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: 24	
3 CANDIDATE / OFFICEHOLDER	Ms / Mrs / Mr FIRST Mr. James	мі К	OFFICE USE ONLY	
NAME	NICKNAME LAST Hill	SUFFIX	April 23, 2021	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 0	city; state; zip code h, Texas 76107	GILLO OXAMIA	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817) 738-3665	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$	
6 CAMPAIGN TREASURER NAME	Ms / Mrs / Mr First Mr. Matthew	м: Н	Date Processed	
	NICKNAME LAST Mildren	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S	·	STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 632-5200	EXTENSION		
9 REPORT TYPE	July 15 30th day before ele	[]	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 3 / 23 / 21	THROUGH 4	Day Year / 21 / 21	
11 ELECTION	ELECTION DATE Month Day Year Primary 5 / 1 / 21 General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any) Board of Directors, Tarrant Regional Water Dis	13 OFFICE SOUGHT (if known strict Board of Directors, Ta	rrant Regional Water District	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE: CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUI COMMITTEE TYPE COMMITTEE NAME	S MAY HAVE BEEN MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
Additional Pages	GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TRE	EASURER NAME		
	COMMITTEE CAMPAIGN TR	EASURER ADDRESS	····	
	GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME James K. Hill			16 Filer ID (E	thics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAN CONTRIBUTIONS MADE ELECT		\$	
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS	JTIONS S, OR GUARANTEES OF LOANS)	\$	46,050.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDIT	URES	\$	36,839.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	ONS MAINTAINED AS OF THE LAS	ST DAY \$	55,355.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF PERIOD	THE \$	
18 SIGNATURE I	wear, or affirm, under penalty of perjury, that	t the accompanying report is true	and correct a	and includes all information
re	uired to be reported by me under Title 15, Ele	ction Code.		
		Signature of Ca	ndidata ar Off	icoholdar
		Signature or Ca	ndidate of On	iceriolder
	Diseas samula	sta aithar antion balos		
	Please comple	ete either option below	<i>i</i> :	
(1) Affidavit				
NOTARY STAMP/SEA	-			
Sworn to and subscribed	before me by	this the	dav	, of,
	which, witness my hand and seal of office.	uno uno	00,	, 01,
, to ocivity	which, waters my hand and scal of office.			
Signature of officer administe	ing oath Printed name of office	r administering oath	Title	of officer administering oath
Transfer to the second		OR .	TWO STATE	
(2) Unsworn Declarati	on			
My name is 54w	- H.,		-1.01	
	CATALINA DR.	, and my date of birth is		77 14 4
My address is	(street)	•	state) (zip c	ode) (country)
Executed in TARRA				21.
		(month		(year)
		Signature of Candin	ate/Officehold	(Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME IMES K. Hill	20 Filer ID (Ethics Commission Filers))
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOT. AMOUN	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 46,05	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,90	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$ 36,83	9.50
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS \$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS 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 form.	1 Total pages Schedule A1: 17		
2 FILER NAME James Hil		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)		
03/31/2021	6 Contributor address; City; State; Zip Code 2412 Winton Terrace East, Fort Worth, TX 76109	250.00		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	ructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
03/31/2021	Tom Galbreath Contributor address; City; State; Zip Code 550 Bailey Avenue, Fort Worth TX, 76107	200.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)		ructions)		
Date 03/30/2021	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 250.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
03/30/2021	Brian Hackler Contributor address; City; State; Zip Code	500.00		
Principal occup	3601 Derby Run Drive, Edmond, OK 73034 Dation / Job title (See Instructions) Employer (See Instructions)	ructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

ii 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: / 7	
2 FILER NAME James Hil	1	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)	
03/29/2021	6 Contributor address; City; State 6500 Shoal Creek Road, Fort Worth, TX	1,000.00)
8 Principal occu	pation / Job title (See Instructions) 9 En	mployer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
03/28/2021	Contributor address; City; State 5206 Ledgestone Drive, Fort Worth	000.00)
Principal occup	pation / Job title (See Instructions)	mployer (See Instructions)	
Date 03/27/2021	Full name of contributor out-of-state PAC (ID#:	250.00)
Principal occu	pation / Job title (See Instructions)	mployer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		
03/27/2021	[76116 100.00)
Principal occu	pation / Job title (See Instructions)	mployer (See Instructions)	
	ATTACH ADDITIONAL COPIES OF THI	S 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:
2 FILER NAME James Hil	l		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
03/29/2021	6 Contributor address; City; Stat 3100 W. 7th Sreet #300, Fort Worth, Tex	as 76107	2,000.00
8 Principal occu		imployer (See Instruction	ens)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)
03/30/2021		te; Zip Code exas 76110	500.00
Principal occup	ation / Job title (See Instructions)	mployer (See Instructio	ns)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
04/05/2021	H/FW Alpha LLC Contributor address: City; Stat 5918 Lovell Avenue, Fort Worth, Te	te; Zip Code	1,000.00
Principal occup	eation / Job title (See Instructions)	mployer (See Instructio	ns)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)
04/05/2021	••••••••••••	te; Zip Code	500.00
Principal occup		imployer (See Instruction	ons)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE A1

