#### 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** 02/26/2024 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** 01/26/2024 02/24/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 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 Commissioner Darrell Hale		
	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	PLEDGES, LOANS, CONTRIBUTIONS M  X check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL (OTHER THAN PLE	IL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	6,638.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	1,976.88
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Tara S	lohnson	
		Signature of Ca	mpaign Treası	urer
AFFIX NOTARY	/ STAMP / SEAL ABOVE			
Sworn to and subscribed	d before me, by the said	, ti	his the	day
		which, witness my hand and seal of office.		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of offi	cer administering oath
•	Ŭ	Ç		Ü

				Page 3 01 15
12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Bluebonnet PAC			00086916	
14 COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by party  (Attach lists on plain	A. Supported  B. Opposed			
paper to complete this report if necessary.)	J. 2pp333			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders     Assisted     (Identify by name or, if applicable, classify by party)		ep. Matt Shaheen		
COMMITTEE ACTIVITY  1. 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			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders     Assisted     (Identify by name or, if applicable, classify by party		ep. Jeff Leach		
COMMITTEE ACTIVITY  1. 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			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders     Assisted     (Identify by name or, if applicable, classify by party		ep. Candy Noble		

					Page 4 of 15
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Bluebonnet PAC				00086916	
14 COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed			
report if necessary.)	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	B. Opposed			
	2. Office helders		Des Essision in the in-		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Frederick Frazier		
COMMITTEE ACTIVITY	1. 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			
	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.)		Commissioner Christi Craddick		
COMMITTEE ACTIVITY	1. 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			
	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.)		Sen. Angela Paxton		

### FORM GPAC ADDENDUM

Page 5 of 15

							1 age e e, 10
12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Bluebonnet PAC					00086916	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Carrie de Moor	State Senator		
	(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.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE	1. Candidates	A. Supported	David Schenck	Court of Crimina	al Appeals. Pres	siding Judae
	ACTIVITY	(Identify by name or, if applicable, classify by party.)				. [-]	3 3
	(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.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Steve Kinard St	ate Representat	ive	
	(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.)	A. Supported				
			B. Opposed				<del></del>
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

### FORM GPAC ADDENDUM

Page 6 of 15

									1 ago 0 01 ±	•
12	COMMITTEE NAME						13 Filer ID	(Ethics C	ommission Filers	s)
	Bluebonnet PAC						00086916			
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Gina Parke	r Court Of Crim	ninal Ap	opeals, Judge			
	(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.)	A. Supported							
			B. Opposed							
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)								
	COMMITTEE	1. Candidates	A. Supported	Lee Finley	Court Of Crimin	nal Anr	eals. Judge			
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Lee I IIIIcy	Court Or Crimin	патр	reals, Juage			
	(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.)	A. Supported							
			B. Opposed							
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)								
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Kohlmann	Jamie State Boa	ard Of	Education			
	(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.)	A. Supported							
			B. Opposed							
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)								
			•							

			Page 7 of 15
12 COMMITTEE NAME		13 Filer ID	(Ethics Commission Filers)
Bluebonnet PAC		00086916	
14 COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by part) (Attach lists on plain	A. Supported Joel Petrazio Criminal District C  B. Opposed	Court Judge	
paper to complete this report if necessary.)			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
	B. Opposed		
Officeholders     Assisted     (Identify by name or, if applicable, classify by part	(y,)		
COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by part	A. Supported		
(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.)	A. Supported		
	B. Opposed		
Officeholders     Assisted     (Identify by name or, if applicable, classify by part	Jim Skinner County Sheriff		
COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by part	A. Supported Scott Grigg County Tax Assess	or	
(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.)	A. Supported		
	B. Opposed		
Officeholders     Assisted     (Identify by name or, if applicable, classify by part			
- '	•		

		Page 8 of 15
12 COMMITTEE NAME		13 Filer ID (Ethics Commission Filers)
Bluebonnet PAC		00086916
(Attach lists on plain	didates y name or, if c, classify by party.)  B. Opposed	•
paper to complete this report if necessary.)		
	by date and f election and	
	B. Opposed	
Assi (Identify b	ceholders isted y name or, if r, classify by party.)	Susan Fletcher County Commissioner
COMMITTEE 1. Can ACTIVITY (Identify b applicable	didates y name or, if , classify by party.)	Jim Garrison County Commissioner
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
	by date and f election and ssue.)	
	B. Opposed	
Assi (Identify b	ceholders isted y name or, if e, classify by party.)	
COMMITTEE 1. Can ACTIVITY (Identify b applicable	didates y name or, if c, classify by party.)	Cris Trevino County Constable
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
Mea     (Describe location of nature of it)	by date and f election and	
	B. Opposed	
Assi (Identify b	ceholders isted y name or, if r, classify by party.)	
•	<u>.</u>	

