#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00017356 3 COMMITTEE NAME **OFFICE USE ONLY** Government Personnel Mutual Life Insurance PAC Date Received **ELECTRONICALLY FILED** 08/30/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** P. O. Box 659567 Change of Address San Antonio, TX 78265-9567 Date Hand-delivered or Date Postmarked **CAMPAIGN** MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Mrs. Maria de Lourdes NAME Date Processed **NICKNAME** LAST **SUFFIX** CPA Date Imaged Mendoza CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER P.O. Box 659567 STREET **ADDRESS** (Residence or Business) San Antonio, TX 78265-9567 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** P.O. Box 659567 MAILING **ADDRESS** Change of Address San Antonio, TX 78265-9567 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (210) 357-2283 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 X September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 07/26/2024 08/25/2024

**GO TO PAGE 2** 

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Government Personnel N	/lutual Life Insurance	PAC		00017356	,
	Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
<u>-</u>	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBU OR GUARANTEES OF L ADE ELECTRONICALLY qualifies for the higher itemiz	OANS, OR ()	\$	0.00
	2. TOTAL POLITICA  (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUA	RANTEES OF LOANS)	\$	192.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$	0.00	
 	4. TOTAL POLITICA	L EXPENDITURES		\$	0.00
CONTRIBUTION !	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		DAY \$	4,266.81	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		THE \$	0.00	
6 AFFIDAVIT				<u> </u>	
		true and co	affirm, under penalty of pe orrect and includes all infor 15, Election Code.		
			Mrs. Maria de Lou	ırdes Mendo	za CPA
		_	Signature of Ca	mpaign Treas	urer
AFFIX NOTARY S	STAMP / SEAL ABOVE				
Sworn to and subscribed b	efore me, by the said		, ti	his the	day
of,					
Signature of officer adm	inistering oath	Printed name of officer a	dministering oath	Title of off	icer administering oath

### **SUBTOTALS - MPAC**

### FORM MPAC **COVER SHEET PG 3**

					3 of 5
		E NAME ent Personnel Mutual Life Insurance PAC	<b>18</b> Filer ID 00017356	(Ethics C	Commission Filers)
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE					BTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	192.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$	
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.		SCHEDULE E: LOANS		\$	
10.		SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	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 08/02/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>		7 Amount of Contribution (\$) \$24.00
8	Principal occu		9 Employer (See Instructions	)
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID#: Draper, Robert R. : 11823 Tarragon Cove San Al Contributor address; City; State; Zip Code  San Antonio, TX 78213	ntonio, Robert R. (Mr.)	Amount of Contribution (\$) \$24.00
	Principal occu Life Insuranc	pation / Job title (See Instructions)	Employer (See Instructions	)
	Date 08/02/2024	Full name of contributor 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
		pation / Job title (See Instructions) ce - Chairman, President & CEO	Employer (See Instructions Government Personnel	l ) Mutual Life Insurance Company
	Date 08/16/2024	Full name of contributor 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
	•	pation / Job title (See Instructions) ce - Chairman, President & CEO	Employer (See Instructions Government Personnel	Mutual Life Insurance Company
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#: Hennessey IV, Peter J. (Mr.)  Contributor address; City; State; Zip Code  San Antonio, TX 78209		Amount of Contribution (\$) \$24.00
		pation / Job title (See Instructions) ce Senior Vice President - Insurance Operations.	Employer (See Instructions Government Personnel	) Mutual Llife Insurance Company
		<u> </u>		

	MONETA	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1
	The Instruct	tion Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/5
2	FILER NAME Government Personnel Mutual Life Insurance PAC			<b>3</b> Filer ID (Ethics Commission Filers) 00017356
4	08/16/2024	Full name of contributor		7 Amount of Contribution (\$) \$24.00
		San Antonio, TX 78209		
8		ation / Job title (See Instructions) Senior Vice President - Insurance Operations.	9 Employer (See Instructions Government Personnel	ns) el Mutual Llife Insurance Company
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#:_ Hutchins, Pamela  Contributor address; City; State; Zip Code		Amount of Contribution (\$)
		San Antonio, TX 78254		
		ation / Job title (See Instructions)	Employer (See Instructions	
	Sr. Vice Presid	dent & Chief Actuary	GPM Life Insurance Cor	ompany  Amount of Contribution (\$)
	08/16/2024	Hutchins, Pamela  Contributor address; City; State; Zip Code  San Antonio, TX 78254		\$24.00
		ation / Job title (See Instructions)	Employer (See Instructions	
	Sr. Vice Presid	dent & Chief Actuary	GPM Life Insurance Cor	ompany