MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

		1 Filer ID	o Tatal na na a filada			
The MPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00082738	2 Total pages filed: 5			
3 COMMITTEE NAME		-	OFFICE USE ONLY			
Texas Rural Hospi	tal Development PAC		Date Received			
	·		02/29/2024			
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP				
ADDITEOU	13492 Research Blvd					
Change of Address	Ste 120-413					
	Austin, TX 78750		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI				
NAME	Mr. Mitchell S	5.	Receipt # Amount			
	NICKNAME LAST	SUFFI	Date Processed			
		30FFI				
	Powers		Date Imaged			
		APT / SUITE #; CITY; ST				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; ST	ATE; ZIP CODE			
STREET	13492 Research Blvd. Ste. #120-413					
ADDRESS (Residence or Business)						
· · · · ·	Austin, TX 78750					
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; S	TATE; ZIP CODE			
TREASURER MAILING	13492 Research Blvd. Ste. #120-413					
ADDRESS						
Change of Address	Austin, TX 78750					
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
TREASURER						
PHONE	(512) 550-5455					
9 REPORT TYPE		10th day after campaign				
	X Monthly	treasurer termination	Dissolution (Attach PAC-DR)			
10 MONTHLY		_				
REPORT FILING DEADLINE	January 5 Apri	5 July 5	October 5			
DEADLINE	February 5 May	5 August 5	November 5			
	X March 5 June	e 5 September 5	December 5			
11 PERIOD	Month Day Year	Month	Day Year			
COVERED	01/26/2024	THROUGH 02/25/	2024			
GO TO PAGE 2						
Forms provided by Te	Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.9000c47f					

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Rural Hospital De	evelopment PAC		0008273	8
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	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	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 POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	8,906.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pen true and correct and includes all inforr under Title 15, Election Code.	rjury, that the nation require	accompanying report is ed to be reported by me
		Mr. Mitchel	II S. Powers	
	npaign Treas	urer		
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, th	nis the	day
of, 20, to certify which, witness my hand and seal of office.				
Signature of officer adr	ninistering oath	Printed name of officer administering oath	Title of off	icer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.9000c47f

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3 3 of 5

17 COMMITTEE NAME18 Filer IDTexas Rural Hospital Development PAC00082738				ssion Filers)
19 SCHED				
NAME	SUBTOTA	AL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	ATION OR	\$	
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION				
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	2	\$	
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
9. X	SCHEDULE E: LOANS		\$	0.00
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	0.00
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
			•	

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: Sch: 1/1 Rpt: 4/5							
2	FILER NAME	Ē			3	Filer ID	(Ethics (Commission Filers)	
	Texas Rura	l Hospital Development PAC				00082738			
4	TOTAL OF	UNITEMIZED PLEDGE	S			\$			0.00
5	Date	6 Full name of pledgor	out-of-state PAC (ID#:_)	8	Amount of pledge (\$)	9	In-kind description (If applicable)	
		7 Pledgor Address;	City; State; Zip Code			Check if trave	I I I I I I I I	of Texas. Complete Sch	edule T.
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instru	ictio	ins)					

LOANS		schedule E	-
The Instruction Guide explains how to complete this form.		ages Schedule E: /1 Rpt: 5/5	
2 FILER NAME Texas Rural Hospital Development PAC	3 Filer ID 000827	(Ethics Commission Filers) 738	I
⁴ TOTAL OF UNITEMIZED LOANS	I	\$ 0	.00
5 Date of loan 7 Name of lender out-of-state PAC (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial institution? 8 Lender address; City; State; Zip Code		10 Interest Rate	
		11 Maturity Date	
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)	5)		
14 Description of Collateral 15 Check if personal funds we None Image: Constraint of Collateral	ere deposited	d into political account (See Instructions)	
16 GUARANTOR 17 Name of guarantor INFORMATION INFORMATION		19 Amount Guaranteed (\$)	
not applicable 18 Guarantor address; City; State; Zip Code			
20 Principal occupation 21 Employer (See Instructions)	5)		