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 COMMITTEE NAME		•	OFFICE USE ONLY	
Texas Rural Hosp	ital Development PAC		Date Received	
			ELECTRONICALLY FILED	
			01/30/2025	
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP		
ADDRESS	13492 Research Blvd			
	Ste 120-413			
Change of Addres	^s Austin, TX 78750		Date Hand-delivered or Date Postmarked	
5 CAMPAIGN	MS / MRS / MR FIRST	MI		
TREASURER NAME	Mr. Mitchell S	S.	Receipt # Amount	
	NICKNAME LAST	SUFFIX	Date Processed	
	Powers		Date Imaged	
			Sao mago	
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; ST	ATE; ZIP CODE	
TREASURER STREET	13492 Research Blvd. Ste. #120-413			
ADDRESS				
(Residence or 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 Addres	^s Austin, TX 78750			
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER PHONE	(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				
	X February 5 May	5 August 5	November 5	
	March 5 June	e 5 September 5	December 5	
11 PERIOD	Month Day Year	Month THROUGH	Day Year	
COVERED	12/26/2024	01/25/2	2025	
	·			
GO TO PAGE 2				
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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		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	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 \$	8,356.00
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	, tr	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		(Ethics Comm	iission Filers)	
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOT	AL AMOUNT
1. X	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)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.		Total pages Schedule E: Sch: 1/1 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	