

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	
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		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
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	THROUGH	Month Day Year
	07/01/2025		12/31/2025
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input type="checkbox"/> General	<input checked="" type="checkbox"/> Other
			NONE

GO TO PAGE 2

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)	\$	4,512.34
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	\$	9,627.45
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 (Ethics Commission Filers) 00083692
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
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.	7 Amount of contribution (\$) \$162.83
	6 Corporation / Labor Organization address; City; State; Zip Code Cedar Hill, TX 75104	
Date 08/04/2025	Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc.	Amount of contribution (\$) \$417.00
	Corporation / Labor Organization address; City; State; Zip Code Cedar Hill, TX 75104	
Date 09/05/2025	Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc.	Amount of contribution (\$) \$417.00
	Corporation / Labor Organization address; City; State; Zip Code Cedar Hill, TX 75104	
Date 10/08/2025	Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc.	Amount of contribution (\$) \$417.00
	Corporation / Labor Organization address; City; State; Zip Code Cedar Hill, TX 75104	
Date 11/03/2025	Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc.	Amount of contribution (\$) \$421.17
	Corporation / Labor Organization address; City; State; Zip Code Cedar Hill, TX 75104	
Date 12/09/2025	Corporation / Labor Organization name Dallas Black Firefighters Retiree Assoc.	Amount of contribution (\$) \$421.17
	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: 5/7
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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/1 Rpt: 6/7	2 FILER NAME Dallas Black Firefighter Retiree Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083692
4 CREDIT CARD ISSUER	Name of financial institution JP Morgan Chase Bank	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 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
7 PAYEE	(a) Payee name OnSolve LLC	(b) Payee address; City, State, Zip Code P. O. Box 945672 Atlanta, GA 30394-5672	
8 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		
9 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.

1 Total pages Schedule I: Sch: 1/1 Rpt: 7/7	2 FILER NAME Dallas Black Firefighter Retiree Political Action	3 Filer ID (Ethics Commission Filers) 00083692
4 Date 12/29/2025	5 Payee name Hill II, James (Officer)	
6 Amount (\$) 134.00 <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 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	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Payment for phone call out system. Hunter's card charge.