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) 00017356					2 Total pages filed: 6
3	COMMITTEE NAME				OFFICE USE ONLY
Government Personnel Mutual Life Insurance PAC					Date Received
					ELECTRONICALLY FILED
					02/02/2024
	COMMITTEE	ADDRESS / PO BOX; APT / SUITE	#; CITY; STATE; ZIP		02/02/2024
*	ADDRESS	P. O. Box 659567	, CIT, STATE, ZIF		
		F. O. BOX 039307			
	Change of Address	San Antonio, TX 78265-9567			
-	CAMPAIGN	MS / MRS / MR FIRS	<u></u>	MI	Date Hand-delivered or Date Postmarked
³	TREASURER			IVII	Receipt # Amount
	NAME	Mrs. Mar	ia de Lourdes		Receipt# Amount
					Date Processed
		NICKNAME LAS	Т	SUFFIX	
		Mer	ndoza	CPA	Date Imaged
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLE	ASE); APT / SUITE #; CITY;	; STA	ATE; ZIP CODE
	TREASURER	P.O. Box 659567			
	STREET ADDRESS				
	(Residence or Business)	San Antonio, TX 78265-9567			
-	CAMPAIGN			· 67	
Ľ	TREASURER	STREET ADDRESS OR PO BOX; P.O. Box 659567	APT / SUITE #; CITY	, 51/	ATE; ZIP CODE
	MAILING ADDRESS	P.O. BOX 059507			
		San Antonio, TX 78265-9567			
8	CAMPAIGN	AREA CODE PHONE NUMB	ER EXTENSION		
	TREASURER	(210) 257 2202			
	PHONE	(210) 357-2283			
9	REPORT TYPE		10th day after campaign	-	
		X Monthly	treasurer termination		Dissolution (Attach PAC-DR)
10	MONTHLY				
	REPORT FILING DEADLINE	January 5	April 5 July 5		October 5
		X February 5	May 5 August	5	November 5
		March 5	June 5 Septem	ber 5	December 5
11	PERIOD COVERED	Month Day Year	THROUGH	Month	Day Year
		12/26/2023		01/25/2	024
	GO TO PAGE 2				
For	ms provided by Tex	as Ethics Commission w	ww.ethics.state.tx.us		Version V3.5.1.9000c47f

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME 13 Filer			D (Ethics Commission Filers)	
Government Personnel	Mutual Life Insurance I	PAC	00017	7356
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		
		A Connected		
	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) gualifies for the higher itemization threshold	ę	\$ 0.00
	2. TOTAL POLITICA			\$ 192.00
	(OTHER THAN PLEE	DGES, LOANS, OR GUARANTEES OF LOANS)		192.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	5	\$ 0.00
	4. TOTAL POLITICA	L EXPENDITURES	5	\$ 250.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY	\$ 2,826.81
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE S	\$ 0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of pen true and correct and includes all inforr under Title 15, Election Code.		
		Mrs. Maria de Loui	rdes Me	ndoza CPA
Signature of Campaign Treasurer				
	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer adr	ninistering oath	Printed name of officer administering oath	Title c	of officer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.9000c47f

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

3 of 6

17 COMMITTEE NAME 18 Filer ID ((Ethics Commission Filers)
Governme			
19 SCHEDULE NAME OF S	SUBTOTAL AMOUNT		
1. X	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS		
4.	4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		
6.	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 C	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 250.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE	A1
----------	----

	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/6
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Government	t Personnel Mutual Life Insurance PAC	,	00017356
4	Date	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of Contribution (\$)
	01/05/2024			\$24.0
	<u>v</u>	6 Contributor address; City; State; Zip Code		4
		b CUTILIDUIUT autress, City, State, Zip Cour	,	
			,	
		San Antonio, TX 78213	,	
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
	Life Insuranc			<i>'</i>)
╞	Date		<u> </u>	Amount of Contribution (\$)
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID#: Draper, Robert R. : 11823 Tarragon Cove San A		Amount of Contribution (\$) \$24.0
	U1/13/2027		Antonio, Robert R. (Mr.)	ψ∠¬
		Contributor address; City; State; Zip Code	,	
			,	
		San Antonio, TX 78213	,	
\vdash	Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	c)
	Life Insurance			<i>,</i> ,
╞			<u> </u>	A second of Contribution (\$)
	Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
	01/05/2024	Hennessey III, Peter J. (Mr.)	!	\$24.0
		Contributor address; City; State; Zip Code	,	
			,	
		San Antonio, TX 78209	,	
\vdash	Dringinal occi	upation / Job title (See Instructions)	Employer (See Instructions	_1
	•	upation / Job title (See Instructions) ce - Chairman, President & CEO	1, 3, (s) Mutual Life Insurance Company
L				
	Date	Full name of contributor out-of-state PAC (ID#:) !	Amount of Contribution (\$)
	01/19/2024	Hennessey III, Peter J. (Mr.)	!	\$24.0
	I	Contributor address; City; State; Zip Code	1	1
			,	
			,	
L		San Antonio, TX 78209	1	
	•	upation / Job title (See Instructions)	Employer (See Instructions	,
L	Lite Insuranc	ce - Chairman, President & CEO	Government Personner	Mutual Life Insurance Company
Γ	Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	01/05/2024	Hennessey IV, Peter J. (Mr.)		\$24.0
	I	Contributor address; City; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
			,	
			,	
L		San Antonio, TX 78209		
Γ		upation / Job title (See Instructions)	Employer (See Instructions	
	Life Insuranc	ce Senior Vice President - Insurance Operations.	Government Personnel	Mutual Llife Insurance Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	Total pages Schedule A1: Sch: 2/2 Rpt: 5/6
2 FILER NAME 3	
	Filer ID (Ethics Commission Filers)
Government Personnel Mutual Life Insurance PAC	00017356
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7	Amount of Contribution (\$)
01/19/2024 Hennessey IV, Peter J. (Mr.)	\$24.00
6 Contributor address; City; State; Zip Code	
San Antonio, TX 78209	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Life Insurance Senior Vice President - Insurance Operations. Government Personnel Mut	utual Llife Insurance Company
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/05/2024 Hutchins, Pamela	\$24.00
Contributor address; City; State; Zip Code	
San Antonio, TX 78254	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Sr. Vice President & Chief Actuary GPM Life Insurance Compa	any
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/19/2024 Hutchins, Pamela	\$24.00
	ψ24.00
Contributor address; City; State; Zip Code	
San Antonio, TX 78254	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Sr. Vice President & Chief Actuary GPM Life Insurance Compa	any

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense - Odif/Awards/Memorials Expense Polling Expense Travel out of District - Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1: Sch: 1/1 Rpt: 6/6	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Government Personnel Mutual Life Insurance PAC 00017356
4 Date 01/10/2024	5 Payee name Allison, Steve
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 14546 Brook Hollow Blvd Box 511 San Antonio, TX 78232
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held