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

## FORM MPAC COVER SHEET PG 1

т	he 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				
				ELECTRONICALLY FILED	
				04/29/2024	
4		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	
5	CAMPAIGN	MS / MRS / MR FIRST	MI		
	TREASURER NAME	Mr. Mitchell S		Receipt # Amount	
				Date Processed	
		NICKNAME LAST	SUFFI	×	
		Powers		Date Imaged	
6		STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; ST	ATE; ZIP CODE	
	TREASURER 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	
Ľ	TREASURER	13492 Research Blvd. Ste. #120-413			
	MAILING ADDRESS	13432 Research Divu. Ste. #120-413			
		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)	
	D MONTHLY				
<u>٦</u>	REPORT FILING	January 5 April 9	5 July 5	October 5	
	DEADLINE				
		February 5 X May 5	5 August 5	November 5	
		March 5 June	5 September 5	December 5	
11	L PERIOD	Month Day Year	Month	Day Year	
	COVERED	03/26/2024 Т	HROUGH 04/25/	2024	
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Í		CO T	O PAGE 2		
Fo	rms provided by Tex	as Ethics Commission www.eth	nics.state.tx.us	Version V3.5.1.5b35d027	

#### 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	00082738	3			
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	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 G PERIOD	DAY \$	8,396.00	
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 pe true and correct and includes all inforr under Title 15, Election Code.			
		Mr. Mitche	II S. Powers		
		Signature of Car	npaign Treas	urer	
AFFIX NOTARY					
Sworn to and subscribed before me, by the said, this the			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	
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## SUBTOTALS - MPAC

# FORM MPAC COVER SHEET PG 3

17 COMM Texas	(Ethics Cor	nmission Filers)				
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE					OTAL AMOUNT	
1. >	L. 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 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.		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	6	\$	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 CONTRIBUTIO	DNS	\$		
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F 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			3	B Filer ID (Ethics Commission Filers)				
	Texas Rura	Texas Rural Hospital Development PAC				00082738			
4	TOTAL OF UNITEMIZED PLEDGES				\$			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.
<b>10</b> Principal occupation / Job title (See Instructions)			11 Employer (See Instru	ictio	ins)				

LOANS		SCHEDULE E	
The Instruction Guide explains how to complete this form.		pages Schedule E: 1/1 Rpt: 5/5	
2 FILER NAME Texas Rural Hospital Development PAC	3 Filer ID 000827	(Ethics Commission Filers) 738	
<sup>4</sup> TOTAL OF UNITEMIZED LOANS		\$ 0.0	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	
		<b>11</b> Maturity Date	
12 Principal occupation / Job title (See Instructions)    13 Employer (See Instructions)	)		
14 Description of Collateral  15 Check if personal funds we    None	re deposited	d into political account (See Instructions)	
Image: state		19 Amount Guaranteed (\$)	
not applicable <b>18</b> Guarantor address; City; State; Zip Code			
20 Principal occupation  21 Employer (See Instructions)	)	1	