CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| The C/OH Instruction G | Guide explains how t | o complete | this form. | 1 Filer ID (Ethi | cs Commission Filers) | 2 Total page | s filed: 23 |
|---------------------------------------------------------------|-----------------------------|-------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------|--------------------------------------------------------------------------------|
| 3 CANDIDATE/ OFFICEHOLDER | MS/MRS/MR Mr. | Ма | rst ark | | мі L | OFFI | CEUSEONLY |
| NAME | NICKNAME | | AST | | SUFFIX | Date Received | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | 9950 Little Frisco, T | e Horn | Circle | TY, STA | TE; ZIP CODE | APR 2 | 8 2023 |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | (469) | 294-4 | | EXT | ENSION | Date Hand-delive | red or Date Postmarked [Amount \$ |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR M r. NICKNAME | Bij | RST AST | | MI | Date Processed | Amount 9 |
| | NICKIVANE | | oodard | | SOFTIX | Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | 3598 Spri | | | | сіт у ; Х 75033 | STATE | ZIP CODE |
| 8 CAMPAIGN TREASURER PHONE | (214) | PHONE NU 945-3 | | EXT | ENSION | | |
| 9 REPORT TYPE | January 15 | | 30th day before elect | 1 | Runoff Exceeded Modified Reporting Limit | treasur (Officel | y after campaign er appointment nolder Only) eport (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month 3 | Day / 29 / | Year 23 | THROUGH | Month 4 | 1270085 | Year 23 |
| 11 ELECTION | Month Day 5 6 | Year 23 | Primary General | Runoff Special | Other Description | | |
| 12 OFFICE | OFFICE HELD (if any) | | | | FICE SOUGHT (if know | Till | 5 |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THE CANDIDATE / OFFIC | CEHOLDER. THE | ESE EXPENDITURES DLDERS ARE REQUIRE | MAY HAVE BEEN N | MADE WITHOUT THE CAL | NDIDATE'S OR OFFICE | COMMITTEES TO SUPPORT EHOLDER'S KNOWLEDGE OR E OF SUCH EXPENDITURES. |
| Additional Pages | GENERAL | COMMITTEE | ADDRESS | 1300 and 100 a | | | |
| | SPECIFIC | COMMITTEE | CAMPAIGN TREA | SURER NAME | | | |
| | | COMMITTEE | CAMPAIGN TREA | ASURER ADDRES | s | | |
| | | | GO TO I | PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER

FORM C/OH

| CAMPAIGN | N FINANCE REPOR | ۲۱ | | | OVERS | HEET PG 2 |
|----------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------|--------------------|
| 15 C/OH NAME Mark Hill | | | | 16 Fi | ler ID (Ethics | Commission Filers) |
| 17 CONTRIBUTION TOTALS | TOTAL UNITEMIZED POL PLEDGES, LOANS, OR GU CONTRIBUTIONS MADE E | JARANTEES OF LOA | ACCURATION AND ADDRESS OF THE PARTY OF THE P | AN . | \$ | |
| | TOTAL POLITICAL CON (OTHER THAN PLEDGES. | | NTEES OF LOANS | 5) | \$ | 3,817.60 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLI | TICAL EXPENDITURI | y - V | | \$ | |
| | 4. TOTAL POLITICAL EXPI | ENDITURES | -35 | | \$ | 15,050.22 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRI OF REPORTING PERIOD | BUTIONS MAINTAINE | D AS OF THE LA | ST DAY | \$ | 9,051.45 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUN LAST DAY OF THE REPOR | | DING LOANS AS (| OF THE | \$ | 37,764.31 |
| (1) Affidavit | DONNA Notary Publi Comm. Exp | mplete either M. DANIELS c, State of Texas ires 04-13-2025 D 12249621 | option belo | ow: | | |
| | before me by | e, | this the | ne_28 | day of _ | A ps.] |
| | | OR | | | | |
| (2) Unsworn Declaration | on | | | | | |
| My name is | | , and | my date of birth is | 3 | | |
| My address is | | | | | | |
| | (street) | | (city) | (state) | (zip code) | (country) |
| Executed in | County, State of | , on the | day of (mo | nth) | , 20 (year | <u>)</u> . |
| | | | Signature of Can | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 | FILER NAME | 20 Filer ID (Ethics Commission Filers) |
|-----|-------------------------------------------------------|----------------------------------------|
| | Mark Hill | |
| 21 | SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 3,414.66 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIE | utions \$ 403.00 |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | s |
| 4. | SCHEDULE E: LOANS | s 15,050.22 |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POL | TICAL CONTRIBUTIONS \$ 12,549.70 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | ş |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM F | OLITICAL CONTRIBUTIONS \$ |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 2,500.52 |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERS | ONAL FUNDS \$ |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUT | IONS TO A BUSINESS OF C/OH \$ |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM PO | LITICAL CONTRIBUTIONS \$ |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND C | ONTRIBUTIONS RETURNED \$ |
| | | |

