#### 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** 12/03/2024 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 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 10/26/2024 11/25/2024

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## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

			ı		
2 COMMITTEE NAME			13 Filer		(Ethics Commission Filers)
Texas Rural Hospita	l Development PAC		0008	82738	
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			
	0. 14	A. Supported			
	2. Measures (Describe by date and location	A. Supported			
	of election and nature of issue.)				
		B. Opposed			
	3. Officeholders				
	Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS,	D POLITICAL CONTRIBUTIONS (OTHER T OR GUARANTEES OF LOANS, OR	THAN	\$	0.00
	l	IADE ELECTRONICALLY) qualifies for the higher itemization threshold		ľ	0.00
	2. TOTAL POLITICA	·			
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LO	DANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE		TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     OF THE REPORTING PERIOD			8,361.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$	0.00
6 AFFIDAVIT	<u> </u>			l	
		I swear, or affirm, under pen- true and correct and includer under Title 15, Election Code	s all information r	at the acco required to	ompanying report is be reported by me
		Mr	r. Mitchell S. Po	owers	
		Signati	ure of Campaign	Treasurer	
AFFIX NOTA	RY STAMP / SEAL ABOVE	-			
Sworn to and subscrib	ped before me, by the said		. this the		day
		which, witness my hand and seal of office.	,		
		•			
Signature of officer	administering oath	Printed name of officer administering oath	Title	of officer	administering oath
- 3	···· <b>g</b> ···	out			

#### **SUBTOTALS - MPAC**

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

					9 91 9
	MMITTE	(Ethic	cs Commission Filers)		
lex	kas Ru				
	HEDULI ME OF	Ţ .	SUBTOTAL AMOUNT		
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					0.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	X	\$	0.00		
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	)R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION					
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.	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 CONTRIBUTIONS					
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER					

PLEI	DGED CONTRIBUT	TIONS			SCHED	ULE B		
The Instruction Guide explains how to complete this form.  2 FILER NAME Texas Rural Hospital Development PAC				1	1 Total pages Schedule B: Sch: 1/1 Rpt: 4/5			
				3				
					00082738			
4 TOTAL	OF UNITEMIZED PLEDG	ES			\$	0.00		
<b>5</b> Date	6 Full name of pledgor out-of-state PAC (ID#:			) 8		ption		
		<del>_</del>			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					SCHEDULE E		
	The Instruction Guide explains how to complete this form.				1 Total pages Schedule E: Sch: 1/1 Rpt: 5/5			
2	FILER NAME  Texas Rural Hospital Development PAC				3 Filer ID (Ethics Commission Filers) 00082738			
4					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 occupati	on / Job title (See Instructions	·)	13 Employer (See Instru	ctions)			
14	Description of Col	lateral		15 Check if personal fur	ds were deposite	ed into political account (See Instructions)		
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)		
	not applicable	18 Guarantor address; (	City; State;	Zip Code				
20	Principal occupati	on		21 Employer (See Instru	ctions)			