If the reques	ted information is not applicable, DO NOT inclu	ide this page in the i	epoit.
The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: / 7
FILER NAME James Hil			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID Our Water Our Future PAC	State; Zip Code	7 Amount of contribution (\$) 15,000.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (III		Amount of contribution (\$)
04/06/2021	Contributor address; City; 777 Main Street #1500, Fort Worth, Te	State; Zip Code exas 76102	3,500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
04/06/2021	Contributor address; City; 505 Rivercrest Drive, Fort Worth, Tex	State; Zip Code	100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date		(ID#:)	Amount of contribution (\$)
04/06/2021	Jane Sykes Contributor address; City; 2615 Torrey Pines, Fort Worth,		200.00
Principal occ	upation / Job title (See Instructions)	Employer (See Instru	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 17
2 FILER NAME James Hil	<u> </u>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Robert Havran	7 Amount of contribution (\$)
04/05/2021	6 Contributor address; City; State; Zip Code 4804 Overton Hollow, Fort Worth TX, 76109	500.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Mitchell Worrell	Amount of contribution (\$)
04/05/2021	Contributor address; City; State; Zip Code 20404 ECR 166, Altus OK 73521	100.00
		F.
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	itions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
04/03/2021	Barry Mock Contributor address; City; State; Zip Code	100.00
	417 Paseo De Vida, Altus, OK	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ations)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
04/03/2021	Phil Norwood Contributor address; City; State; Zip Code	250.00
	6851 Laurel Valley Drive, Fort Worth, TX 76132	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
	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: 17
2 FILER NAME James Hil	l	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Charles Dodson	7 Amount of contribution (\$)
04/06/2021	6 Contributor address; City; State; Zip Co 2629 Simondale Drive, Fort Worth, Texas 76109	500.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See	ee Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/06/2021	•••••	250.00
	Contributor address; City; State; Zip Contributor Address; City; State; Zip Contributor Address; City; State; Zip Contributor Address; Zip Contributor Address	200.00
Principal occup	pation / Job title (See Instructions) Employer (Se	ee Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/07/2021	Contributor address; City; State; Zip Co	250.00
	3808 Aviemore Drive, Fort Worth, Texas 76109	
Principal occup	pation / Job title (See Instructions) Employer (Se	ee Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	
04/08/2021	Committee for Public Safety, Fort Worth Police Officers As Contributor address; City; State; Zip Co	2 500 00
	2501 Parkview Drive #600, Fort Worth, Texas 76	
Principal occup	pation / Job title (See Instructions) Employer (Se	ee Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHED	

SCHEDULE A1

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:		
2 FILER NAME James Hil		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Michael Moore	7 Amount of contribution (\$)		
04/08/2021	6 Contributor address; City; State; Zip Code 4004 Bent Elm Lane, Fort worth, Texas 76109	500.00		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	l ctions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
04/08/2021	Barney Holland Contributor address; City; State; Zip Code 1301 Throckmorton Street #2503, Fort Worth, Texas 76102	250.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
04/12/2021	Marianne Auld Contributor address; City; State; Zip Code 201 Main Street #2500, Fort Worth, Texas 76102	1,000.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	otions)		
Date	Full name of contributor out-of-state PAC (ID#:) Q PAC	Amount of contribution (\$)		
04/13/2021	Contributor address; City; State; Zip Code 301 Commerce Street 33200, Fort worth, Texas 76102	1,000.00		
Principal occup	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 form.	1 Total pages Schedule A1: 17	
2 FILER NAME James Hil	1	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Reid Walker Nichols	7 Amount of contribution (\$)	
04/06/2021	6 Contributor address; City; State; Zip Code 1117 Hickory, Altus, Oklahoma 73521	100.00	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	octions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
04/06/2021	Jess Mark Nichols Contributor address; City; State; Zip Code 16545 SCR 206, Altus, Oklahoma 73521	100.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)		actions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
04/09/2021	Danny Robbins Contributor address; City; State; Zip Code 313 Val verde, Altus, Oklahoma 73521	100.00	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	uctions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
04/12/2021	Contributor address; City; State; Zip Code	1,000.00	
Principal occu	777 Main Street #2100, Fort Worth, Texas 76102 pation / Job title (See Instructions) Employer (See Instru	uctions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	MEEDED	

