru	Amount of contribution (\$) 50.00 ctions)
72. 10. 21 SEVE 1744 THE STREET		
Date 02/22/2025	Full name of contributor Katie Semple Contributor address; City; State; Zip Code 4117 Idlewild Drive Fort Worth TX 76107	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	uctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	S NEEDED

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 34
2 FILER NAME HILL, MAC	SY L.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	
02/23/2025	6 Contributor address; City; State; Z 1741 Rio Secco Dr Fort Worth TX	
8 Principal occu		er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
02/24/2025	For the Children PAC Contributor address: City; State; 2 PO Box 159 Fort Worth TX 7	Zip Code 2,500.00
Principal occup	ation / Job title (See Instructions) Employe	er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	
02/25/2025	Jeff Kearney Contributor address; City; State; 2 4121 Bunting Ave Fort Worth TX	1,000.00
Principal occu		rer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
02/25/2025	Arlie Davenport Contributor address: City; State: 2 4070 Clarke Avenue Fort Worth TX	200.00
Principal occu		yer (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED e for additional reporting requirements.

If the reques	ted 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, MAC	CY 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 (\$)
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
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 occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 02/26/2025 Principal occup	Full name of contributor Deborah Wilkinson Contributor address; City; State: Zip Code 5421 Northcrest Rd. Fort Worth TX 76107 Dealion / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) 100.00
Date 02/26/2025	Full name of contributor Bernard Malone III Contributor address; City: State; Zip Code 717 Westview Ave Fort Worth TX 76107	Amount of contribution (\$)
Principal occul	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	NEEDED

The	nstruction Guide explains how to complete this form.		1 Total pages Schedule A1: 34
2 FILER NAME HILL, MAC	Y L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/01/2025	5 Full name of contributor Nancy Parker 6 Contributor address; 5417 Benbridge Dr Fort Worth	te; Zip Code	7 Amount of contribution (\$) 500.00
8 Principal occu	eation / Job title (See Instructions) 9 E	mployer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
03/04/2025	Kathryn Parr Contributor address; City; Sta 5336 Collinwood Ave Fort Worth	ite; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)	mployer (See Instruction	ons)
Date 03/04/2025	Full name of contributor Kyle Poulson Contributor address; City; Sta 4132 Idlewild Dr Fort Worth	te; Zip Code	Amount of contribution (\$) 5,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)
03/05/2025	Contributor address; City; Sta 1317 Virginia PI Fort Worth	TX 76107	250.00
Principal occup		Employer (See Instruction	ons)

SCHEDULE A1

If the reques	sted 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, MAC	CY L.	3 Filer ID (Ethics Commission Filers)
4 Date 03/05/2025	5 Full name of contributor Leann White 6 Contributor address; City; State; Zip Code 116 Pineland Place Fort Worth TX 76114	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:) Joe White	Amount of contribution (\$)
03/05/2025	Contributor address: City; State: Zip Code 116 Pineland Place Fort Worth TX 76114	125.00
Principal occup	eation / Job title (See Instructions) Employer (See Instru	ctions)
Date 03/05/2025	Full name of contributor out-of-state PAC (IDIF:	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:) Beckie Geren	Amount of contribution (\$)
03/05/2025	Contributor address; City; State; Zip Code 1200 WashingtonTerr Fort Worth TX 76107	500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)
		NEEDED.
- 4	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additional	

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Revised 1/1/2025

If the reques	ted 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, MAC	CY L.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Janet Bishop	7 Amount of contribution (\$)
03/05/2025	6 Contributor address; City; State; Zip Code 5308 El Dorado Ave Fort Worth TX 76107	125.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (IDII:)	Amount of contribution (\$)
03/05/2025	Lloyd Bishop Contributor address; City; State; Zip Code 5308 El Dorado Ave Fort Worth TX 76107	125.00
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
Date 03/05/2025	Suzanne Rhodes Contributor address; City; State; Zip Code 5837 El Campo Ave Fort Worth TX 76107	Amount of contribution (\$) 125.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
03/05/2025	Ray Rhodes Contributor address; City; State; Zip Code 5837 El Campo Ave Fort Worth TX 76107	125.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additional	NEEDED reporting requirements.

