

# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

<b>1</b> Filer ID (Ethics Commission Filers) 00065031	<b>2</b> Total pages filed: 8	<b>OFFICE USE ONLY</b>	
<b>3</b> COMMITTEE NAME Haltom City Firefighters Committee for Responsible Government	Date Received <b>ELECTRONICALLY FILED</b> 11/05/2024		
<b>4</b> TREASURER NAME Trimble, James (Mr.)	Date Hand-delivered or Date Postmarked		
<b>5</b> ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	Receipt #
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 10th day after campaign treasurer resignation	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution report	Date Processed
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Other (specify) _____	Date Imaged
<b>6</b> ORIGINAL PERIOD COVERED	Month Day Year 04/27/2023	THROUGH	Month Day Year 06/30/2023

**7 EXPLANATION OF CORRECTION**  
 I submitted this report before understanding that the 30 day and 8 day reporting could not overlap with the semiannual. I updated the reporting dates and deleted the contributions and expenses that were out of the corrected dates. The 30 day and 8 day reporting will be completed ASAP to account for the dates of 01/01/2023 thru 04/27/2023.

**8 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

**Semiannual reports:** I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

\_\_\_\_\_  
Mr. James Trimble  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM GPAC COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00065031	<b>2 Total pages filed:</b> 8
<b>3 COMMITTEE NAME</b> Haltom City Firefighters Committee for Responsible Government		<b>OFFICE USE ONLY</b>	
<b>4 COMMITTEE ADDRESS</b>  <input type="checkbox"/> Change of Address		Date Received <b>ELECTRONICALLY FILED</b> 11/05/2024  Date Hand-delivered or Date Postmarked  Receipt #                      Amount  Date Processed  Date Imaged	
<b>5 CAMPAIGN TREASURER NAME</b>		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 37045  Haltom City, TX 76117	
MS / MRS / MR                      FIRST Mr.    James  NICKNAME                              LAST Trimble		MI   SUFFIX	
<b>6 CAMPAIGN TREASURER STREET ADDRESS</b> <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO Box 37045  Haltom City, TX 76117	
<b>7 CAMPAIGN TREASURER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 37045  Haltom City, TX 76117	
<b>8 CAMPAIGN TREASURER PHONE</b>		AREA CODE      PHONE NUMBER      EXTENSION (817) 239-4284	
<b>9 REPORT TYPE</b>		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff	
<b>10 PERIOD COVERED</b>		Month      Day      Year                                      Month      Day      Year 04/27/2023                                      THROUGH                                      06/30/2023	
<b>11 ELECTION</b>		ELECTION DATE Month      Day      Year 05/06/2023  ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Haltom City Firefighters Committee for Responsible Government	<b>13 Filer ID</b> (Ethics Commission Filers) 00065031
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Dr. An Truong
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b>	\$	0.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold		
	<b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>	\$	0.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$	0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$	37.88
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$	5,286.69
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$	0.00

**16 AFFIDAVIT**

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

Mr. James Trimble  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
ADDENDUM

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<b>12 COMMITTEE NAME</b> Haltom City Firefighters Committee for Responsible Government		<b>13 Filer ID</b> (Ethics Commission Filers) 00065031
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Mrs. Marian Hilliard  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Mr. Kyle Hantz Haltom City Council Place 2  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Mr. Don Cooper  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

<b>12 COMMITTEE NAME</b> Haltom City Firefighters Committee for Responsible Government	<b>13 Filer ID</b> (Ethics Commission Filers) 00065031
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed Mrs. Cindy Sturgeon Haltom City Mayor
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed Mr. Charlie Roberts Haltom City Council Place 1
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

# SUBTOTALS - GPAC

<b>17 COMMITTEE NAME</b> Haltom City Firefighters Committee for Responsible Government		<b>18 Filer ID</b> (Ethics Commission Filers) 00065031
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 37.88
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 7/8
<b>2</b> FILER NAME Haltom City Firefighters Committee for Responsible Government		<b>3</b> Filer ID (Ethics Commission Filers) 00065031
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 8/8	<b>2</b> FILER NAME Haltom City Firefighters Committee for Responsible	<b>3</b> Filer ID (Ethics Commission Filers) 00065031
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<b>4</b> Date 05/09/2023	<b>5</b> Payee name PublicData.com
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<b>6</b> Amount (\$) \$18.94  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code Web based business  Dallas County, TX 75063
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Public data search engine	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Public data search engine
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/09/2023	Payee name PublicData.com
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Amount (\$) \$18.94  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code Web based business  Dallas County, TX 75063
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Public data search engine	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Public data search engine
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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