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT incl	ude this page in the r	report.
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 177
2 FILER NAME James Hil	I		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Christian Miller		7 Amount of contribution (\$)
04/16/2021	6 Contributor address; City: 6228 Curzon, Fort Worth, Texas	State; Zip Code 76116	500.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of contribution (\$)
04/19/2021	Contributor address; City; 611 Rivercrest Drive, Fort Worth, Texa	State; Zip Code	200.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (III John Auginbaugh)#:)	. Amount of contribution (\$)
04/19/2021		State; Zip Code Texas 76107	100.00
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of contribution (\$)
04/06/2021	Contributor address; City; 15452 NCR 1980, Mangum, Okla	State; Zip Code	250.00
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EEDED

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 fo	rm.	1 Total pages Schedule A1: 17		
2 FILER NAME James Hil			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Bradley Wallace		7 Amount of contribution (\$)		
04/07/2021	6 Contributor address; City; 5 5213 Bryce Avenue, Fort Worth,	State; Zip Code	500.00		
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date	Full name of contributor out-of-state PAC (ID:	*:)	Amount of contribution (\$)		
04/07/2021	Contributor address; City; 3800 Lenox Drive, Fort Worth, TX	State; Zip Code	200.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date	John Goff	#:	Amount of contribution (\$)		
04/06/2021		State: Zip Code h, TX 76102	2,500.00		
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)		
Date	Full name of contributor out-of-state PAC (ID:	#:	Amount of contribution (\$)		
04/06/2021		State; Zip Code	100.00		
Principal occuj	pation / Job title (See Instructions)	Employer (See Instructi	ions)		
*					
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct				

SCHEDULE A1

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

The	The Instruction Guide explains how to complete this form.						
2 FILER NAME James Hil		3 Filer ID (Ethics Commission Filers)					
4 Date	5 Full name of contributor out-of-state PAC (ID#:						
04/08/2021	6 Contributor address; City; State; Zip Code 1455 W. Magnolia #305, Fort Worth, TX 76104	250.00					
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Ins	tructions)					
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)					
04/07/2021	Haddy Manuel Contributor address; City; State; Zip Code	100.00					
	3713 Monticello Drive, Fort Worth TX, 76107	100.00					
Principal occup	pation / Job title (See Instructions) Employer (See Ins	tructions)					
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)					
04/07/2021	Rebecca Rucker	150.00					
	Contributor address; City; State; Zip Code 3762 W. 4th Street, Fort Worth, TX 76107	130.00					
Principal occup	pation / Job title (See Instructions) Employer (See Ins	structions)					
Date	Full name of contributor out-of-state PAC (ID#:						
04/07/2021	Christopher Applegate / Jack Jones	E 00 00					
5124 Peach Willow, Fort Worth TX, 76109							
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
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: 177				
2 FILER NAME James Hil			3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state PAC Amar Tanna	7 Amount of contribution (\$)					
04/08/2021	6 Contributor address; City; 201 Main Street #3200, Fort W	State; Zip Code orth, TX 76102	250.00				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)				
Date		C (ID#:)	Amount of contribution (\$)				
04/08/2021	Suzy Rhodes Contributor address; City;	State; Zip Code	500.00				
Principal occup	4511 Ridgehaven Road, Fort Worth,	Employer (See Instruct	lions)				
Date	Jim Harris		Amount of contribution (\$)				
04/08/2021			1,000.00				
Principal occup	 pation / Job title (See Instructions)	Employer (See Instruc	tions)				
Date	Full name of contributor out-of-state PAG Hugh Montgomery	; (ID#:)	Amount of contribution (\$)				
04/08/2021	Contributor address; City;	State; Zip Code	50.00				
Principal occup	9868 Lake Haven Circle, Fort Worth	, TX 76102 Employer (See Instruc	tions)				
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	IEEDED				