James Taylor 6 Contributor address; City; State; Zip Code 1725 Carleton Ave Fort Worth TX 76107 B Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code 1725 Carleton Ave Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions)	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 34
James Taylor 6 Contributor address: City: State: Zip Code 1725 Carleton Ave Fort Worth TX 76107 B Principal occupation / Job title (See Instructions) Date 03/05/2025 Full name of contributor Jerry Taylor Contributor address: City: State: Zip Code 1725 Carleton Ave Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Date 03/05/2025 Full name of contributor Contributor address: City: State: Zip Code 1725 Carleton Ave Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 125.00 Amount of contribution (\$) 125.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 125.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 125.00 Principal occupation / Job title (See Instructions) Amount of contribution (\$) 125.00 Principal occupation / Job title (See Instructions) Contributor address: City: State: Zip Code Julie Watson Contributor address: City: State: Zip Code So5 Rivercrest Dr Fort Worth TX 76107		CY L.	3 Filer ID (Ethics Commission Filers)
1725 Carleton Ave Fort Worth TX 76107		[1974] [1977] [1977] [1977] [1977] [1977] [1977] [1977] [1977] [1977] [1977] [1977] [1977] [1977] [1977]	
Date 03/05/2025 Full name of contributor Out-of-state PAC (ID#	03/05/2025		76107 100.00
Jerry Taylor Contributor address: 1725 Carleton Ave Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 125.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 125.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 125.00 Date O3/05/2025 Full name of contributor Julie Watson Contributor address: City: State: Zip Code O3/05/2025 Contributor address: City: State: Zip Code So5 Rivercrest Dr Fort Worth TX 76107	B Principal occu	pation / Job title (See Instructions) 9 Employ	ver (See Instructions)
Contributor address; City; State; Zip Code 1725 Carleton Ave Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address; City; State; Zip Code 505 Rivercrest Dr Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 125.00 Amount of contribution (\$) Date 03/05/2025 Full name of contributor Julie Watson Contributor address: City; State; Zip Code 505 Rivercrest Dr Fort Worth TX 76107 125.00	Date		Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Robert Watson Contributor address; City; State; Zip Code 505 Rivercrest Dr Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Lemployer (See Instructions) Amount of contribution (\$) Julie Watson Contributor address; City; State; Zip Code 505 Rivercrest Dr Fort Worth TX 76107	03/05/2025	Contributor address; City; State;	
Robert Watson Contributor address; City; State; Zip Code S05 Rivercrest Dr Fort Worth TX 76107	Principal occup		
Contributor address; City; State; Zip Code 505 Rivercrest Dr Fort Worth TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Date 03/05/2025 Full name of contributor Julie Watson Contributor address; City; State; Zip Code 505 Rivercrest Dr Fort Worth TX 76107	Date		Amount of contribution (\$)
Date O3/05/2025 Full name of contributor Out-of-state PAC (ID#:	03/05/2025	Contributor address; City; State;	
03/05/2025 Julie Watson Contributor address: City; State; Zip Code 505 Rivercrest Dr Fort Worth TX 76107	Principal occup	pation / Job title (See Instructions) Employ	yer (See Instructions)
03/05/2025 Contributor address: City; State; Zip Code 125.00 505 Rivercrest Dr Fort Worth TX 76107	Date	and declarately years of several and sever	Amount of contribution (\$)
	03/05/2025	Contributor address; City; State; 2	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
	Principal occu	pation / Job title (See Instructions)	yer (See Instructions)