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 for | m. 1 | Total pages Schedule A1: 5 |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|
| ² FILER NAME Mark Hill | | 3 | Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (IDA Sangeetha Karthik | : | 7 Amount of contribution (\$) |
| 04/01/2023 | | | E1 20 |
| | A − − Notification to the section of the section of the period and the section of the section o | State; Zip Code | 51.38 |
| | 2720 MEADOW WOOD DRIVEFLOWER MOU | ND, 1X 75022 | |
| 8 Principal occu | pation / Job title (See Instructions) 9 | Employer (See Instruction | ns) |
| Date | Full name of contributor out-of-state PAC (IDE | : | Amount of contribution (\$) |
| 04/04/0000 | Kenneth Tysell | | E40 7E |
| 04/04/2023 | Contributor address; City; | State; Zip Code | 513.75 |
| | 1213 GLADEWATER DR FRISCO | D, TX 75033 | 010110 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruction | ns) |
| Date | Full name of contributor out-of-state PAC (IDA | :) | Amount of contribution (\$) |
| 04/06/2023 | Lauren Santagati | | F00 00 |
| 04/00/2023 | Contributor address; City; S | State; Zip Code | 500.00 |
| | 1132 MOONSTONE ST CARROLLTO | N, TX 75007 | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruction | ns) |
| Date | Full name of contributor out-of-state PAC (ID: | r | Amount of contribution (\$) |
| | Jeanette Kelley | | |
| 04/07/2023 | Contributor address; City; | State; Zip Code | 308.25 |
| | 7905 GULF ST. FRISCO, | TX 75035 | 000.20 |
| Principal occup | eation / Job title (See Instructions) | Employer (See Instruction | ns) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: 5 |
|--------------------------|------------------------------------------------------------------------------------------------|---------------------------------------|
| 2 FILER NAME MARK HIL | _L | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:) Karmann Schackmann | 7 Amount of contribution (\$) |
| 04/07/2023 | 6 Contributor address; City; State; Zip Code 1736 GARRISON DR FRISCO, TX 75033 | 256.88 |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See Instru | ctions) |
| Date | Full name of contributor out-of-state PAC (ID#:) Randall Ivener | Amount of contribution (\$) |
| 04/08/2023 | Contributor address; City: State; Zip Code 11590 Clayton CtFrisco, TX 75035 | 102.75 |
| Principal occup | eation / Job title (See Instructions) Employer (See Instru | ctions) |
| Date | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) |
| 04/12/2023 | Renee Ehmke Contributor address; City; State; Zip Code 11103 Williamsburg LnFrisco, TX 75035 | 100.00 |
| Principal occup | pation / Job title (See Instructions) Employer (See Instru | ctions) |
| Date | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) |
| 04/14/2023 | Ann Terry Contributor address; City; State; Zip Code 12745 CONCHO DR FRISCO, TX 75033 | 51.38 |
| Principal occup | Employer (See Instructions) Employer (See Instru | ctions) |
| | | |
| | | |
| | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

| If the reques | ted information is not applicable, DO NOT inc | lude this page in the r | eport. |
|--------------------------|-------------------------------------------------------------------------------------|---------------------------|---------------------------------------|
| The | Instruction Guide explains how to complete this t | form. | 1 Total pages Schedule A1: 5 |
| 2 FILER NAME MARK HIL | L | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (Debra Nelson | ID#) | 7 Amount of contribution (\$) |
| 04/16/2023 | 6 Contributor address; City; 8127 OCEAN REEF RD FRISCO | State; Zip Code | 102.75 |
| 8 Principal occu | pation / Job title (See Instructions) | Employer (See Instruction | ons) |
| Date | Full name of contributor out-of-state PAC (| ID#:) | Amount of contribution (\$) |
| 04/17/2023 | | State; Zip Code | 51.38 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instructi | ons) |
| Date | Full name of contributor out-of-state PAC | (ID#) | Amount of contribution (\$) |
| 04/19/2023 | | State; Zip Code | 51.38 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instructi | ons) |
| Date | 5 (5) (5) (7) (7) (6) (7) | (ID#) | Amount of contribution (\$) |
| 04/20/2023 | Barbara Murphy Contributor address; City; 1734 CROSSHAVEN DR LEWISVILI | State; Zip Code | 102.75 |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| | | | |
| | ATTACH ADDITIONAL COPIES C If contributor is out-of-state PAC, please see Instru | | |