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.						
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:			
2 FILER NAME James Hil			3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC Ann Biggs	(ID#:)	7 Amount of contribution (\$)			
04/12/2021	6 Contributor address; City; State; Zip Code 5408 El Dorado Drive, Fort Worth, TX 76107		50.00			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)			
Date		(ID#:)	Amount of contribution (\$)			
04/12/2021	Contributor address; City; 6704 Clear Spring Drive, Fort Worth	State; Zip Code	250.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Employer (See Instructi	ons)			
Date	Jarratt Watkins		Amount of contribution (\$)			
04/12/2021			250.00			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)			
04/09/2021	Contributor address; City; 3824 Mattison Avenue, Fort Wo	State; Zip Code	250.00			
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)					
		12				
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 fo	orm.	1 Total pages Schedule A1:		
2 FILER NAME James Hil			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (III	D#:)	7 Amount of contribution (\$)		
04/15/2021	6 Contributor address; City; 1419 Paseo de Vaca, San Ange	State; Zip Code O.TX 76901	100.00		
8 Principal occu		Employer (See Instruct	ions)		
Date		D#:)	Amount of contribution (\$)		
04/13/2021	Andrew Forbes Contributor address; City: 3124 Shadeland Drive, Falls Church,	State; Zip Code	500.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)		
Date			Amount of contribution (\$)		
04/13/2021	Arnold Gachman Contributor address; City; State; Zip Code 1229 Shady Oaks Lane, Fort Worth, TX 76107		400.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC (:D#:)	Amount of contribution (\$)		
04/12/2021	Patti Parker Peterson Contributor address; City;	State; Zip Code	50.00		
	2812 River Brook Court, Fort Worth,TX 76116				
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
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: 17			
James Hil	l		3 Filer ID (Ethics Commission Filers)			
4 Date	Ryan Moore) http://doi.org/10.10.10.10.10.10.10.10.10.10.10.10.10.1	7 Amount of contribution (\$)			
04/19/2021	6 Contributor address; City; 101 N. Rivercrest Drive, Fort Wo	State; Zip Code	250.00			
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)			
Date		ID#:)	Amount of contribution (\$)			
04/18/2021	Contributor address; City;	State; Zip Code	100.00			
116 Hazelwood Drive, Fort Worth TX 76107						
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Date		(D#:)	Amount of contribution (\$)			
04/16/2020	Mike Berry Contributor address; City; 6217 Genoa Road, Fort Worth, T	State; Zip Code	500.00			
Principal occup	nation / Job title (See Instructions)	Employer (See Instructi	ons)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
04/15/2021	Contributor address: City; 4117 Idlewild Drive, Fort Worth,	State; Zip Code	150.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
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.

ii alo roquosto illiorinalion lo not apprioable; De tre i line le pege in ane reperti					
The Instruction Guide explains how to complete this form.					
	3 Filer ID (Ethics Commission Filers)				
5 Full name of contributor out-of-state PAC (ID#:) John M. Decker	7 Amount of contribution (\$)				
6 Contributor address; City; State; Zip Code 425 Crestwood Drive, Fort Worth, TX 76107	100.00				
pation / Job title (See Instructions) 9 Employer (See Instruc	I tions)				
Full name of contributor out-of-state PAC (ID#:) Eric Fox	Amount of contribution (\$)				
Contributor address; City; State; Zip Code 3513 Overton Park Drive East, Fort Worth, TX 76109	750.00				
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)				
Contributor address; City; State; Zip Code 2308 Winton Terrace West, Fort Worth, TX 76109	250.00				
pation / Job title (See Instructions) Employer (See Instruc	l stions)				
Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)				
Contributor address; City; State; Zip Code	500.00				
pation / Job title (See Instructions) Employer (See Instructions)	tions)				
	5 Full name of contributor John M. Decker 6 Contributor address; City; State; Zip Code 425 Crestwood Drive, Fort Worth, TX 76107 pation / Job title (See Instructions) Full name of contributor Contributor address; City; State; Zip Code 3513 Overton Park Drive East, Fort Worth, TX 76109 Deation / Job title (See Instructions) Full name of contributor James Brooks Contributor address; City; State; Zip Code 2308 Winton Terrace West, Fort Worth, TX 76109 Deation / Job title (See Instructions) Employer (See Instructions) Full name of contributor James Brooks Contributor address; City; State; Zip Code 2308 Winton Terrace West, Fort Worth, TX 76109 Deation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Jason Hiley Contributor address; City; State; Zip Code 625 NE LOOP 820, Hurst, TX 76053				