The	nstruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: 34
FILER NAME HILL, MAC	Y L.		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID: Butler William	#:)	7 Amount of contribution (\$)
03/06/2025	6 Contributor address; City; 3812 Monticello Drive Fort Wor	State; Zip Code rth TX 76107	1,000.00
B Principal occup	pation / Job title (See Instructions) 9	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of contribution (\$)
03/10/2025		State; Zip Code	3,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID	#:	Amount of contribution (\$)
03/11/2025	Matt Johnson Contributor address: City: PO Box 707 Whitesboro	State; Zip Code TX 76273	2,500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	The contraction of the contracti	o#·)	Amount of contribution (\$)
03/11/2025	Charla Brotherton Contributor address: City; 101 Nursery Lane, Ste 236 Fort W	State; Zip Code	250.00
Principal occuj	pation / Job title (See Instructions)	Employer (See Instructi	ons)

The	nstruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 34
2 FILER NAME HILL, MAC	SY L.		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID Edwards Geren Ltd.) ·	7 Amount of contribution (\$)
03/14/2025	6 Contributor address; City; 4200 S Hulen St., Ste. 614 Fort We	기계 기계에 가고 가게 한 경험하게 되었다.	1,000.00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (III Jan Schroeder 3/14/2025	D#:)	Amount of contribution (\$)
03/14/2025		State; Zip Code h TX 76107	25.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)
Date		D#:)	Amount of contribution (\$)
03/14/2025	James Schroeder Contributor address: City: 1617 Catalina Dr Fort Wort	State; Zip Code th TX 76107	25.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ns)
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)
03/17/2025	Scott Womack Contributor address; City; 8504 Landing Way Court Fort W	State: Zip Code Orth TX 76179	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 34
2 FILER NAME HILL, MAC	CY L.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (IDII:) Christopher Goff	7 Amount of contribution (\$)
03/17/2025	6 Contributor address; City; State; Zip Code 320 Ridgewood Road Fort Worth TX 76107	1,000.00
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instruc	[ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
03/18/2025	Jim DeLong Contributor address; City; State; Zip Code 8704 Granite Court Fort Worth TX 76179	100.00
Principal occup	eation / Job title (See Instructions) Employer (See Instru	ctions)
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 (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
03/21/2025	Jeff Davis Contributor address: City; State; Zip Code 2325 Mistletoe Drive Fort Worth TX 76109	500.00
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ictions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additional	NEEDED Il reporting requirements.

struction Guide explains how to complete this form.	1 Total pages Schedule A1: 34
/ L.	3 Filer ID (Ethics Commission Filers)
Robert Ginsburg Contributor address; City; State; Z	250.00
tion / Job title (See Instructions) 9 Employe	er (See Instructions)
Contributor address; City; State;	500.00
	er (See Instructions)
Contributor address; City; State; 200 Texas Way, HNGR 23N Fort Worth T	500.00
John Thompson Contributor address; City; State; 2 6009 Merrymount Rd Fort Worth TX	Zip Code X 76107
tion / Job title (See Instructions) Employ	yer (See Instructions)
	Robert Ginsburg Contributor address; City; State; 2 777 Main St., Set 2700 Fort Worth TX Station / Job title (See Instructions) Full name of contributor Contributor address; City; State; 4900 Westrige Ave, #4 Fort Worth TX State: 4900

		1	Total pages Schedule A1: 34
The	Instruction Guide explains how to complete this for		
FILER NAME HILL, MAC	CY L.	3	Filer ID (Ethics Commission Filers)
4 Date 03/23/2025	5 Full name of contributor out-of-state PAC (IDIA: Jason Baldwin 6 Contributor address; City; S 1741 Rio Secco Dr Fort Worth	tate; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) 9	Employer (See Instructions	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
03/24/2025	Brandon Cross Contributor address; City; s 9700 Houston Hill Rd Fort Wort	State; Zip Code th TX 76179	1,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
03/24/2025		State; Zip Code Branch TX 75234	10,000.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)
03/24/2025	Accountable Government Fund Contributor address; City; 5 430 Old Fitzhugh #7 Dripping Sprir	State; Zip Code ngs TX 78620	5,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions))