SCHEDULE A1

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

| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: 5 |
|--------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------|
| 2 FILER NAME MARK HII | LL. | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:) Jessica Easton | 7 Amount of contribution (\$) |
| 04/22/2023 | 6 Contributor address: City: State: Zip Code 7908 Daylily WayFrisco, TX 75033 | 50.00 |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See Instruc | ctions) |
| Date | Full name of contributor out-of-state PAC (ID#:) Venkat Gottipati | Amount of contribution (\$) |
| 04/23/2023 | Contributor address; City; State; Zip Code 7629 EDELWEISS TRL FRISCO, TX 75034 | 513.75 |
| Principal occup | pation / Job title (See Instructions) Employer (See Instructions) | stions) |
| Date | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) |
| 04/23/2023 | Martin Thornthwaite Contributor address; City; State; Zip Code 2201 LAKESIDE BLVD RICHARDSON, TX 75082 | 102.75 |
| Principal occu | pation / Job title (See Instructions) Employer (See Instruc | ctions) |
| Date | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) |
| 04/23/2023 | Sandi Denton Contributor address; City; State; Zip Code 9704 HAWKS LANDING DR FRISCO, TX 75033 | 102.75 |
| Principal occu | pation / Job title (See Instructions) Employer (See Instruc | ctions) |
| | | |
| | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | s form. | 1 Total pages Schedule A1: 5 |
|--------------------------|-----------------------------------------------------------------------|--------------------------------------|---------------------------------------|
| 2 FILER NAME MARK HIL | -L | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | Curtis Rayer | C (ID#:) | 7 Amount of contribution (\$) |
| 04/24/2023 | 6 Contributor address; City; 9779 SIERRA DR FRISCO, TX | State; Zip Code | 51.38 |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruct | ions) |
| Date | Full name of contributor out-of-state PA | C (ID#:) | Amount of contribution (\$) |
| 04/24/2023 | Contributor address; City: 6023 Arboretum DrFrisco, TX | State; Zip Code | 100.00 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date | | C (ID#:) | Amount of contribution (\$) |
| 04/26/2023 | Janardhan Reddy Contributor address; City; 11110 PARLIAMENT LN FRIS | State; Zip Code | 250.00 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | lions) |
| Date | | C (ID#:) | Amount of contribution (\$) |
| 04/26/2023 | Marshella Maricle Contributor address; City; | State; Zip Code | 51.38 |
| Principal occur | 11670 BLACKHAWK DR. FRIS | SCO, TX 75033 Employer (See Instruc | tions) |
| | , | | |
| | | | |
| | | | |
| | | | |
| | | | V=000000 000000 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | n. | 1 Total pages Schedule A2: | |
|------------------------------------|--------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------|--|
| ² FILER NAME MARK HI | | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL O | F UNITEMIZED IN-KIND POLITICAL CONTRI | BUTIONS | \$ 403.00 | |
| 5 Date | 6 Full name of contributor | | 8 Amount of 9 In-kind contribution Contribution \$ description 403.00 PAYMENT OF | |
| 04/17/2023 | 7 Contributor address; City; State; 8548 Scott Cir Frisco TX | Zip Code 75034 | RESTAURANT BILL Check if travel outside of Texas, Complete Schedule T. | |
| 10 Principal occ | rupation / Job title (FOR NON-JUDICIAL)(See Instructions) | 11 Employ | er (FOR NON-JUDICIAL)(See Instructions) | |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 Contrib | 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) | I. | | |
| Date | Full name of contributor | | Amount of In-kind contribution description | |
| Principal occ | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employ | rer (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 firm of contributor's spouse (if any) (FOR JUDICIAL) | | |
| If contributor | r is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | ATTACH ADDITIONAL COPIES OF | THIS SCHED | ULE AS NEEDED | |

LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. The Instruction Guide explains how to complete this form. Total pages Schedule E: 1 3 Filer ID (Ethics Commission Filers) 2 FILER NAME

