#### 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** 08/30/2024 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 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 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 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 X September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 07/26/2024 08/25/2024

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

				ī	
2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Rural Hospital D	evelopment PAC			0008273	38
4 COMMITTEE	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.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	1				
5 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	OR GUARANTEES  ADE ELECTRONIO	CALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS			\$	0.00
	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			ľ	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$	0.00
	4. TOTAL POLITICAL EXPENDITURES			\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			T DAY \$	8,381.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			THE \$	0.00
6 AFFIDAVIT				l	
		true	ear, or affirm, under penalty of and correct and includes all inf er Title 15, Election Code.	perjury, that th ormation requi	ne accompanying report is ired to be reported by me
Mr. Mitchell S. Po					rs
			Signature of C	Campaign Trea	asurer
AFFIX NOTARY	/ STAMP / SEAL ABOVE				
Sworn to and subscriber	I hefore me, by the said			this the	day
	, 20, to certify \				uuy
	_,,, .	,			
Signature of officer ac	dministering oath	Printed name of off	ficer administering oath	Title of o	officer administering oath

#### **SUBTOTALS - MPAC**

### FORM MPAC COVER SHEET PG 3 3 of 5

					0 01 0		
17 COMMITTEE NAME 18 Filer ID					(Ethics Commission Filers)		
Texas Rural Hospital Development PAC 00082738							
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE				SUBTOTAL 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.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	\$				
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION 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.	Х	SCHEDULE E: LOANS		\$	0.00		
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	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	\$			

SCHEDULE B
1 Total pages Schedule B: Sch: 1/1 Rpt: 4/5
3 Filer ID (Ethics Commission Filers) 00082738
\$ 0.00
8 Amount of pledge (\$)   9 In-kind description (If applicable)
Check if travel outside of Texas. Complete Schedule T.
nstructions)

	LOANS						SCHEI	DULE E	
	The Instructio	ne Instruction Guide explains how to complete this torm					ges Schedule E: 1 Rpt: 5/5		
2	FILER NAME Texas Rural Hos		I	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	14 Description of Collateral None			15 Check if personal funds were deposited into political account (See Instructions)					
16	GUARANTOR INFORMATION	17 Name of guarantor		<del>_</del>			19 Amount Guara	anteed (\$)	
	not applicable	18 Guarantor address; City;	State;	Zip Code					
20	Principal occupation	on		21 Employer (See Inst	ructions)				