MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

тł	ne MPAC Instruction (2 Total pages filed: 5					
3 COMMITTEE NAME				OFFICE USE ONLY			
Texas Rural Hospital Development PAC				Date Received			
				07/29/2024			
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	0772972024			
4	ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 13492 Research Blvd	CITT, STATE, ZIP				
		Ste 120-413					
	Change of Address	Austin, TX 78750					
5	CAMPAIGN	MS / MRS / MR FIRST	MI	Date Hand-delivered or Date Postmarked			
ľ	TREASURER			Receipt # Amount			
	NAME	Mr. Mitchell S	5.				
				Date Processed			
		NICKNAME LAST	SUFFI>				
		Powers		Date Imaged			
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)						
	(Residence of Business)	Austin, TX 78750					
7	CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; 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					
	THOME	(512) 550-5455					
9	REPORT TYPE	X Monthly	10th day after campaign	Dissolution (Attach PAC-DR)			
			L treasurer termination				
10	MONTHLY REPORT FILING	January 5 April	5 🗌 July 5	October 5			
	DEADLINE						
		February 5 May	5 X August 5	November 5			
		March 5 June	5 September 5	December 5			
11	PERIOD	Month Day Year	Month	Day Year			
	COVERED	06/26/2024	THROUGH 07/25/2				
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	GO TO PAGE 2						
En	rms provided by Tex	as Ethics Commission www.et	hics.state.tx.us	Version V4.1.0.48da51f7			

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 \$	8,386.00		
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.				
		Mr. Mitchel	II S. Powers			
		Signature of Car	npaign Treas	surer		
AFFIX NOTARY	STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said, this the				day		
of	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 of	ficer administering oath		
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7		

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3 3 of 5

17 COMMITTEE NAME18 Filer IDTexas Rural Hospital Development PAC00082738					mission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE					DTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				0.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	Х	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
6.	6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION				
7.	7. C SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION				
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
9.	Х	SCHEDULE E: LOANS		\$	0.00
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	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 I 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				
				501. 1/1 Kp	1. 4/5		
2	FILER NAME			Filer ID (Ethics Commission Filers)			
	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	of Texas. Complete Sch	edule T.
10	D Principal occupation / Job title (See Instructions)	11 Employer (See Instruc	ctio	ns)			

LOANS		SCHEDULE	E
The Instruction Guide explains how to complete this form.	ges Schedule E: 1 Rpt: 5/5		
2 FILER NAME Texas Rural Hospital Development PAC	3 Filer ID000827	(Ethics Commission Fil 738	ers)
⁴ TOTAL OF UNITEMIZED LOANS		\$	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 Rate11 Maturity Date	
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions))		
14 Description of Collateral 15 Check if personal funds were None Image: Check if personal funds were	re deposited	l into political account (See Instructions)	
16 GUARANTOR 17 Name of guarantor INFORMATION 17 Name of guarantor		19 Amount Guaranteed	(\$)
not applicable 18 Guarantor address; City; State; Zip Code			
20 Principal occupation 21 Employer (See Instructions))		