| Mark Hill | | | |
|----------------------------------------------|---------------------------------------------------|------------------------------------------------|----------------------------------------|
| TOTAL OF UN | ITEMIZED LOANS | | \$ |
| 5 Date of loan | 7 Name of lender □ out-of-state if Mark Hill | PAC (ID#) | 9 Loan Amount (\$) 15,050.22 |
| S Is lender a financial Institution? Y N | 8 Lender address; City; 9950 Little Horn Circle, | State; Zip Code Frisco, TX 75035 | 10 Interest rate 11 Maturity date |
| 12 Principal occupation Attorney | on / Job title (See Instructions) | 13 Employer (See Instructions) | |
| 14 Description of Colla | ateral | Check if personal fundaccount (See Instruction | ds were deposited into political ons) |
| 6 GUARANTOR INFORMATION not applicable | 17 Name of guarantor 18 Guarantor address; City; | State; Zip Code | 19 Amount Guaranteed (\$) |
| 20 Principal Occupati | on (See Instructions) | 21 Employer (See Instructions) | |
| Date of loan | Name of lender | PAC (ID#:) | Loan Amount (\$) |
| Is lender a financial Institution? | Lender address; City; | State; Zip Code | Interest rate Maturity date |
| Principal occupation | on / Job title (See Instructions) | Employer (See Instructions) | |
| Description of Colla | ateral | Check if personal fundaccount (See Instruct | ds were deposited into political ions) |
| GUARANTOR INFORMATION not applicable | Name of guarantor Guarantor address; City; | State; Zip Code | Amount Guaranteed (\$) |
| Principal Occupation | on (See Instructions) | Employer (See Instructions) | |
| Principal Occupation | | PIES OF THIS SCHEDULE AS NE | |

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 Foes Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| Total pages Schedule F1: | 2 FILER NAME MARK HILL | | 3 Filer ID (Ethi | cs Commission Filers | | |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------|----------------------|--|--|
| 4 Date 03/29/2023 | 5 Payee name FREDLUSK | | | | | |
| 6 Amount (\$) | 7 Payee address: | City; | State; | Zip Code | | |
| 352.62 | 9912 MALLORY DR | FRISCO | TX | 75035 | | |
| 3 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | | |
| PURPOSE OF EXPENDITURE | ADVERTISING EXPENSE | SIGN INSTALL | | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aus | tin, TX, officeholder livi | ng expense | | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate / Officeholder name | Office sought | | Office held | | |
| Date | Payee name | | | | | |
| 03/31/2023 | FIRST GRAPHIC SERVICES | | | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code | | |
| 1,264.34 | 229 GARVON ST | GARLAND | TX | 75040 | | |
| PURPOSE OF EXPENDITURE | Category (See Calegories listed at the top of this schedule) PRINTING EXPENSE | Description SIGNS | | | | |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| Complete ONLY if direct expenditure to benefit C/Ol | Candidate / Officeholder name | Office sought | | Office held | | |
| Date | Payee name | | | | | |
| 04/07/2023 | SILLARAI LLC | | | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code | | |
| 154.13 | 2216 STANMORE LN | PLANO | TX | 75025 | | |
| | Category (See Categories listed at the top of this schedule) | Description | ARGON SALE | | | |
| PURPOSE OF EXPENDITURE | FUNDRAISING EXPENSE | SITE RUNS D | ONATION V | VEBSITE | | |
| | Check if travel outside of Texas, Complete Schedule T. | Check if Aus | Austin, TX, officeholder living expense | | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought | | Office held | | |

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)

| Gredit Gard Payment | The Instruction Guide explains how to | complete this form. | | | | |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------|---------------------------------|--|--|
| Total pages Schedule F1: | 2 FILER NAME MARK HILL | | 3 Filer ID (Ethi | ics Commission Filers) | | |
| 4 Date 04/07/2023 | 5 Payee name FIRST GRAPHIC SERVICES | | | | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; | Zip Code | | |
| 1,264.33 | 229 GARVON ST | GARLAND | TX | 75040 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE | (b) Description | | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, | TX, officeholder livi | TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | | Office held | | |
| Date | Payee name | | | | | |
| 04/11/2023 | HOBBY LOBBY | | | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code | | |
| 104.78 | 3350 W UNIVERSITY DR | MCKINNEY | TX | 75071 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTSING EXPENSE Description SHIRTS/SUPPLIES | | | | | |
| | Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expe | | | | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought | Z Z | Office held | | |
| | The second second | | | | | |
| Date | Payee name | | | | | |
| 04/13/2023 | HOBBY LOBBY | | | | | |
| | | City; | State; | Zip Code | | |
| 04/13/2023 | HOBBY LOBBY | City: Mckiney | State; | Zip Code つっいつ) | | |
| 04/13/2023 Amount (\$) | HOBBY LOBBY Payee address: | | | | | |
| 04/13/2023 Amount (\$) | HOBBY LOBBY Payee address: 3350 W. UNIVERSITY DR. | Mekiney | Tx | | | |
| 04/13/2023 Amount (\$) 77.69 PURPOSE OF | HOBBY LOBBY Payee address: 3350 W. WINDERSTY DR. Category (See Categories listed at the top of this schedule) | Description SHIRTS/SUPPI | Tx | पञ्जा | | |

