

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Dallas Black Firefighter Retiree Political Action Committee	13 Filer ID (Ethics Commission Filers) 00083692
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,011.54
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 11,740.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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 F. Hill II

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

SUBTOTALS - GPAC

17 COMMITTEE NAME Dallas Black Firefighter Retiree Political Action Committee		18 Filer ID 00083692	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS			SUBTOTAL AMOUNT
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 checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	2,005.77
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	2,005.77
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 type="checkbox"/> SCHEDULE E: LOANS	\$	
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	278.00
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 1/1 Rpt: 4/6
2 FILER NAME Dallas Black Firefighter Retiree Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083692
4 Date 08/19/2024	5 Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc. <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code Cedar Hill, TX 75104	7 Amount of contribution (\$) \$387.82
Date 09/09/2024	Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc. <hr/> Corporation / Labor Organization address; City; State; Zip Code Cedar Hill, TX 75104	Amount of contribution (\$) \$404.49
Date 09/30/2024	Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc. <hr/> Corporation / Labor Organization address; City; State; Zip Code Cedar Hill, TX 75104	Amount of contribution (\$) \$404.49
Date 11/06/2024	Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc. <hr/> Corporation / Labor Organization address; City; State; Zip Code Cedar Hill, TX 75104	Amount of contribution (\$) \$404.48
Date 12/09/2024	Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc. <hr/> Corporation / Labor Organization address; City; State; Zip Code Cedar Hill, TX 75104	Amount of contribution (\$) \$404.49

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 5/6
2 FILER NAME Dallas Black Firefighter Retiree Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083692
4 Date 08/19/2024	5 Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc.	6 Amount (\$) 387.82
Date 09/09/2024	Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc.	Amount (\$) 404.49
Date 09/30/2024	Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc.	Amount (\$) 404.49
Date 11/06/2024	Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc.	Amount (\$) 404.48
Date 12/09/2024	Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc.	Amount (\$) 404.49

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt: 6/6	2 FILER NAME Dallas Black Firefighter Retiree Political Action	3 Filer ID (Ethics Commission Filers) 00083692
4 Date 12/30/2024	5 Payee name James II, Hill (Mr.)	
6 Amount (\$) 128.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2317 Dana Dr. Rowlett, TX 75088	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Reimbursement for P.O. Box Rental payment. Check # 1162
Date 07/21/2024	Payee name Wallace, Travis (Mr.)	
Amount (\$) 150.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1830 Park Row Dallas, TX 75215	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Consulting Expense	(b) Description (See instructions regarding type of information required.) Development of Business Letterhead. Check #1053