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this fo	rm.	Total pages Schedule A1: 34
FILER NAME	CY L.	3	Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID:	#	Amount of contribution (\$)
3/24/2025	6 Contributor address; City: 1409 Summit Ave. Fort Worth		1,000.00
Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (ID	#:	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (ID:	#	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (ID	DH:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2025

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Th	e Instruction Guide explains how to complete this form		1 Total pages Schedule A2: 2
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
HILL, MA	ACY L.		
	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 13,542.86
5 Date 01/16/2025	6 Full name of contributor out-of-state PAC (IDII: KIT MONCRIEF 7 Contributor address; City; State; 420 THROCKMORTON ST., STE. 550 FORT WORTH	Zip Code 3 TX 76102	8 Amount of 9 In-kind contribution Contribution \$ description 2,500.00 FOOD & BEVERGAE FOR CAMPAIGN EVENT Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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 out-of-state PAC (ID#:	Zip Code X 76107	Amount of Contribution \$ In-kind contribution description 1,500.00 FOR CAMPAIGN EVENT Check if travel outside of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law fire	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (If any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF	THIS SCHED	ULE 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

	Total pages Sched Filer ID (Ethics Co.) 13,542	ommission Filers)
PAC (ID#:)	The arms one beginning	SPANICH .
PAC (ID#:)	\$ 13,542	96
	The state of the s	.00
State; Zip Code ORTH TX 76185	8 Amount of Contribution \$ 9,542.86 Check if travel outs	9 In-kind contribution description POLLING l lde of Texas. Complete Schedule T.
e Instructions) 11 Employ	ver (FOR NON-JUDICI	AL)(See Instructions)
13 Contrib	outor's job title (FOR JL	JDICIAL) (See Instructions)
15 Law fin	m of contributor's spou	ise (if any) (FOR JUDICIAL)
	Amount of Contribution \$	In-kind contribution description I I I I I I I I I I I I I I I I I I I
e Instructions) Employ		
Contrib	outor's job title (FOR JU	UDICIAL) (See Instructions)
Law fir	m of contributor's spou	use (if any) (FOR JUDICIAL)
JUDICIAL)		
	State; Zip Code ORTH TX 76185 e Instructions) 11 Employ 13 Contrib 15 Law fir State; Zip Code e Instructions) Employ Contrib Law fir	State; Zip Code ORTH TX 76185 Check if travel outs Instructions) Contributor's job title (FOR JU 15 Law firm of contributor's spou JUDICIAL) PAC (ID#:) State; Zip Code Check if travel outs Contributor's job title (FOR JU Amount of Contribution \$ Check if travel outs Contribution \$ Contrib

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE F1

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

EXPENDITURE	CATEGORIES	FOR BOX 8(a)	
EXPENDITURE	CALEGORIES	LOW DOW Off	ı

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Trave Trave Labor Other

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

Total pages Schedule F1:	2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics	Commission Filers)
Date 01/09/2025	5 Payee name Vista Print			
Amount (\$) 175.35	7 Payee address; 275 Wyman St Waltham MA 02451	City;	State;	Zip Code
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		in the state of
PURPOSE OF EXPENDITURE	Printing Expense	Stationary		
	(c) Chack if travel outside of Texas. Complete Schedule Y.	Check if Aus	stin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
01/10/2025	Lucile's Bistro			
Amount (\$)	Payee address;	City;	State;	Zip Code
72.35	4700 Camp Bowie Blvd Fort Worth	TX 76107	t.	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meeting with	Constituent	
EXPENDITORE	Check if travel outside of Texas, Complete Schedule T.	Check if Au	slin, TX, officeholder livir	g expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought		Office held
Date	Payee name			
01/14/2025	Cookies By Design			
Amount (\$)	Payee address;	City;	State;	Zip Code
	4455 Camp Bowie Blvd Fort Worth	TX 76107		
117.60				
117.60	Category (See Categories listed at the top of this schedule)	Description		
117.60 PURPOSE OF EXPENDITURE		Description Cookies for F	Fundraiser	
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Cookies for F	Fundraiser	ng expense