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Solicitation/Fundraising Expense

| Candidate/Officeholder/Politica Credit Card Payment | | Wages/Contract Labor | Other (enter a catego | |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------|--------------------|
| | The Instruction Guide explains how to | complete this form. | | |
| 1 Total pages Schedule F1: | MARK HILL | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 04/13/2023 | ALPHAGRAPHICS | | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; | Zip Code |
| 828.40 | 601 W PLANO PKWY #127 | PLANO | TX | 75075 |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE | PRINTING EXPENSE | PUSH CARDS | 3 | |
| OF EXPENDITURE | JANUA CHINAREZZONI SANDONON CONTROLLA AMERICANI DE DESCRIBATA SENDICIONEZZO | A SECURE OF THE SECURE | | |
| EXPENDITORE | 72. | 50000 N 2000 | | - ARCHARIC |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | | Office held |
| Date | Payee name | | | |
| 04/17/2023 | ROSA'S CAFE | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| 167.59 | 12275 S CUSTER RD | FRISCO | TX | 75035 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE Description TACOS FOR STONELAKE | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate / Officeholder name H | Office sought | | Office held |
| Date | Payee name | | | |
| 04/17/2023 | COSTCO | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| 107.10 | 11220 DALLAS PKWY | FRISCO | TX | 75033 |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | FOOD/BEVERAGE EXPENSE | SODAS, WAT | ER, FOOD FO | OR EVENT |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate / Officeholder name H | Office sought | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEI | 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
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)

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------|--------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME MARK HILL | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date 04/17/2023 | 5 Payee name SAM' CLUB | | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; | Zip Code |
| 174.80 | 8621 OHIO DR | PLANO | TX | 75024 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE | (b) Description NAPKINS,PLATES,SILVERWARE, ETC. | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | | Office held |
| Date | Payee name | | | |
| 04/18/2023 | AHA & WBK ENTERTAINMENT | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| 280.00 | AHAPARTY.COM | 09 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) EVENT EXPENSE Description BALLOON ARTIST | | | |
| | Check if travel outside of Texas. Complete Schedule T. | e 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 | | | |
| 04/18/2023 | GUADALUPE CRONISER | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| 50.00 | 603 EASTON LN | ALLEN | TX | 75002 |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | EVENT EXPENSE | DEPOSIT FOR | R FACE PAIN | TER |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Aust | tin, TX, officeholder living | expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate / Officeholder name | Office sought | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S 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
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)

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|-------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------|--------------------------|----------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME MARK HILL | | 3 Filer ID (Ethic | s Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 04/18/2023 | GUADALUPE CRONISER | | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; | Zip Code |
| 250.00 | 603 EASTON LN | ALLEN | TX | 75002 |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | EVENT EXPENSE | FACE PAINTE | R | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, | , TX, officeholder livin | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held | | |
| Date | Payee name | | | |
| 04/19/2023 | JASON YOUNG | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| 1,500.00 | 6591 DALLAS PKWY | FRISCO | TX | 75034 |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | CONTRIBUTION/DONATION FRISCO'S GOT TALENT MADE BY CANDIDATE | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | | Office held |
| Date | Payee name | | | |
| 04/20/2023 | MICHAEL'S STORE | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| 127.77 | 5255 ELDORADO PKWY | FRISCO | TX | 75034 |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | ADVERTSING EXPENSE | SHIRTS/SUPPLIES | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | , TX, officeholder livin | g expense |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate / Officeholder name | Office sought | * II | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEE | 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
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)

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------|-----------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME MARK HILL | | 3 Filer ID (Ethi | cs Commission Filers) |
| 4 Date 04/21/2023 | 5 Payee name MICHAEL'S STORE | | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; | Zip Code |
| 93.97 | 5255 ELDORADO PKWY | FRISCO | TX | 75034 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTSING EXPENSE (b) Description SHIRTS/SUPPL | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder livin | ng expense |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought | | Office held |
| Date | Payee name | | | |
| 04/24/2023 | ALPHA GRAPHICS NUMBER 99 | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| 986.22 | 601 W PLANO PKWY #127 | PLANO | TX | 75075 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) PRINTING EXPENSE | Description PUSH CARDS | 3 | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder livi | ng expense |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate / Officeholder name | Office sought | | Office held |
| Date | Payee name | | | |
| 04/24/2023 | FEDEX OFFICE | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| 21.56 | 7645 CUSTER RD #428 | MCKINNEY | , TX | 75070 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) PRINTING EXPENSE | Description VOTING RECO | ORD PRINT | OUT |
| | Check if travel outside of Texas. Complete Schedule T, | Check if Austin | n, TX, officeholder livi | ng expense |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | 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 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

