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** 06/28/2024 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 April 5 X 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** 05/26/2024 06/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Fil	er ID	(Ethics Commission Filers)
Texas Rural Hospital Development PAC 000					
L4 COMMITTEE ACTIVITY	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			
	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.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS OR GUARANTEES OF LOANS, ADE ELECTRONICALLY) qualifies for the higher itemization thr	ÒR	\$	0.00
		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			8,391.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				0.00
6 AFFIDAVIT				•	
			under penalty of perjury, and includes all information ction Code.		
Mr. Mitchell S				owers	
			Signature of Campaig	n Treasur	er
AFFIX NOTA	RY STAMP / SEAL ABOVE				
Sworn to and subscrib	ped before me, by the said		, this the	!	day
of	, 20, to certify \	which, witness my hand and seal	of office.		
Signature of officer	administering oath	Printed name of officer administe	ering oath Tit	le of office	er administering oath
Organization of officer	asiiotoring oddi	a name of officer administr	g outil 110	01 011100	. acrimicating out

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

3 of 5

					3015
17 CO	MMITTE	(Ethics	Commission Filers)		
Tex	kas Rui				
		E SUBTOTALS SCHEDULE	s	UBTOTAL AMOUNT	
1.	Х	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 CORPORATION OR LABOR ORGANIZATION				
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	\$		
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.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.	X	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 I TO FILER	RETURNED	\$	
				•	

PLEI	DGED CONTRIBUT	TIONS			SCHED	ULE B		
The Instruction Guide explains how to complete this form. 2 FILER NAME				1	1 Total pages Schedule B: Sch: 1/1 Rpt: 4/5			
				3		s)		
Texas R	Rural Hospital Development PA	AC			00082738			
TOTAL OF UNITEMIZED PLEDGES					\$	0.00		
5 Date	6 Full name of pledgorout-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 Instructio	The Instruction Guide explains how to complete this form					ges Schedule E: 1 Rpt: 5/5		
FILER NAME Texas Rural Hospital Development PAC					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 Inst	ructions)				
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)				