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

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

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)

Total pages Schedule F1:	2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics	Commission Filers)
Date 01/15/2025	5 Payee name Cookies By Design			71.0-1
Amount (\$) 294.00	7 Payee address; 4455 Camp Bowie Blvd Fort Worth T	City; X 76107	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Cookies for F	undraiser	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX. officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
01/16/2025	USPS			
Amount (\$)	Payee address;	City;	State;	Zip Code
216.75	4600 Mark IV Parkway Fort Worth T	X 76161		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office/Overhead/Rental	Stamps		
LAI LIIJII J	Check If travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name	Philippen of the section		
01/24/2025	Norfleet Strategies			
Amount (\$)	Payee address;	City;	State;	Zip Code
4,000.00	504 W. 12th Street Austin TX 7870	1		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Campaign N	Management	
EXPENDITURE		luteT. Check if Austin, TX, officeholder living expense		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.		N. 1 (2)	

SCHEDULE F1

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	
Advertising Expense Accounting/Benking Consulting Expense Contributions/Donations Made B Candidate/Officaholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling y Gift/Awards/Memorials Expense Printing	payment/Reimbursement werhead/Rental Expense Expense Expense wWages/Contract Labor o complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
01/29/2025	City of Fort Worth		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
100.00	200 Texas Street Fort Worth TX 76	3102	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees	Campaign Fil	ling Fee
EXPENDITURE	(c) Check if travel outside of Texes. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O			
Date	Payee name		
02/03/2025	Ray'Lee Acosta		7.0.4
Amount (\$)	Payee address;	City;	State; Zip Code
1,000.00	729 Arledge St Azle TX 76020		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Contract Lab	oor for Campaign Services
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living expense
Complete CNII V If direct	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/C			
Date	Payee name		
02/04/2025	Ray'Lee Acosta	4	
Amount (\$)	Payee address;	City;	State: Zip Code
4,750.00	729 Arledge St Azle TX 76020		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Contract Lab	or for Campaign Services
	Check if travel outside of Texas. Complete Schedule	. Check if A	uslin, TX, officeholder living expense
Consists Child if does	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/6			

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/Conations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
10	HILL, MACY L.		
Date 02/05/2025	Norfleet Strategies		
Amount (\$)	7 Payee address:	City;	State: Zip Code
4,000.00	504 W. 12th Street Austin TX 78701		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Consulting Expense	Campaign Ma	nagement
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	in, TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
02/05/2025	InstallConnect, INC.		
Amount (\$)	Payee address;	City;	State; Zip Code
1,500.00	505 W State St Garland TX 75040	AND CHINESE MAN	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Sign Installat	ion
EM EMEN	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
	Cowtown Marathon		
02/19/2025		011	and the contract of the contra
02/19/2025 Amount (\$)	Payee address;	City;	State; Zip Code
02/19/2025 Amount (\$) 1,000.00	Payee address; 3584 S Hills Ave Ste. 21 Fort Worth		State; Zip Code
Amount (\$)	The state of the s	TX 76109 Description	
Amount (\$)	3584 S Hills Ave Ste. 21 Fort Worth	TX 76109	
Amount (\$) 1,000.00 PURPOSE OF	3584 S Hills Ave Ste. 21 Fort Worth Category (See Categories listed at the top of this schedule)	TX 76109 Description Campaign Sign	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

nt Solicitation/Fundralsing Expense
e Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enters calegory not listed above)