| Credit Card Payment | The Instruction Guide explains how to e | complete this form. | Other (enter a cate | egory not listed above) |
|-------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------|-------------------------|-------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME MARK HILL | | 3 Filer ID (Eth | ics Commission Filers) |
| 4 Date 04/26/2023 | 5 Payee name FIRST GRAPHIC SERVICES | | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; | Zip Code |
| 810.25 | 229 GARVON ST | GARLAND | TX | 75040 |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | PRINTING EXPENSE | SIGNS | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin | , TX, officeholder liv | ing expense |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | | Office held |
| Date | Payee name | | | |
| 04/26/2023 | ALPHA GRAPHICS #99 | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| 1,150.62 | 601 W PLANO PKWY #127 | PLANO | TX | 75075 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) PRINTING EXPENSE | Description PUSH CARDS | 3 | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder liv | ing expense |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | | Office held |
| Date | Payee name | | | |
| 04/20/2023 | EMERSON BAND | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| 500.00 | 10141 Calvery Court | FRISCO | TX | 75035 |
| PURPOSE OF | Category (See Categories listed at the top of this schedule) EVENT EXPENSE | Description BAND AT RAL | LY EVENT | |
| EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | ************************************** | n, TX, officeholder liv | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEE | 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 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

| 31.000.41.000.41.000.71.000.000.000.000.000.000.000.000 | | Other (enter a catego | ory not listed above) | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2 FILER NAME MARK HILL | | 3 Filer ID (Ethics | Commission Filers) | |
| 5 Payee name AMERICAN EXPRESS | | | AZALIYYALOOSATIBEEH IS VILLISI S | |
| 7 Payee address; | City; | State; | Zip Code | |
| 20500 BELSHAW AVE | CARSON | CA | 90746 | |
| (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| CREDIT CARD PAYMENT | - H NG (1) (1) (1) (1) (1) | | FOR | |
| (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, | TX, officeholder living | expense | |
| Candidate / Officeholder name | Office sought | | Office held | |
| Payee name | | | | |
| AMERICAN EXPRESS | | | | |
| Payee address; | City; | State; | Zip Code | |
| 20500 BELSHAW AVE | CARSON | CA | 90746 | |
| PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) CREDIT CARD PAYMENT CREDIT CARD PAYMENT OR AL GRAPHICS FOR PUSH CARDS | | | | |
| Check if travel outside of Texas. Complete Schedule T. | Check if Austin, | Check if Austin, TX, officeholder living expense | | |
| Candidate / Officeholder name H | Office sought | | Office held | |
| Pavee name | | | | |
| AMERICAN EXPRESS | | | | |
| Payee address; | City; | State; | Zip Code | |
| 20500 BELSHAW AVE | CARSON | CA | 90746 | |
| Category (See Categories listed at the top of this schedule) | Description | | | |
| CREDIT CRAD PAYMENT | | | FOR ALPHA | |
| Check if travel outside of Texas. Complete Schedule T. | Check if Austin, | TX, officeholder living | expense | |
| Candidate / Officeholder name H | Office sought | | Office held | |
| | | | | |
| | The Instruction Guide explains how to a 2 FILER NAME MARK HILL 5 Payee name AMERICAN EXPRESS 7 Payee address; 20500 BELSHAW AVE (a) Category (See Categories listed at the top of this schedule) CREDIT CARD PAYMENT (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name AMERICAN EXPRESS Payee address; 20500 BELSHAW AVE Category (See Categories listed at the top of this schedule) CREDIT CARD PAYMENT Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name AMERICAN EXPRESS Payee address; 20500 BELSHAW AVE Category (See Categories listed at the top of this schedule) CREDIT CRAD PAYMENT Check if travel outside of Texas. Complete Schedule) CREDIT CRAD PAYMENT Check if travel outside of Texas. Complete Schedule) CREDIT CRAD PAYMENT | The Instruction Guide explains how to complete this form. 2 FILER NAME MARK HILL 5 Payee name AMERICAN EXPRESS 7 Payee address; City; 20500 BELSHAW AVE CARSON (a) Category (See Categories listed at the top of this schedule) CREDIT CARD PAYMENT CREDIT CARD COMMUNITY I (b) Check if travel outside of Texas. Complete Schedule T. Check if Austin, Candidate / Officeholder name Office sought Payee name AMERICAN EXPRESS Payee address; City; 20500 BELSHAW AVE CARSON Category (See Categories listed at the top of this schedule) CREDIT CARD PAYMENT CREDIT CARD PAYMENT Check if travel outside of Texas. Complete Schedule T. Check if Austin, Candidate / Officeholder name Office sought Payee name AMERICAN EXPRESS Payee address; City; Candidate / Officeholder name Office Schedule T. Check if Austin, Candidate / Officeholder name CARSON Category (See Categories listed at the top of this schedule) CREDIT CARD PAYMENT CARSON Category (See Categories listed at the top of this schedule) CREDIT CARD PAYMENT CARSON Category (See Categories listed at the top of this schedule) CREDIT CARD PAYMENT CREDIT CARD CARSON Category (See Categories listed at the top of this schedule) CREDIT CARD PAYMENT CREDIT CARD GRAPHICS FO Check if travel outside of Texas. Complete Schedule T. Check if Austin, Candidate / Officeholder name Office sought | The Instruction Guide explains how to complete this form. 2 FILER NAME MARK HILL 5 Payee name AMERICAN EXPRESS 7 Payee address; City: State; 20500 BELSHAW AVE CARSON CA (a) Category (See Categories listed at the top of this schedule) CREDIT CARD PAYMENT COMMUNITY IMPACT (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Office holder name AMERICAN EXPRESS Payee address; City: State; 20500 BELSHAW AVE CARSON CA Category (See Categories listed at the top of this schedule) CREDIT CARD PAYMENT FOR GRAPHICS FOR PUSH CARDS Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living CREDIT CARD PAYMENT CREDIT CARD PAYMENT FOR GRAPHICS FOR PUSH CARDS Payee name AMERICAN EXPRESS Payee address; City: State; Check if Austin, TX, officeholder living CREDIT CARD PAYMENT CREDIT CARD PA | |

