#### 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		I ···· · · ·	OFFICE USE ONLY		
Texas Rural Hospi					
		CITY; STATE; ZIP	06/27/2025		
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 13492 Research Blvd	CITY; STATE; ZIP			
	Ste 120-413				
	Austin, TX 78750				
5 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Hand-delivered or Date Postmarked		
TREASURER	Mr. Mitchell S		Receipt # Amount		
NAME		5.			
			Date Processed		
	NICKNAME LAST	SUFFI	×		
	Powers		Date Imaged		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; S	TATE; ZIP CODE		
TREASURER	13492 Research Blvd. Ste. #120-413				
STREET ADDRESS					
(Residence or Business)	Austin, TX 78750				
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; S	TATE; ZIP CODE		
TREASURER	13492 Research Blvd. Ste. #120-413				
MAILING ADDRESS					
	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 X 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 FHROUGH	Day Year		
COVERED	05/26/2025	06/25	/2025		
	•				
GO TO PAGE 2					
Forms provided by Te	xas Ethics Commission www.et	hics.state.tx.us	Version V4.1.0.cdce8bb6		

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME 13 File			13 Filer ID	er 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	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 Campaign				urer		
AFFIX NOTARY	STAMP / SEAL ABOVE					
Sworn to and subscribed	before me, by the said	, th	nis the	day		
of	, 20, to certify v	which, witness my hand and seal of office.				
Signature of officer adr	ministering 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.cdce8bb6		

# SUBTOTALS - MPAC

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

17 COMMI Texas I	(Ethics Comm	iission Filers)		
19 SCHED NAME C	SUBTOT	AL AMOUNT		
1. X	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			0.00
2. X	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 CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	R	\$	
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 CONTRIBUTI	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	e this form.	1	Total pages S Sch: 1/1 Rp		e B:	
				501. 1/1 Kp	1. 4/5		
2	FILER NAME		3	Filer ID	(Ethics (	Commission Filers)	
	Texas Rural Hospital Development PAC			00082738			
4	TOTAL OF UNITEMIZED PLEDGES			\$			0.00
5	Date      6      Full name of pledgor      out-of-state PAC (ID#:)	)	8	Amount of pledge (\$)	9	In-kind description (If applicable)	
	7 Pledgor Address; City; State; Zip Code			Check if trave	I I I I I I I	of Texas. Complete Sch	edule T.
10	D Principal occupation / Job title (See Instructions)	11 Employer (See Instruc	ctio	ns)			

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 000827	(Ethics Commission Filers) 738	
<sup>4</sup> TOTAL OF UNITEMIZED LOANS		\$ 0.0	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	
		<b>11</b> Maturity Date	
12 Principal occupation / Job title (See Instructions)    13 Employer (See Instructions)	)		
14 Description of Collateral  15 Check if personal funds we    None	re deposited	d into political account (See Instructions)	
Image: state		19 Amount Guaranteed (\$)	
not applicable <b>18</b> Guarantor address; City; State; Zip Code			
20 Principal occupation  21 Employer (See Instructions)	)	1	