FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00083692 3 COMMITTEE NAME **OFFICE USE ONLY** Dallas Black Firefighter Retiree Political Action Committee Date Received **ELECTRONICALLY FILED** 01/02/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 226983 Date Hand-delivered or Date Postmarked Change of Address Dallas, TX 75222-6983 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. James F. NAME NICKNAME LAST **SUFFIX** Hill II STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2317 Dana Dr. STREET **ADDRESS** (Residence or Business) Rowlett, TX 75088 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 226983 MAILING **ADDRESS** Dallas, TX 75222-6983 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (972) 816-5970 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

Dallas Black Firefighter Retiree Political Action Committee COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed B. Opposed B. Opposed	13 Filer ID 00083692	(Ethics Commission Filers)
ACTIVITY 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.) B. Opposed B. Opposed B. Opposed		
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed B. Opposed		
2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed		
(Describe by date and location of election and nature of issue.) B. Opposed		
(Describe by date and location of election and nature of issue.) B. Opposed		
3 Officeholders		
Assisted (Identify by name or, if		
applicable, classify by party.)		
TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) X check here if this report qualifies for the higher itemization threshold	\$	0.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	4,011.54
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS	\$	0.00
4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I OF THE REPORTING PERIOD	DAY \$	11,740.55
OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	HE \$	0.00
6 AFFIDAVIT	<u>'</u>	
I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
	s F. Hill II	
Signature of Car	npaign neasu	I CI
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said, th	is the	day
of, 20, to certify which, witness my hand and seal of office.		
Signature of officer administering oath	Title of offic	cer administering oath

SUBTOTALS - GPAC

FORM GPAC **COVER SHEET PG 3**

3 of 6				
17 COMMITT Dallas Bla	EE NAME ack Firefighter Retiree Political Action Committee	18 Filer ID 00083692	(Ethics Co	mmission Filers)
19 SCHEDUL NAME OF	SUBT	OTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			0.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$	
4. X SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$	2,005.77
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$	
6. X SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			\$	2,005.77
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			\$	
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$	
9. SCHEDULE E: LOANS			\$	
10.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$	
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS			\$	
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	
14. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	278.00	
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$		

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

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

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		3	B Filer ID (Ethics Commission Filers)		
l	Dallas Black Firefighter Retiree Political Action Committee			00083692		
4	Date	5 Corporation / Labor Organization name	6	Amount (\$)		
	08/19/2024	Dallas Black Firefighters Retiree Assoc.			387.82	
Г	Date	Corporation / Labor Organization name		Amount (\$)		
	09/09/2024	Dallas Black Firefighters Retiree Assoc.			404.49	
	Date	Corporation / Labor Organization name		Amount (\$)		
L	09/30/2024	Dallas Black Firefighters Retiree Assoc.			404.49	
r	Date	Corporation / Labor Organization name		Amount (\$)		
	11/06/2024	Dallas Black Firefighters Retiree Assoc.			404.48	
Г	Date	Corporation / Labor Organization name		Amount (\$)		
	12/09/2024	Dallas Black Firefighters Retiree Assoc.			404.49	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	WADE FROM POLITICAL CONTRIBUTIONS				
		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 Expenditure from corporate funds	7 Payee Address; City; State; Zip 2317 Dana Dr. Rowlett, TX 75088			
В	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense Reimbursement for P.O. Box Rental payment. Check # 1162			
	Date 07/21/2024	Payee name Wallace, Travis (Mr.)			
	Amount (\$) 150.00 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			
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