

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00083692	2 Total pages filed: 12
3 COMMITTEE NAME Dallas Black Firefighter Retiree Political Action Committee			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/06/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 226983  Dallas, TX 75222-6983		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. James F. NICKNAME LAST SUFFIX Hill II		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2317 Dana Dr.  Rowlett, TX 75088		
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 226983  Dallas, TX 75222-6983		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 816-5970		
9 REPORT TYPE	<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		
10 PERIOD COVERED	Month Day Year 01/01/2025 THROUGH 06/30/2025		
11 ELECTION	ELECTION DATE Month Day Year 05/03/2025	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> Dallas Black Firefighter Retiree Political Action Committee	<b>13 Filer ID</b> (Ethics Commission Filers) 00083692
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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
	<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> <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,403.92
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 7,702.22
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 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****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 12

<b>17 COMMITTEE NAME</b> Dallas Black Firefighter Retiree Political Action Committee		<b>18 Filer ID</b> (Ethics Commission Filers) 00083692
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
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	\$ 2,701.96
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	\$ 2,701.96
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	\$ 6,903.12
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

**SCHEDULE C1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C1: Sch: 1/1 Rpt: 4/12
<b>2</b> FILER NAME Dallas Black Firefighter Retiree Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083692
<b>4</b> Date 01/02/2025	<b>5</b> Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc. <hr/> <b>6</b> Corporation / Labor Organization address; City; State; Zip Code  Cedar Hill, TX 75104	<b>7</b> Amount of contribution (\$) \$408.66
Date 01/27/2025	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 (\$) \$250.00
Date 02/10/2025	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 (\$) \$408.66
Date 03/04/2025	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 (\$) \$408.66
Date 04/09/2025	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 (\$) \$408.66
Date 05/07/2025	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 (\$) \$408.66
Date 06/04/2025	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 (\$) \$408.66

# 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: 5/12
2 FILER NAME Dallas Black Firefighter Retiree Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083692
4 Date 01/02/2025	5 Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc.	6 Amount (\$) 408.66
Date 01/27/2025	Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc.	Amount (\$) 250.00
Date 02/10/2025	Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc.	Amount (\$) 408.66
Date 03/04/2025	Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc.	Amount (\$) 408.66
Date 04/09/2025	Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc.	Amount (\$) 408.66
Date 05/07/2025	Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc.	Amount (\$) 408.66
Date 06/04/2025	Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc.	Amount (\$) 408.66

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 1/7 Rpt: 6/12	<b>2</b> FILER NAME Dallas Black Firefighter Retiree Political Action	<b>3</b> Filer ID (Ethics Commission Filers) 00083692
<b>4</b> Date 02/28/2025	<b>5</b> Payee name AMERICAN EXPRESS	
<b>6</b> Amount (\$) 1,630.49 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip P.O. BOX 6031  CAROL STREAM, IL 60197-6031	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Travel Out of District	<b>(b)</b> Description (See instructions regarding type of information required.) REIMBURSEMENT FOR HOTEL AND RENTAL VEHICLE AUSTIN CK 1163
Date 05/06/2025	Payee name AMERICAN EXPRESS	
Amount (\$) 98.50 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O. BOX 6031  CAROL STREAM, IL 60197-6031	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Credit Card Payment	<b>(b)</b> Description (See instructions regarding type of information required.) TRAVEL
Date 05/09/2025	Payee name AMERICAN EXPRESS	
Amount (\$) 804.68 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O. BOX 6031  CAROL STREAM, IL 60197-6031	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Travel Out of District	<b>(b)</b> Description (See instructions regarding type of information required.) TRAVEL EXPENSE REIMBURESMENT AUSTIN
Date 06/13/2025	Payee name CAPITOL VISITORS PARKING	
Amount (\$) 8.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1201 SAN JACINTO BLVD  AUSTIN, TX 78701	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Travel Out of District	<b>(b)</b> Description (See instructions regarding type of information required.) PARKING AT THE CAPITOL

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 2/7 Rpt: 7/12	<b>2</b> FILER NAME Dallas Black Firefighter Retiree Political Action	<b>3</b> Filer ID (Ethics Commission Filers) 00083692
<b>4</b> Date 03/24/2025	<b>5</b> Payee name CHASE BANK	
<b>6</b> Amount (\$) 5.00 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip P. O. BOX 182051  COLUMBUS, OH 43218-2051	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) FEE FOR CARDS REPLACEMENTS
Date 03/24/2025	Payee name CHASE BANK	
Amount (\$) 5.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P. O. BOX 182051  COLUMBUS, OH 43218-2051	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) FEE FOR CARD REPLACEMENT
Date 05/06/2025	Payee name COD AVIATION PARKING	
Amount (\$) 39.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 808 HERB KELLERHER WAY  DALLAS, TX 75235	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Travel In District	<b>(b)</b> Description (See instructions regarding type of information required.) PARKING
Date 04/08/2025	Payee name COLLEENS KITCHEN RESTURANT	
Amount (\$) 111.37 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1911 ALDRICH ST  AUSTIN, TX 78723	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Food/Beverage Expense	<b>(b)</b> Description (See instructions regarding type of information required.) FOOD TRAVEL AUSTIN