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

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.						
The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1:		
2 FILER NAME James Hil				3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor Glen Winters	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)		
04/21/2021	6 Contributor address; City; State; Zip Code 15910SCR 209, Altus, OK 73521		100.00			
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	l ctions)		
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)		
	Contributor address;		State; Zip Code			
Principal occup	eation / Job title (See Instructions)		Employer (See Instruc	l ctions)		
Date	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 Instru	ctions)		
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)		
	Contributor address;	City;	State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
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.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
2 FILER NAME			3 Filer ID (Ethics Co	mmission Filers)	
James K.	Hill				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 1,900.0	00	
5 Date	Bay & Suzy Rhodes		8 Amount of Contribution \$	9 In-kind contribution description	
04/06/2021		Zip Code	1,400.00	campaign reception	
	4511 Ridgehaven Road, Fort Worth, Texa	s 76116	Check if travel outside	de of Texas. Complete Schedule T.	
10 Principal occ Retired	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe Retired	er (FOR NON-JUDICIA	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor)	Amount of	In-kind contribution	
Duto	J.R. & Martha Williams		Contribution \$	description	
04/15/2021	Contributor address; City; State;	Zip Code	500.00	campaign reception	
į	4705 Harley Avenue, Fort Worth, Texas 76107		Check if travel outside of Texas. Complete Schedule T.		
•	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)			
Retired		Retired			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations 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 Selaries/Manes/Contract Labor

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

Candidate/Officeholder/Politica	,	/ages/Contract Labor	Other (enter a catego			
Credit Card Payment The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME James Hill		3 Filer ID (Ethics	Commission Filers)		
4 Date	5 Payee name					
03/25/2021	OTT Advertising					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
7,354.42	3205 Lamesa Place, Fort Worth, Tex	as 76109				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Advertising Expense	campaign sign	S			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	s:	Office held		
Date	Payee name					
03/29/2021	Office Depot					
Amount (\$)	Payee address;	City;	State;	Zip Code		
12.99	6680 West Freeway, Fort Worth, Tex	as 76116				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Office Overhead	office supplies				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
04/21/2021	Office Depot					
Amount (\$)	Payee address;	City;	State;	Zip Code		
159.11	6680 West Freeway, Fort Worth, Texa	as 76116				
	Category (See Categories listed at the top of this schedule)	Description	······································			
PURPOSE OF	Office Occupand					
EXPENDITURE	Office Overhead	printer/office su	applies			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/N The Instruction Guide explains how to c	ages/Contract Labor	Other (enter a category not listed above)
		omplete tina form.	
1 Total pages Schedule F1:	James Hill		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
04/05/2021	The Cook Shack		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
35.13	500 University Drive, Fort Worth, Tex	as 76107	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE	Food/Beverage Expense	snacks for volu	inteers
	(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/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/05/2021	Dale's Donuts		
Amount (\$)	Payee address;	City;	State; Zip Code
27.00	4455 C		
27.00	amp Bowie Boulevard, Fort Worth, Te	exas 76107	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	campaign meeting	9
	Check if travel outside of Texas. Complete Schedule T.	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		
04/05/2021	Shell Service Station		₩
Amount (\$)	Payee address;	City;	State; Zip Code
11.55	3601 West Freeway, Fort Worth, Texa	as 76107	,,
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	campaign meet	ing
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		/ages/Contract Labor	Travel Out Of Distric Other (enter a catego	
1 Total pages Schedule F1:	2 FILER NAME James Hill		3 Filer ID (Ethics	Commission Filers)
4 Date 04/08/2021	5 Payee name Install Concept Inc			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
3,000.00	505 W. State Street, garland, Texas 7	75040		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	sign installation	1	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	ar .	Office held
Date	Payee name			
04/14/2021	Rachel DeLira Photography			
Amount (\$)	Payee address;	City;	State;	Zip Code
300.00	3208 Riverlakes Drive, Hurst, Texas	76053		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising expense	photos		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/16/2021	Fulcrum Strategy Partners			
Amount (\$)	Payee address;	City;	State;	Zip Code
25,341.00	P.O. Box 100511, Fort Worth, Texas	76185		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expenses	campaign servi	ces	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				