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** 01/15/2025 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** 07/01/2024 12/31/2024 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

2 COMMITTEE NAME			13 Filer I	
Bluebonnet PAC			0008	6916
4 COMMITTEE	1. Candidates	A. Supported	·	
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	3. Officeholders			
	Assisted (Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION	1. TOTAL UNITEMIZE	I D POLITICAL CONTRIBUTIONS (OTHER THA	N I	
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold		\$ 0.00
	2. TOTAL POLITICA		1,	φ.
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOAN		\$ 100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	!	\$ 0.00
	4. TOTAL POLITICA	L EXPENDITURES	:	\$ 90.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		AST DAY	\$ 31.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		OF THE	\$ 0.00
.6 AFFIDAVIT	<u> </u>		L	
		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.		
			ara Johnson	
		Signature o	of Campaign T	reasurer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said		, this the	day
		which, witness my hand and seal of office.	-	-
Signature of officer a	administering oath	Printed name of officer administering oath	Title	of officer administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			3 of 6
17 COMMITTE Bluebonne		18 Filer ID 00086916	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 100.00
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
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 CONTRIBUTION:	S	\$ 90.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
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.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$
1			

	TARY POLITICAL CONTRIBUT	SCHEDULE A1		
The Instru	ction Guide explains how to complete thi	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/6		
FILER NAME Bluebonnet		3 Filer ID (Ethics Commission Filers 00086916)	
Date 08/29/2024	5 Full name of contributor out-of-state PAC (II Frick, Michael (Mr.) 6 Contributor address; City; State; Zip Code	D#:)	7 Amount of Contribution (\$) \$10	 0.00
	Sachse, TX 75048			
Principal occu Retired	upation / Job title (See Instructions)	9 Employer (See Instruction	ns)	
	FILER NAME Bluebonnet Date 08/29/2024	FILER NAME Bluebonnet PAC Date 08/29/2024 Frick, Michael (Mr.) 6 Contributor address; City; State; Zip Code Sachse, TX 75048 Principal occupation / Job title (See Instructions)	Bluebonnet PAC Date 5 Full name of contributor out-of-state PAC (ID#:	FILER NAME Bluebonnet PAC Date 08/29/2024 Frick, Michael (Mr.) Sachse, TX 75048 Principal occupation / Job title (See Instructions) Sch: 1/1 Rpt: 4/6 Amount of Contribution (\$) \$100 \$100 Sch: 1/1 Rpt: 4/6 Sch: 1/1

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: 1/2 Rpt: 5/6	Bluebonnet PAC 00086916		
4 Date	5 Payee name		
07/31/2024	Chase Bank		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$15.00	206 W Farm to Market 544		
— Foresteller of forest			
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 Fees		
	1 663		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O			
5.			
Date	Payee name		
08/30/2024	Chase Bank		
Amount (\$)	Payee address; City; State; Zip Code		
\$15.00	206 W Farm to Market 544		
Evnanditura from			
Expenditure from corporate funds	Murphy, TX 75094		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
EXPENDITORE	Check if Austin, TX, officeholder living expense		
	Fees		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/30/2024	Chase Bank		
Amount (\$)	Payee address; City; State; Zip Code		
\$15.00	206 W Farm to Market 544		
Expenditure from corporate funds	Murphy, TX 75094		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
EXPENDITORE	Check if Austin, TX, officeholder living expense		
	Fees		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
3.,50			

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District
OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to con	plete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 2/2 Rpt: 6/6	Bluebonnet PAC 00086916		
4 Date	5 Payee name	•	
10/31/2024	Chase Bank		
6 Amount (\$)	7 Payee address; City; State; Zip Coo	e	
\$15.00	206 W Farm to Market 544		
Expenditure from corporate funds	Murphy, TX 75094		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description	
OF	Fees	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE		Check if Austin, TX, officeholder living expense	
		Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held	
Date	Payee name		
11/30/2024	Chase Bank		
Amount (\$)	Payee address; City; State; Zip Coo	e	
\$15.00	206 W Farm to Market 544		
Expenditure from			
corporate funds	Murphy, TX 75094		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description	
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Fees	
		1 003	
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held	
expenditure to benefit C/O		The state of the s	
Date	Davis as as		
12/31/2024	Payee name Chase Bank		
Amount (\$) \$15.00	Payee address; City; State; Zip Coc 206 W Farm to Market 544	e	
\$15.00	200 W Faill to Market 544		
Expenditure from	M . I TV 75004		
corporate funds	Murphy, TX 75094		
PURPOSE OF	, ,	b) Description	
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Fees	
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held	
expenditure to benefit C/O			