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 3/7 Rpt: 8/12	<b>2</b> FILER NAME Dallas Black Firefighter Retiree Political Action	<b>3</b> Filer ID (Ethics Commission Filers) 00083692
<b>4</b> Date 03/20/2025	<b>5</b> Payee name ENTERPRISE RENTAL	
<b>6</b> Amount (\$) 445.43 <input checked="" type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 2300 ROWLETT RD #112 ROWLETT, TX 75088	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Transportation Equipment And Related Expense	<b>(b)</b> Description (See instructions regarding type of information required.) RENTAL VEHICLE AUSTIN
Date 05/06/2025	Payee name ENTERPRISE RENTAL	
Amount (\$) 377.44 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2300 ROWLETT RD #112 ROWLETT, TX 75088	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Transportation Equipment And Related Expense	<b>(b)</b> Description (See instructions regarding type of information required.) DALLAS RENTAL
Date 03/19/2025	Payee name HILTON GARDEN INN	
Amount (\$) 299.24 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 301 W 17TH ST AUSTIN, TX 78701	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Travel Out of District	<b>(b)</b> Description (See instructions regarding type of information required.) HOTEL COST AUSTIN
Date 04/10/2025	Payee name HILTON GARDEN INN	
Amount (\$) 644.22 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 301 W 17TH ST AUSTIN, TX 78701	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Travel Out of District	<b>(b)</b> Description (See instructions regarding type of information required.) HOTEL



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 4/7 Rpt: 9/12	<b>2</b> FILER NAME Dallas Black Firefighter Retiree Political Action	<b>3</b> Filer ID (Ethics Commission Filers) 00083692
<b>4</b> Date 05/06/2025	<b>5</b> Payee name HILTON GARDEN INN	
<b>6</b> Amount (\$) 304.14 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 301 W 17TH ST  AUSTIN, TX 78701	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Travel Out of District	<b>(b)</b> Description (See instructions regarding type of information required.) HOTEL
Date 02/20/2025	Payee name Hill II, James (Officer)	
Amount (\$) 184.43 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2317 Dana Dr.  Rowlett, TX 75088	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Transportation Equipment And Related Expense	<b>(b)</b> Description (See instructions regarding type of information required.) FUEL FOR RENTAL CAR TO AND FROM AUSTIN CK 1164
Date 04/30/2025	Payee name Hill II, James (Officer)	
Amount (\$) 367.25 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2317 Dana Dr.  Rowlett, TX 75088	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Travel Out of District	<b>(b)</b> Description (See instructions regarding type of information required.) TRAVEL REIMBURSEMENT MARCH AND APRIL CK 1168
Date 06/25/2025	Payee name James II, Hill (Mr.)	
Amount (\$) 134.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2317 Dana Dr.  Rowlett, TX 75088	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) POST OFFICE BOX RENTAL REIMBURSEMENT JAMES HILL CK 1169

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 5/7 Rpt:	<b>2</b> FILER NAME Dallas Black Firefighter Retiree Political Action	<b>3</b> Filer ID (Ethics Commission Filers) 00083692
<b>4</b> Date 05/08/2025	<b>5</b> Payee name NAVY FEDERAL CREDIT UNION	
<b>6</b> Amount (\$) 682.85 <input checked="" type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 820 FOLLIN LANE SE VIENNA, VA 22180	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Credit Card Payment	<b>(b)</b> Description (See instructions regarding type of information required.) TRAVEL REIMBERSEMENT JAMES HILL CARD CK 1167
Date 01/13/2025	Payee name OnSolve LLC	
Amount (\$) 90.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P. O. Box 945672 Atlanta, GA 30394-5672	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) PHONE CALL SYSTEM
Date 04/08/2025	Payee name PARKING MGT	
Amount (\$) 8.50 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 301 W 17TH ST AUSTIN, TX 78701	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Transportation Equipment And Related Expense	<b>(b)</b> Description (See instructions regarding type of information required.) PARKING
Date 02/13/2025	Payee name RANCH 616 RESTURANT	
Amount (\$) 110.20 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 616 NUECES ST. AUSTIN, TX 78701	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Food/Beverage Expense	<b>(b)</b> Description (See instructions regarding type of information required.) TRAVEL EXPENCE FOOD

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 6/7 Rpt:	<b>2</b> FILER NAME Dallas Black Firefighter Retiree Political Action	<b>3</b> Filer ID (Ethics Commission Filers) 00083692
<b>4</b> Date 04/07/2025	<b>5</b> Payee name TACO BELL	
<b>6</b> Amount (\$) 21.30 <input checked="" type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 410 NINTERSTATE 35 E SR RED OAK, TX 75154	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Food/Beverage Expense	<b>(b)</b> Description (See instructions regarding type of information required.) FOOD DURING TRAVEL
Date 04/08/2025	Payee name TEXAS STATE CAPITOL	
Amount (\$) 12.94 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1100 CONGRESS AVE AUSTIN, TX 78701	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	<b>(b)</b> Description (See instructions regarding type of information required.) CAPITOL MAP BOOK
Date 02/05/2025	Payee name THE FREE MAN RESTURANT	
Amount (\$) 166.09 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2626 COMMERCE ST DALLAS, TX 75226	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Food/Beverage Expense	<b>(b)</b> Description (See instructions regarding type of information required.) BOARD MEETING
Date 02/27/2025	Payee name THE FREE MAN RESTURANT	
Amount (\$) 126.31 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2626 COMMERCE ST DALLAS, TX 75226	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Food/Beverage Expense	<b>(b)</b> Description (See instructions regarding type of information required.) BOARD MEETING

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 7/7 Rpt:	2 FILER NAME Dallas Black Firefighter Retiree Political Action	3 Filer ID (Ethics Commission Filers) 00083692
4 Date 01/15/2025	5 Payee name TWO PODNERS INC.	
6 Amount (\$) 56.28 <input checked="" type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1441 ROBERT B CULLUM BLVD DALLAS, TX 75210	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) MEETING
Date 03/03/2025	Payee name ZOOM COMMUNICATION INC.	
Amount (\$) 170.46 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 55 ALMADEN BLVD. 6TH FLOOR SAN JOSE, CA 95113	
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.) FOR MEETINGS