Credit Card Payment	Committee Legal Services Salanes/VV The Instruction Guide explains how to co	ages/Contract Labor omplete this form.	Objet (ether a carego	ry notlisted above)
Total pages Schedule F1:			3 Filer ID (Ethics	Commission Filers)
Date 02/27/2025	5 Payee name The Art of Grazing			Series Series
Amount (\$)	7 Payee address;	City;	State;	Zip Code
307.28	2740 Lipscomb Street Fort Worth TX	76110		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense	Catering for F	Fundraising Ev	ent
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	din, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/28/2025	Ray'Lee Acosta			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,000.00	729 Arledge St Azle TX 76020			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Contract Lab	or for Campai	gn Services
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/05/2025	Norfleet Strategies			
Amount (\$)	Payee address;	City;	State;	Zip Code
4,000.00	504 W. 12th Street Austin TX 78701			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Consulting Expense	Campaign Ma	anagement	
EXPENDITURE			-V- TV efficientides livio	o expense
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder livin	g unpunut

SCHEDULE F1

ii tile requested iiii	ormation is not applicable, be ret intere		
	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Politi y Gift/Awards/Memorials Expense Print	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ing Expense nes/Wages/Contract Labor v to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Rolated Expense Travel In District Travel Out Of District Other (enter a calegory not listed above)
			2 Files ID (Ethics Commission Filese)
1 Total pages Schedule F1: 10	HILL, MACY L.		3 Filer ID (Ethics Commission Filers)
4 Date 03/06/2025	Specs Wine & Spirits		
6 Amount (\$) 113.77	7 Payee address; 704 Lake Worth Blvd Lake Worth	City; TX 76135	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedu	ile) (b) Description	
PURPOSE OF EXPENDITURE	Event Expense	00-00 C-00-00-00-00-00-00-00-00-00-00-00-00-00	Fundraising Event
	(c) Check if travel outside of Texas. Complete Schedule	T. Check If Aus	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
03/07/2025	Bluebonnet Bakery		
Amount (\$)	Payee address;	City;	State; Zip Code
5.99	4705 Camp Bowie Blvd Fort Wo	rth TX 76107	
	Category (See Categories listed at the top of this schedul	Description	
PURPOSE OF EXPENDITURE	Gifts/Awards/Memorials	Host Gift	
	Check if travel outside of Texas. Complete Schedul	eT. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
03/07/2025	Central Market		
Amount (\$)	Payee address;	City;	State: Zip Code
27.05	4651 West Fwy Fort Worth TX 76	3107	
	Category (See Categories listed at the top of this schedu	le) Description	
PURPOSE OF EXPENDITURE	Gifts/Awards/Memorials	Host Gift	
	Check if travel outside of Texas. Complete Schedul	eT. Check if Aus	atin, TX, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED
	AT INCHADDITIONAL COFIES OF	OOILLDOLL NO INC	

