#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00034324 3 COMMITTEE NAME **OFFICE USE ONLY** Bloomin' Brands, Inc. PAC - Texas Date Received **ELECTRONICALLY FILED** 03/28/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** c/o Rogge Dunn Group, PC 500 N. Akard St., Ste. 1900 Dallas, TX 75201 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Mr. Rogge NAME Date Processed **NICKNAME** LAST **SUFFIX** Date Imaged Dunn CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** c/o Rogge Dunn Group, PC STREET **ADDRESS** 500 N. Akard St., Ste 1900 (Residence or Business) Dallas, TX 75201 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** Rogge Dunn Group PC MAILING **ADDRESS** 500 N Akard St Ste1900 Dallas, TX 75201 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (214) 888-5000 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 X April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 02/26/2025 03/25/2025

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

|   |   |  | 1                                 |   |
|---|---|--|-----------------------------------|---|
| 2 COMMITTEE NAME 13 File  |   |  | r ID (Ethics Commission Filers)   |   |
| Bloomin' Brands, Inc. P   | AC - Texas  |  | 0003                              | 34324   |
| 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<br>TOTALS  | PLEDGES, LOANS,<br>CONTRIBUTIONS M  | POLITICAL CONTRIBUTIONS (OTHER TO<br>DR GUARANTEES OF LOANS, OR<br>ADE ELECTRONICALLY)<br>qualifies for the higher itemization threshold | THAN                              | \$ 0.00   |
|   | 2. TOTAL POLITICA   | -  |                                   |   |
|   | (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   |  |                                   | 0.00  |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  |  |                                   | \$ 0.00   |
|   | 4. TOTAL POLITICA   | L EXPENDITURES   |                                   | \$ 0.00   |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD        |  |                                   | \$ 2,513.1  |
| OUTSTANDING<br>LOAN TOTALS  | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD |  |                                   | \$ 0.00   |
| .6 AFFIDAVIT  | 1   |  |                                   |   |
|   |   | I swear, or affirm, under pena<br>true and correct and includes<br>under Title 15, Election Code   | s all information r               | at the accompanying report is required to be reported by me |
|   |   |  | Mr. Rogge Dui                     | nn  |
|   |   |  | ure of Campaign                   |   |
| AFFIX NOTARY  | STAMP / SEAL ABOVE  |  |                                   |   |
| Sworn to and subscribed   | before me. by the said  |  | . this the                        | day   |
|   |   | which, witness my hand and seal of office.   | , , , , , , , , , , , , , , , , , | ,   |
|   | · ,   | ,  |                                   |   |
| Signature of officer ad   | ministering oath  | Printed name of officer administering oath   | Title                             | e of officer administering oath                             |

#### **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

|                     |   |             |                    | 3 of 5     |
|---------------------|---|-------------|--------------------|------------|
| 17 COMMIT           | TEE NAME  | 18 Filer ID | (Ethics Commission | on Filers) |
| Bloomin             |   |             |                    |            |
| 19 SCHEDU<br>NAME O | SUBTOTAL AMOUNT   |             |                    |            |
| 1. X                | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS   |             | \$                 | 0.00       |
| 2. X                | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                                 |             | \$                 | 0.00       |
| 3. X                | X SCHEDULE B: PLEDGED CONTRIBUTIONS   |             |                    | 0.00       |
| 4.                  | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO<br>ORGANIZATION                | DR          | \$                 |            |
| 5.                  | 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION |             |                    |            |
| 6.                  | . SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                      |             |                    |            |
| 7.                  | 7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                 |             |                    |            |
| 8.                  | 8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 |             |                    |            |
| 9. X                | 9. X SCHEDULE E: LOANS  |             |                    | 0.00       |
| 10. X               | 10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      |             |                    | 0.00       |
| 11. X               | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  |             | \$                 | 0.00       |
| 12. X               | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI                              | ONS         | \$                 | 0.00       |
| 13. X               | 13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD   |             |                    | 0.00       |
| 14.                 | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI                            | ONS         | \$                 |            |
| 15.                 | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER                   | RETURNED    | \$                 |            |
|                     |   |             | •                  |            |

| PLE   | OGED CONTRIBU                      | TIONS                |                      |         | SCH  | EDULE B             |  |  |
|---|------------------------------------|----------------------|----------------------|---------|--|---------------------|--|--|
| The Instruction Guide explains how to complete this form.  2 FILER NAME Bloomin' Brands, Inc. PAC - Texas |                                    |                      |                      | 1       | 1 Total pages Schedule B:<br>Sch: 1/1 Rpt: 4/5 |                     |  |  |
|   |                                    |                      |                      | 3       |  |                     |  |  |
| 4   | OF UNITEMIZED PLEDO                | ES                   |                      | +       | \$   | 0.00                |  |  |
| 5 Date  | 6 Full name of pledgor             | out-of-state PAC (ID | #:                   | _) 8    | Amount of <b>9</b> In-kind de                  | escription          |  |  |
|   | 7 Pledgor Address;                 | City; State; Zip Cod | e                    |         | pledge (\$)   (If appl                         | icable)             |  |  |
|   |                                    |                      |                      |         | Check if travel outside of Texas. Co           | omplete Schedule T. |  |  |
| 10 Principal  | occupation / Job title (See Instru | ictions)             | 11 Employer (See In: | structi | ons)   |                     |  |  |
|   |                                    |                      |                      |         |  |                     |  |  |
|   |                                    |                      |                      |         |  |                     |  |  |

|    | LOANS   |                                   |                 |  |  | so          | CHEDULE E             |   |
|----|---|-----------------------------------|-----------------|--|--|-------------|-----------------------|---|
|    | The Instruction Guide explains how to complete this form. |                                   |                 | 1 Total pages Schedule E:<br>Sch: 1/1 Rpt: 5/5 |  |             |                       |   |
|    | PILER NAME Bloomin' Brands, Inc. PAC - Texas              |                                   |                 |  | 3 Filer ID (Ethics Commission Filers) 00034324 |             |                       |   |
| 4  | TOTAL OF UN   | IITEMIZED LOANS                   |                 |  |  | \$          | 0.0                   | 0 |
| 5  | Date of loan  | 7 Name of lender                  | out-of-state PA | C (ID#:  | 9 Loan Am                                      | nount (\$)  | _                     |   |
|    | Is lender a financial institution?                        | 8 Lender address; City            | r; State;       | Zip Code                                       |  | 10 Interest |                       |   |
|    |   |                                   |                 |  |  | 11 Maturity | Date                  |   |
| 12 | Principal occupation                                      | on / Job title (See Instructions) |                 | 13 Employer (See Instructions)                 |  |             |                       |   |
| 14 | Description of Coll  None                                 | ateral                            |                 | 15 Check if personal funds                     | were depos                                     |             | account<br>tructions) |   |
|    | GUARANTOR<br>INFORMATION                                  | 17 Name of guarantor              |                 |  |  | 19 Amount   | Guaranteed (\$)       | _ |
|    | not applicable  | 18 Guarantor address; City        | /; State;       | Zip Code                                       |  |             |                       |   |
|    |   |                                   |                 |  |  |             |                       |   |
| 20 | Principal occupation                                      | on                                |                 | 21 Employer (See Instruction                   | ns)  |             |                       |   |
|    |   |                                   |                 |  |  |             |                       |   |