#### 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) 00086916 3 COMMITTEE NAME **OFFICE USE ONLY Bluebonnet PAC** Date Received **ELECTRONICALLY FILED** 01/11/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 940004 Date Hand-delivered or Date Postmarked Change of Address Plano, TX 75094 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Tara NAME NICKNAME LAST **SUFFIX** Johnson STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 608 E. Hickory St. #128 STREET **ADDRESS** (Residence or Business) Denton, TX 76205 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 608 E. Hickory St. #128 MAILING **ADDRESS** Denton, TX 76205 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (940) 202-9192 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** 07/01/2023 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Bluebonnet PAC			00086916	
14 COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	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.)			
<b>15</b> CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M  x check here if this report	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA  (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	600.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	85.00
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u>'</u>		·	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Tara J	lohnson	
		Signature of Ca	mpaign Treasu	ırer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tl	his the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of office	cer administering oath

#### **SUBTOTALS - GPAC**

## FORM **GPAC**COVER SHEET PG 3

			3 of 7
17 COMMITTEE NAME Bluebonnet PAC		<b>18</b> Filer ID 00086916	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POL	LITICAL CONTRIBUTIONS		\$ 500.00
2. SCHEDULE A2: NON-MONETAR	Y (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTR	RIBUTIONS		\$
4. SCHEDULE C1: MONETARY COLORGANIZATION	NTRIBUTIONS FROM CORPORATION OR LABO	OR	\$
5. SCHEDULE C2: NON-MONETAR LABOR ORGANIZATION	Y (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$
6. SCHEDULE C3: MONETARY SUF	PPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$
7. SCHEDULE C4: NON-MONETAR ORGANIZATION	Y SUPPORT FROM CORPORATION OR LABOR	?	\$
8. SCHEDULE D: PLEDGED CONTR	RIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9. SCHEDULE E: LOANS			\$
10. X SCHEDULE F1: POLITICAL EXPE	ENDITURES FROM POLITICAL CONTRIBUTION	IS	\$ 600.00
11. SCHEDULE F2: UNPAID INCURF	RED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF I	NVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$
13. SCHEDULE F4: EXPENDITURES	MADE BY CREDIT CARD		\$
14. X SCHEDULE I: NON-POLITICAL EX	KPENDITURES FROM POLITICAL CONTRIBUTI	ONS	<b>\$</b> 75.00
15. SCHEDULE K: INTEREST, CREDI	TS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/7
2	FILER NAME Bluebonnet PAC	3	Filer ID (Ethics Commission Filers) 00086916
4	Date 09/14/2023  5 Full name of contributor out-of-state PAC (ID#:) Jones, Michael  6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$) \$500.00
	Mckinney, TX 75071-1306		
8	Principal occupation / Job title (See Instructions)  Commercial Banking Director  9 Employer (See Instruction b1Bank	ns)	

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(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 (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 5/7	Bluebonnet PAC 00086916
4 Date	5 Payee name
11/06/2023	Anderson, Caiden
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	3833 Mustang Rd
	Apt 518
Expenditure from corporate funds	Alvin, TX 77511
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Graphic Design
	G. ap. 110 2 00.g. 1
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/19/2023	Frick, Michael
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	7803 Hillsdale Drive
Expenditure from corporate funds	Sachse, TX 75048
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Community Outreach
	Community Currently
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE |

The Instruction Guide explains how to complete this form.		
1 Total pages Schedule I: Sch: 1/2 Rpt: 6/7	2 FILER NAME Bluebonnet PAC  3 Filer ID (Ethics Commission File 00086916	rs)
4 Date	5 Payee name	
08/31/2023	Chase Bank	
6 Amount (\$)	7 Payee Address; City; State; Zip	
15.00	206 W Farm to Market 544	
Expenditure from corporate funds	Murphy, TX 75094	
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require	ed.)
OF EXPENDITURE	Fees Service Fee	
Date	Payee name	
09/29/2023	Chase Bank	
Amount (\$)	Payee Address; City; State; Zip	
15.00	206 W Farm to Market 544	
Expenditure from		
corporate funds	Murphy, TX 75094	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require	ed.)
EXPENDITURE	Fees Service Fee	
Date	Payee name	
10/31/2023	Chase Bank	
Amount (\$)	Payee Address; City; State; Zip	
15.00	206 W Farm to Market 544	
Expenditure from corporate funds	Murphy, TX 75094	
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require	ed.)
OF EXPENDITURE	Fees Service Fee	
LAFLINDITORL		
Date	Payee name	
11/30/2023	Chase Bank	
Amount (\$)	Payee Address; City; State; Zip	
15.00	206 W Farm to Market 544	
Expenditure from		
corporate funds	Murphy, TX 75094	
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require	ed.)
OF EXPENDITURE	Fees Service Fee	

	AL EXPENDITURES POLITICAL CONTRIBUTIONS	SCHEDULE I
	The Instruction Guide explains how to complet	e this form.
Total pages Schedule I: Sch: 2/2 Rpt: 7/7	2 FILER NAME Bluebonnet PAC	3 Filer ID (Ethics Commission Filers 00086916
Date 12/29/2023	5 Payee name Chase Bank	·
Amount (\$)  15.00  Expenditure from corporate funds	7 Payee Address; City; State; Zip 206 W Farm to Market 544  Murphy, TX 75094	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Fees  Service	