

# 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: 7	
3 COMMITTEE NAME Dallas Black Firefighter Retiree Political Action Committee			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/05/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of 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  <input type="checkbox"/> Change of 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 checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input 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 07/01/2025 THROUGH 12/31/2025			
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special NONE	

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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
<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
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,512.34
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>	\$ 9,627.45
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 7

<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 type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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	\$ 2,256.17
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	\$ 2,256.17
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 checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 34.11
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 168.11
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: 4/7
2 FILER NAME Dallas Black Firefighter Retiree Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083692
4 Date 07/07/2025	5 Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc. 6 Corporation / Labor Organization address; City; State; Zip Code  Cedar Hill, TX 75104	7 Amount of contribution (\$) \$162.83
Date 08/04/2025	Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc. Corporation / Labor Organization address; City; State; Zip Code  Cedar Hill, TX 75104	Amount of contribution (\$) \$417.00
Date 09/05/2025	Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc. Corporation / Labor Organization address; City; State; Zip Code  Cedar Hill, TX 75104	Amount of contribution (\$) \$417.00
Date 10/08/2025	Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc. Corporation / Labor Organization address; City; State; Zip Code  Cedar Hill, TX 75104	Amount of contribution (\$) \$417.00
Date 11/03/2025	Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc. Corporation / Labor Organization address; City; State; Zip Code  Cedar Hill, TX 75104	Amount of contribution (\$) \$421.17
Date 12/09/2025	Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc. Corporation / Labor Organization address; City; State; Zip Code  Cedar Hill, TX 75104	Amount of contribution (\$) \$421.17

# 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: 5/7
2 FILER NAME Dallas Black Firefighter Retiree Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083692
4 Date 07/07/2025	5 Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc.	6 Amount (\$) 162.83
Date 08/04/2025	Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc.	Amount (\$) 417.00
Date 09/05/2025	Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc.	Amount (\$) 417.00
Date 10/08/2025	Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc.	Amount (\$) 417.00
Date 11/03/2025	Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc.	Amount (\$) 421.17
Date 12/09/2025	Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc.	Amount (\$) 421.17

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(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  
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 F4: Sch: 1/1 Rpt: 6/7	<b>2</b> FILER NAME Dallas Black Firefighter Retiree Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083692
<b>4</b> CREDIT CARD ISSUER	Name of financial institution JP Morgan Chase Bank		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$34.11	(b) Date of Charge 11/21/2025	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name OnSolve LLC		(b) Payee address; City, State, Zip Code P. O. Box 945672 Atlanta, GA 30394-5672
<b>8</b> PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Phone call out system. paid by Hunter's card.
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

# 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: 1/1 Rpt: 7/7	<b>2</b> FILER NAME Dallas Black Firefighter Retiree Political Action	<b>3</b> Filer ID (Ethics Commission Filers) 00083692
<b>4</b> Date 12/29/2025	<b>5</b> Payee name Hill II, James (Officer)	
<b>6</b> Amount (\$) 134.00 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 2317 Dana Dr. Rowlett, TX 75088	
<b>8</b> PURPOSE OF EXPENDITURE	<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.) Reimbursement for P.O. Box Rental 6 mos. paid by check #1170. Chase Bank.
Date 11/21/2025	Payee name OnSolve LLC	
Amount (\$) 34.11 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P. O. Box 945672 Atlanta, GA 30394-5672	
PURPOSE OF EXPENDITURE	<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.) Payment for phone call out system. Hunter's card charge.