MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00082738			2 Total pages filed: 5		
3	3 COMMITTEE NAME			OFFICE USE ONLY	
	Texas Rural Hospital Development PAC				
				Date Received	
				ELECTRONICALLY FILED	
				01/02/2025	
4	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	
5	CAMPAIGN	MS / MRS / MR FIRST	MI		
		Mr. Mitchell S.		Receipt # Amount	
	NAME				
				Date Processed	
		NICKNAME LAST	SUFFIX		
		Powers		Date Imaged	
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); A	PT / SUITE #; CITY; STA	ATE; ZIP CODE	
	TREASURER STREET	13492 Research Blvd. Ste. #120-413			
	ADDRESS				
	(Residence or Business)	Austin, TX 78750			
7	CAMPAICN				
ľ	CAMPAIGN TREASURER		PT / SUITE #; CITY; ST/	ATE; ZIP CODE	
	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			
	THONE	(312) 330-3433			
9	REPORT TYPE		10th day after campaign		
			reasurer termination	Dissolution (Attach PAC-DR)	
10	MONTHLY				
	REPORT FILING	X January 5 April 5	July 5	October 5	
	DEADLINE	February 5 May 5	August 5	November 5	
		March 5 June 5	September 5	December 5	
11	PERIOD	Month Day Year	Month	Day Year	
	COVERED	11/26/2024 THROU	GH 12/25/2		
			12/20/2	024	
GO TO PAGE 2					
Fo	Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.5dd2ace2				

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME 13 Filer			13 Filer ID	(Ethics Commission Filers)
			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	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			\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		DAY \$	8,356.00	
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	urer
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said, this the _			nis the	day
of	, 20, to certify v	vhich, 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 COMMITTEE NAME18 Filer IDTexas Rural Hospital Development PAC00082738				iission Filers)		
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE				AL AMOUNT		
1. X				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)R	\$			
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. X	SCHEDULE E: LOANS		\$	0.00		
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	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. X	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 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 I	NAME	3 Filer ID (Ethics Commission Filers)
Texas	Rural Hospital Development PAC	00082738
⁴ TOTA	L OF UNITEMIZED PLEDGES	\$ 0.00
5 Date	6 Full name of pledgorout-of-state PAC (ID#:	8 Amount of pledge (\$) 9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code	Check if travel outside of Texas. Complete Schedule T.
10 Principa	al occupation / Job title (See Instructions) 11 Employer (S	See Instructions)

LOANS		SCHEDULE	ΞE
The Instruction Guide explains how to complete this form.	ages Schedule E: /1 Rpt: 5/5		
2 FILER NAME Texas Rural Hospital Development PAC	3 Filer ID 000827	(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 Rate	
		11 Maturity Date	
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)	5)		
14 Description of Collateral 15 Check if personal funds we None	ere deposited	d 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 occupation 21 Employer (See Instructions)	;)	1	