



# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Government Personnel Mutual Life Insurance PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00017356
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$	0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	192.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$	0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$	0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$	4,074.81
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$	0.00

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Maria de Lourdes Mendoza CPA  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - MPAC

<b>17 COMMITTEE NAME</b> Government Personnel Mutual Life Insurance PAC	<b>18 Filer ID</b> (Ethics Commission Filers) 00017356
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<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	192.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
9. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
10. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/5
2 FILER NAME Government Personnel Mutual Life Insurance PAC		3 Filer ID (Ethics Commission Filers) 00017356
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Draper, Robert R. : 11823 Tarragon Cove San Antonio, Robert R. (Mr.) ----- 6 Contributor address; City; State; Zip Code  San Antonio, TX 78213	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Life Insurance		9 Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Draper, Robert R. : 11823 Tarragon Cove San Antonio, Robert R. (Mr.) ----- Contributor address; City; State; Zip Code  San Antonio, TX 78213	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Life Insurance		Employer (See Instructions)
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hennessey III, Peter J. (Mr.) ----- Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Life Insurance - Chairman, President & CEO		Employer (See Instructions) Government Personnel Mutual Life Insurance Company
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hennessey III, Peter J. (Mr.) ----- Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Life Insurance - Chairman, President & CEO		Employer (See Instructions) Government Personnel Mutual Life Insurance Company
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hennessey IV, Peter (Mr.) ----- Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Senior Vice President - Insurance Operations		Employer (See Instructions) Government Personnel Mutual Life Insurance Company

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/2 Rpt: 5/5
<b>2</b> FILER NAME Government Personnel Mutual Life Insurance PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00017356
<b>4</b> Date 07/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hennessey IV, Peter J. (Mr.) <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78209	<b>7</b> Amount of Contribution (\$)  \$24.00
<b>8</b> Principal occupation / Job title (See Instructions) Life Insurance Senior Vice President - Insurance Operations.		<b>9</b> Employer (See Instructions) Government Personnel Mutual Llife Insurance Company
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hutchins, Pamela Contributor address; City; State; Zip Code  San Antonio, TX 78254	Amount of Contribution (\$)  \$24.00
Principal occupation / Job title (See Instructions) Sr. Vice President & Chief Actuary		Employer (See Instructions) GPM Life Insurance Company
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hutchins, Pamela Contributor address; City; State; Zip Code  San Antonio, TX 78254	Amount of Contribution (\$)  \$24.00
Principal occupation / Job title (See Instructions) Sr. Vice President & Chief Actuary		Employer (See Instructions) GPM Life Insurance Company