						Page 9 of 15
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Bluebonnet PAC					00086916	6
14 COMMITTEE ACTIVITY  (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)		Mike Rumfield (	County Constabl	e	
paper to complete this report if necessary.)						
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported	Shelby Williams	County Party C	Chair	
(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.)	A. Supported				
		B. Opposed				
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					

#### **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

					10 of 15
<b>17</b> CC	MMITTE	EE NAME	18 Filer ID	(Ethics Comn	nission Filers)
Βlι	iebonne	`	ŕ		
19 SC	HFDULI	E SUBTOTALS		Γ	
l	ME OF	SUBTO <sup>-</sup>	FAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	8,500.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
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.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	5,293.12
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	1,345.00
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	30.00

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instru	uction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 11/15
2 FILER NAME Bluebonnet		3 Filer ID (Ethics Commission Filers) 00086916
4 Date 02/05/2024	5 Full name of contributor	7 Amount of Contribution (\$) \$2,000.00
	McKinney, TX 75072	
8 Principal occ Retired	supation / Job title (See Instructions)  9 Employer (See	Instructions)
Date 02/15/2024	Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$6,500.00
Principal occ Retired	McKinney, TX 75072  rupation / Job title (See Instructions)  Employer (See	Instructions)

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee   Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/2 Rpt: 12/15	Bluebonnet PAC 00086916
4 Date	5 Payee name
02/14/2024	Chase Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.00	206 W Farm to Market 544
Expenditure from	
corporate funds	Murphy, TX 75094
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Card Replacement Fee
	Cara Replacement Co
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
02/23/2024	Consolidated Global
Amount (\$)	Payee address; City; State; Zip Code
\$450.00	P.O. Box 690804
Expenditure from corporate funds	Orlando, FL 32869
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Text messaging
	Text messaging
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/23/2024	MBI Direct Mail Inc
Amount (\$)	Payee address; City; State; Zip Code
\$2,814.12	710 W New Hampshire Ave
Expenditure from corporate funds	Deland, FL 32720
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Mailers
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	<b>y</b>
Forms provided by Tayas F	thics Commission Wassu athics state ty us Version V2.5.1.9000c47t

#### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, - I Committee	Gift/Awards/Memorials Ex Legal Services  The Instruction Guid	kpense Printir Salari	g Expense es/Wages/Contract Labor complete this form.	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	E			3 Filer ID (Ethics Commission Filers)
	Sch: 2/2 Rpt: 13/15	Bluebonne	t PAC			00086916
4	Date	5 Payee name	)			
	02/21/2024	RumbleUp				
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip	Code	
l	\$2,019.00	2001 K St.	NW			
l						
	Expenditure from corporate funds	Washingto	n, DC 20036			
8	PURPOSE	(a) Category (S	See Categories listed at the	top of this schedule)	(b) Description	
l	OF EXPENDITURE	Advertising	Expense			el outside of Texas. Complete Schedule T.
l						tin, TX, officeholder living expense
l					Text Messa	lging
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Off H	ficeholder name	Office s	ought	Office held

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 14/15 **Bluebonnet PAC** 00086916 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 02/20/2024 Foxhole Strategies, LLC Amount (\$) Payee address; State; Zip Code \$1,345.00 P.O. Box 940004 Expenditure from Plano, TX 75094 corporate funds TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Group Email Production and Delivery 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

		ST, CREDITS, GAINS, REFUNDS, AND IBUTIONS RETURNED TO FILER		SCHEDULE K
	The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 15/15	
2	FILER NAME Bluebonnet PAC		3 Filer ID (Ethics Commission Filers) 00086916	
4	Date 02/14/2024	<ul> <li>Name of person from whom amount is received         Chase Bank</li> <li>Address of person from whom amount is received; City; State; Zip Code</li> </ul>		8 Amount (\$) \$30.00
		Murphy, TX 75094  7 Purpose for which amount is received Monthly Service Fees Reimbursement  X Check if po	olitical cor	ntribution returned to filer