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)

| The Instruction Guide explains how to complete this form. | | | | | |
|------------------------------------------------------------|------------------------------------------------------------------|-----------------|---------------------------|--------------------|--|
| 1 Total pages Schedule F1: | 2 FILER NAME MARK HILL | | 3 Filer ID (Ethics | Commission Filers) | |
| 4 Date 04/20/2023 | 5 Payee name AMERICAN EXPRESS | | | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; | Zip Code | |
| 325.19 | 20500 BELSHAW AVE | CARSON | CA | 90746 | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | |
| PURPOSE OF EXPENDITURE | CREDIT CARD PAYMET | CREDIT CARE | | FOR CHIDO | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin | , TX, officeholder living | expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | | Office held | |
| Date | Payee name | | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | | | |
| | Check if travel outside of Texas, Complete Schedule T. | Check if Austin | , TX, officeholder living | g 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 ONLY if direct expenditure to benefit C/OI | Candidate / Officeholder name H | Office sought | | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEE | 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 Git/Award/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

| Candidate/Officeholder/Politica Credit Card Payment | The Instruction Guide explains how to | Wages/Contract Labor | Other (enter a category not listed above) |
|--------------------------------------------------------|------------------------------------------------------------------|----------------------|-------------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME MARK HILL | | 3 Filer ID (Ethics Commission Filer |
| 4 Date 04/20/2023 | 5 Payee name SAMANTHA THOMSON | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code |
| 300.00 | 8554 DAVIS DR | FRISCO | TX 75036 |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | × = 10 |
| PURPOSE OF EXPENDITURE | FOOD/BEVERAGE EXPENSE | FOOD AT RA | LLY EVENT |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aus | stin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| PURPOSE OF | Category (See Categories listed at the top of this schedule) | Description | |
| EXPENDITURE | 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/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 Aus | stin, TX, officeholder living expense |
| | | | |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica | y Gift/Awards/Memorials Expense Polling E Printing | expense Expense Wages/Contract Labor | Travel In District Travel Out Of Distri | ct gory not listed above) | | | | |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------|------------------------------|--|--|--|--|
| | The Instruction Guide explains how to | complete this form. | | | | | | |
| 1 Total pages Schedule F4: | | | | | | | | |
| 4 TOTAL OF UNITEM | IZED EXPENDITURES CHARGED TO A C | REDIT CARD | \$ | | | | | |
| 5 Date | 6 Payee name | | | | | | | |
| 03/31/2023 | COMMUNITY IMPACT | | | | | | | |
| 7 Amount (\$) | 8 Payee address; City; State; Zip Code | | | | | | | |
| 1,405.00 | 3600 E PALM BLVD BOX #3 | ROUND RO | CK TX | 78665 | | | | |
| 9 TYPE OF EXPENDITURE | ■ Political Non- | Political | | | | | | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE (b) Description AD IN COMMUNITY IMPACT PARTICLE. | | | | | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Au | ustin, TX, officeholder livi | ng expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office | held | | | | |
| Date | Payee name | | | | | | | |
| 03/29/2023 | ALPHA GRAPHICS #99 | | | | | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code | | | | |
| 177.21 | 601 W PLANO PKWY #127 75075 | PLAN | 0 | TX | | | | |
| TYPE OF EXPENDITURE | ■ Political Non- | -Political | | | | | | |
| PURPOSE OF EXPENDITURE | OF | | | | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if A | ustin, TX, officeholder liv | ring expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office | held | | | | |
| | | | | | | | | |
| 10 12 14 14 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18 | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NE | EDED | | | | | |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

