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 NAMI	Ξ	-	OFFICE USE ONLY	
Texas Rural Hosp	vital Development PAC		Date Received	
			03/04/2025	
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP		
ADDRESS	13492 Research Blvd			
	Ste 120-413			
Change of Addres	^{ss} Austin, TX 78750		Date Hand-delivered or Date Postmarked	
5 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Hand-delivered of Date Postmarked	
TREASURER	Mr. Mitchell S		Receipt # Amount	
NAME				
			Date Processed	
	NICKNAME LAST	SUFFIX		
	Powers		Date Imaged	
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	; APT / SUITE #; CITY; ST	ATE; ZIP CODE	
TREASURER	13492 Research Blvd. Ste. #120-413	,, <u>.</u> , <u>.</u> , <u>.</u> ,		
STREET ADDRESS				
(Residence or Business)	Austin, TX 78750			
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE	
TREASURER	13492 Research Blvd. Ste. #120-413			
MAILING ADDRESS				
	ss Austin, TX 78750			
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER PHONE	(512) 550-5455			
THONE	(312) 330-3433			
9 REPORT TYPE	X Monthly	10th day after campaign	Dissolution (Attach PAC-DR)	
		L treasurer termination		
10 MONTHLY REPORT FILING	January 5 Apri	I 5 July 5	October 5	
DEADLINE				
	February 5 May	5 August 5	November 5	
	X March 5 June	e 5 September 5	December 5	
11 PERIOD	Month Day Year	Month	Day Year	
COVERED	01/26/2025	THROUGH 02/25/2	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 \$	8,346.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	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	ll 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
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.0e302ce0

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3 3 of 5

17 COMMITTEE NAME18 Filer IDTexas Rural Hospital Development PAC00082738			(Ethics Com	mission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTO	DTAL 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	DR	\$	
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$		
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	2	\$	
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		