SCHEDULE F1

		EXPENDITURE CATEG	ORIES F	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/M	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na	ame				
03/07/2025	Act for a	Justice	William III	/N		
6 Amount (\$)	7 Payee ac	ddress;		City;	State;	Zip Code
2,575.00	P.O. Bo	x 1144 Fort Worth TX	76102			
8	(a) Categor	y (See Categories listed at the top of this a	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contribu Candida	tions/Donations Made By te		Contribution		
	(c)	Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austi	n, TX, officeholder living) expense
9 Complete ONLY if direct expenditure to benefit C/OH	and the same	late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
03/07/2025	Ray'Lee	Acosta \$1,250.00				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
1,250.00	729 Arle	edge St Azle TX 76020	D			
	Categon	/ (See Categories listed at the top of this se	chedule)	Description		
PURPOSE OF EXPENDITURE	Salarie	s/Wages/Contract Lab	or	Contract Labo	r for Campai	gn Services
EXI ENDITORE		Check If travel outside of Texas, Complete Sc	chedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct	Candio	late / Officeholder name		Office sought		Office held
expenditure to benefit C/Oh	1					
Date	Payee n	ame	7			
03/10/2025	Burton I	Hill Mart				
Amount (\$)	Payee a		ve czewane war	City;	State;	Zip Code
13.93	1109 Bu	ırton Hill Rd Fort Wort	h TX 70	6114		
	Category	/ (See Categories listed at the top of this se	chedule)	Description		
PURPOSE OF EXPENDITURE	Event E	Expense		Ice for Fundrai	ser	
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	360	date / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		ating Expense aries/Wages/Contract Labor w to complete this form.	Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1.	2 FILER NAME HILL, MACY L.		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
03/10/2025	The Art of Grazing			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
209.31	2740 Lipscomb Street Fort Worth	TX 76110	1000	
8	(a) Category (See Categories listed at the top of this schedu	ule) (b) Description		
PURPOSE OF EXPENDITURE	Event Expense	Catering for Fundraising Event		
	(c) Check if travel outside of Texas Complete Schedule	eT. Check if Austin,	TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
03/10/2025	Specs Wine & Spirits			
Amount (\$)	Payee address;	City;	State; Zip Code	
293.58	2750 S Hulen St, Fort Worth TX	76109		
	Category (See Categories listed at the top of this schedul	e) Description		
PURPOSE OF EXPENDITURE	Event Expense	Beverage for F	undraising Event	
	Check if travel outside of Texas. Complete Schedule	Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
03/12/2025	Staples			
Amount (\$)	Payee address;	City;	State; Zip Code	
30.30	6313 Lake Worth Blvd Lake Wort	h TX 76135		
Aprending specialists	Category (See Categories listed at the top of this schedule	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Printed Material	S	
	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 T	HIS SCHEDULE AS NEED	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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)

	T		2 Files ID (Fible	a Camminalan Ellaro	
Total pages Schedule F1:	2 FILER NAME HILL, MACY L.	3 Filer ID (Ethics Commission Filers)			
Date 03/13/2025	5 Payee name Fort Worth Coffee Co.				
Amount (\$)	7 Payee address;	City;	State;	Zip Code	
6.11	4731 Camp Bowie Fort Worth TX 76	5107			
	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meeting with Constituent			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
03/17/2025	USPS				
Amount (\$)	Payee address;	City;	State;	Zip Code	
210.00	3101 W 6TH ST Fort Worth TX 761	07			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Office/Overhead/Rental	Mailbox Rene	ewal		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
		Office sought		Office held	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H				
	SECTION AND AND AND AND AND AND AND AND AND AN				
expenditure to benefit C/O	н				
expenditure to benefit C/O	H Payee name	City;	State;	Zip Code	
Date 03/18/2025 Amount (\$)	Payee name Cookies By Design	City;	State;		
Date 03/18/2025 Amount (\$)	Payee name Cookies By Design Payee address;	City;	State;		
Date	Payee name Cookies By Design Payee address; 4455 Camp Bowie Blvd Fort Worth 1	City; ГХ 76107			
Date 03/18/2025 Amount (\$) 367.50 PURPOSE OF	Payee name Cookies By Design Payee address; 4455 Camp Bowie Blvd Fort Worth T	City; FX 76107 Description Cookies for F		Zip Code	

SCHEDULE F1

		EXPENDITURE CATE	GORIES F	OR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officaholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Solicitation/Fundrals Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense	
1 Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethic	s Commission Filers)	
4 Date 03/24/2025	5 Payeens Anedot						
6 Amount (\$)	7 Payee address; City: State; Zip Co. 1340 Poydras Street Suite 1770 New Orleans LA 70112						
3,355.20	1340 PC	Jyuras Sireet Suite 17	10 New		112		
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	FEES			CREDIT CARD PROCESSING FEE			
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	heck if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Ol		date / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Categor	y (See Calegories 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/O	100100000000000000000000000000000000000	date / Officeholder name		Office sought Office held		Office held	
Date	Payeen	ame		Section In the Asset Sec			
Amount (\$)	Payee a	ddress;		City:	State;	Zip Code	
PURPOSE OF EXPENDITURE	Categor	y (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/O		date / Officeholder name		Office sought		Office held	
	A	TACH ADDITIONAL COPIES	S OF THIS	SCHEDULE AS NE	EDED		