FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00082738 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Rural Hospital Development PAC Date Received **ELECTRONICALLY FILED** 03/26/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 13492 Research Blvd Ste 120-413 Change of Address Austin, TX 78750 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Mr. Mitchell S. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged **Powers** CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 13492 Research Blvd. Ste. #120-413 STREET **ADDRESS** (Residence or Business) Austin, TX 78750 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 13492 Research Blvd. Ste. #120-413 MAILING **ADDRESS** Change of Address Austin, TX 78750 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 550-5455 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 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 02/26/2024 03/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

				1	
L2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Rural Hospital D	evelopment PAC			0008273	8
4 COMMITTEE ACTIVITY	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.)	7. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	1			-	
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	OR GUARANTEES O	ALLY)	\$	0.00
	2. TOTAL POLITICA			\$	0.00
	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			*	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	S	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			T DAY \$	8,396.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			THE \$	0.00
6 AFFIDAVIT	<u> </u>			<u> </u>	
		true ar	r, or affirm, under penalty of p nd correct and includes all info Title 15, Election Code.	perjury, that the prmation require	accompanying report is ed to be reported by me
			Mr. Mitch	nell S. Powers	;
			Signature of C	ampaign Treas	surer
AFFIX NOTARY	'STAMP / SEAL ABOVE				
Sworn to and subscribed	I hefore me, by the said		,	this the	day
	_, 20, to certify \				uuy
	_	,			
Signature of officer ad	lministering oath	Printed name of offic	er administering oath	Title of of	ficer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3 3 of 5

					9 91 9			
	MMITTE	(Ethic	cs Commission Filers)					
lex	Texas Rural Hospital Development PAC 00082738							
	HEDULI ME OF	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	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00				
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	\$					
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	\$					
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	\$					
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$				
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 CONTRIBUTIONS	S	\$	0.00			
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00			
12.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00			
13.	Х	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 F TO FILER	RETURNED	\$				

PLEI	DGED CONTRIBUT	TIONS			SCHED	ULE B
The Instruction Guide explains how to complete this form. 2 FILER NAME				1	Total pages Schedule B: Sch: 1/1 Rpt: 4/5	
				3		s)
Texas R	Rural Hospital Development PA	AC			00082738	
4 TOTAL	OF UNITEMIZED PLEDG	ES			\$	0.00
5 Date	6 Full name of pledgor	out-of-state PAC (ID#) 8		ption
	_				pledge (\$) (If applicab	le)
	7 Pledgor Address;	City; State; Zip Code				. A. Calandula T
40 Dringing	Lacoupation / Joh title (Can Instrue	tions)	144 - 1 (2)		Check if travel outside of Texas. Comple	ete Schedule i
10 Principal	occupation / Job title (See Instruc	tions)	11 Employer (See Ins	tructi	ions)	

	LOANS						SCHEI	DULE E	
	The Instruction Guide explains how to complete this form					ges Schedule E: L Rpt: 5/5			
2	FILER NAME Texas Rural Hos		3 Filer ID (Ethics Commission Filers) 00082738						
4	TOTAL OF UN	IITEMIZED LOANS			I		\$	0.00	
5	Date of loan	7 Name of lender	out-of-state PA	C (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	on / Job title (See Instructions)		13 Employer (See Instructions)					
14	Description of Coll	ateral		15 Check if personal funds were deposited into political account (See Instructions)					
16	GUARANTOR INFORMATION	17 Name of guarantor		_			19 Amount Guara	anteed (\$)	
	not applicable	18 Guarantor address; City;	State;	Zip Code					
20	Principal occupation	on		21 Employer (See Inst	ructions)				