### MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM MPAC COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.       (Ethics Commission Filers) 00070096       5         3 COMMITTEE NAME Bosque Democratic Club       OFFICE USE ONLY         Date Received ELECTRONICALLY FILED 12/05/2024         4 COMMITTEE ADDRESS       ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP P.O. Box 291       CITY; STATE; ZIP				
Bosque Democratic Club Bosque Democratic Club ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP COMMITTEE ADDRESS				
ADDRESS / PO BOX;       APT / SUITE #;       CITY;       STATE;       ZIP				
4 COMMITTEE     ADDRESS / PO BOX;     APT / SUITE #;     CITY;     STATE;     ZIP				
4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP				
P.O. Box 291				
Change of Address Meridian, TX 76665				
5     CAMPAIGN     MS / MRS / MR     FIRST     MI				
TREASURER Albert Receipt # Amount				
NAME				
Date Processed NICKNAME LAST SUFFIX				
Hunter Date Imaged				
6 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
TREASURER STREET PO Box 291				
ADDRESS (Residence or Business)				
Meridian, TX 76665				
7 CAMPAIGN STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
TREASURER MAILING PO Box 291				
ADDRESS				
Change of Address Meridian, TX 76665				
3 CAMPAIGN     AREA CODE     PHONE NUMBER     EXTENSION       TREASURER				
PHONE (254) 366-8439				
9 REPORT TYPE				
X     Monthly     Itel day and campaign treasurer termination     Dissolution (Attach PAC-DR)				
10 MONTHLY       REPORT FILING       January 5       April 5       July 5       October 5				
DEADLINE DEADLINE DEADLINE February 5 May 5 August 5 November 5				
March 5 June 5 September 5 X December 5				
11 PERIOD         Month         Day         Year         Month         Day         Year           COVERED         10/26/2024         THROUGH         11/25/2024         11/25/2024				
10/26/2024 11/25/2024				
GO TO PAGE 2				
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## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)	
Bosque Democratic Club 0007				j	
14 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.)				
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	<ul> <li>POLITICAL CONTRIBUTIONS (OTHER THAN</li> <li>OR GUARANTEES OF LOANS, OR</li> <li>ADE ELECTRONICALLY)</li> <li>qualifies for the higher itemization threshold</li> </ul>	\$	0.00	
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00	
	4. TOTAL POLITICAL EXPENDITURES				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			4,711.80	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	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. Albert Hunter				
		Signature of Ca	mpaign Treasi	urer	
AFFIX NOTARY	AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said, this the _				day	
of	, 20, to certify v	vhich, witness my hand and seal of office.			
Signature of officer ad	ninistering oath	Printed name of officer administering oath	Title of offi	cer administering oath	
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### FORM MPAC COVER SHEET PG 3

3 of 5

17 COMMITT	(Ethics Commission Filers)				
Bosque D					
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT				
1. X	\$	0.00			
2. X	\$	0.00			
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00	
4.	4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$		
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$		
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	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	0.00	
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00	
12. X	12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS			0.00	
13. X	13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$		
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$		
			•		

**SUBTOTALS - MPAC** 

Γ	PLEDGED CONTRIBUTIONS							
					SCHEDULE B			
	The Instruction Guide explains how to complete this form.				1 Total pages Schedule B:			
L		_			Sch: 1/1 Rpt: 4/5			
2	2 FILER NAME Bosque Democratic Club			3 Filer ID     (Ethics Commission Filers)       00070096				
4	<sup>4</sup> TOTAL OF UNITEMIZED PLEDGES			\$ 0.00				
5	Date     6     Full name of pledgor     out-of-state PAC (ID#:)		8 Amount of 9 In-kind description pledge (\$) (If applicable)					
		7 Pledgor Address;	City; State; Zip Code					
					Check if travel outside of Texas. Complete Schedule 1			
1(	<b>)</b> Principal occ	upation / Job title (See Instru	ctions)	11 Employer (See Instru	ctions)			
╞								

LOANS		SCHE	DULE E
The Instruction Guide explains how to complete this form.	ages Schedule E: ./1 Rpt: 5/5		
2 FILER NAME Bosque Democratic Club	0 (Ethics Commis	sion Filers)	
<sup>4</sup> TOTAL OF UNITEMIZED LOANS		\$	0.00
5 Date of loan 7 Name of lender out-of-state PAC (ID#:		) <b>9</b> Loan Amoun	t (\$)
6 Is lender a financial institution? 8 Lender address; City; State; Zip Code		10 Interest Rate	
12 Principal occupation / Job title (See Instructions)       13 Employer (See Instruction)	าร)		
14 Description of Collateral       15 Check if personal funds w         None       Image: Check if personal funds w	vere deposite	ed into political acco (See Instruct	
16 GUARANTOR     17 Name of guarantor       INFORMATION		19 Amount Gua	ranteed (\$)
not applicable <b>18</b> Guarantor address; City; State; Zip Code			
20 Principal occupation       21 Employer (See Instruction	าร)		