| | | EXPENDITURE CATEG | ORIES FO | OR BOX 10(a) | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------|----------------------------------------------|-------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee | | Event Expense Fees Food/Beverage Expense Gitl/Awards/Memorials Expense Legal Services | Office Overh Polling Expe Printing Exp Salaries/Wa | ense ages/Contract Labor | Travel In District Travel Out Of District | pment & Related Expense |
| | | The Instruction Guide explain | s how to co | mplete this form. | , | |
| 1 Total pages Schedule F4: | | | | | 3 Filer ID (Ethics | Commission Filers) |
| 4 TOTAL OF UNITEM | ZED EXP | ENDITURES CHARGED | TOACR | EDIT CARD | \$ | |
| 5 Date | 6 Payee | name | ;-:::::::::::::::::::::::::::::::::::: | | | |
| 03/30/2023 | ALPHA | GRAPHICS #99 | | | | |
| 7 Amount (\$) | 8 Payee | address; | | City; | State; | Zip Code |
| 122 | 601 W F 75075 | PLANO PKWY #127 | | PLANC |) | TX |
| 9 TYPE OF EXPENDITURE | = | Political | Non-Pol | itical | | |
| 10 PURPOSE OF EXPENDITURE | | y (See Categories listed at the top of this ING EXPENSE | schedule) | (b) Description CARDS | | |
| | (c) | Check if travel outside of Texas. Complete S | Schedule T. | Check if Au | istin, TX, officeholder livi | ng expense |
| 11 Complete ONLY if direct expenditure to benefit C/OH | Car | ididate / Officeholder name | Of | fice sought | Office | held |
| Date | Payee | name | | | | |
| 03/30/2023 | | TACO LOUNGE | | | | |
| Amount (\$) | Payee | address; | | City; | State; | Zip Code |
| 325.19 | 6959 LE | 6959 LEBANON RD FRISOC | | | | 75034 |
| TYPE OF EXPENDITURE | [= | Political | Non-Po | litical | | |
| PURPOSE OF | | ry (See Categories listed at the top of this BEVERAGE EXPENS | | Description EVENT | | |
| EXPENDITURE | | Check if travel outside of Texas. Complete | Schedule T. | Check if A | ustin, TX, officeholder liv | ing expense |
| Complete ONLY if direct expenditure to benefit C/OH | Car | ndidate / Officeholder name | O | ffice sought | Office | held |
| | | | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

| | EXPEN | DITURE CATEGORIE | ES FOR BOX 10(a) | |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic | al Committee Legal Services | e Expense Office emorials Expense Print s Salar | ies/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |
| 1 Total pages Schedule F4: | 2 FILER NAME | tion Guide explains how | to complete this form. | 3 Filer ID (Ethics Commission Filers) |
| 3 | 5 Files ID (Ethics Commission Filess) | | | |
| 4 TOTAL OF UNITEM | IZED EXPENDITURE | SCHARGEDTOA | CREDIT CARD | s |
| 5 Date | 6 Payee name | \$ 8.6 · · · | | |
| 04/21/2023 | Vconnecta Limite | d T/A Ecanvasse | er | |
| 7 Amount (\$) | 8 Payee address; | | City; | State; Zip Code |
| 517.59 | https://www.e | canvasser.c | om | |
| 9 TYPE OF EXPENDITURE | Political | No | n-Political | |
| 10 | (a) Category (See Categories | listed at the top of this schedule | (b) Description | |
| PURPOSE OF EXPENDITURE | Solicitation/Fundraising App softv | | vare fee | |
| | (c) Check if travel out | tside of Texas. Complete Schedule | T. Check if A | austin, TX, officeholder living expense |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Office | holder name | Office sought | Office held |
| Date | Payee name | | | |
| Amount (\$) | Payee address; | | City; | State; Zip Code |
| TYPE OF EXPENDITURE | Political | ∏ No | on-Political | |
| PURPOSE OF EXPENDITURE | Category (See Categories | ksted at the top of this schedul | e) Description | |
| | Check if travel or | utside of Texas. Complete Schedul | eT. Check if | Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Office | eholder name | Office sought | Office held |
| | | | | |
| | | | | |
| | ATTACH ADDITIO | NAL COPIES OF TH | IIS SCHEDULE AS N | EEDED |