#### 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** 10/30/2024 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 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 09/26/2024 10/25/2024

**GO TO PAGE 2** 

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME				13 File	r ID	(Ethics Commission Filers)
Government Personnel	Mutual Life Insurance	PAC		000	17356	
4 COMMITTEE ACTIVITY	1. 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				
	2. Measures	A. Supported				
	(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.)					
E CONTRIBUTION	1 3 3 3 3 7	D DOLUTICAL COM	TDIDLITIONS (OTLIED TI	IANI	1	
.5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	OR GUARANTEE: MADE ELECTRONI	CALLY)	1AN	\$	0.00
	2. TOTAL POLITICA				\$	100.00
	(OTHER THAN PLEI	DGES, LOANS, OF	R GUARANTEES OF LOA	NS)	*	192.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXP	ENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITUR	ES		\$	2,750.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTING		MAINTAINED AS OF THE	LAST DAY	\$	400.81
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL A LAST DAY OF THE I		OUTSTANDING LOANS A	AS OF THE	\$	0.00
.6 AFFIDAVIT	I				<u> </u>	
		true	ear, or affirm, under penal and correct and includes a er Title 15, Election Code.	all information i	at the ac equired	ecompanying report is to be reported by me
			Mrs. Maria o	de Lourdes M	endoza	ı CPA
			Signature	e of Campaign	Treasur	er
AFFIX NOTARY	STAMP / SEAL ABOVE					
Sworn to and subscribed	before me, by the said			. this the		day
	_, 20, to certify \			,		
Signature of officer ad	ministering oath	Printed name of o	fficer administering oath	Title	of office	er administering oath

## **SUBTOTALS - MPAC**

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

3 01 14					
	COMMITTEE NAME  Government Personnel Mutual Life Insurance PAC  18 Filer ID  00017356				Commission Filers)
			00011000	1	
		E SUBTOTALS SCHEDULE		SUI	BTOTAL AMOUNT
1.	Х	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	DR	\$	
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.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	2,750.00
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.	15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	JNS	SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/14			
2	FILER NAME Government	Personnel Mutual Life Insurance PAC	3 Filer ID (Ethics Commission Filers) 00017356			
4	4 Date 10/11/2024 5 Full name of contributor out-of-state PAC (ID#:) Draper, Robert R.: 11823 Tarragon Cove San Antonio, Robert R. (Mr.) 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$24.	<b></b>		
_		San Antonio, TX 78213		V		
8	Principal occu Life Insuranc	pation / Job title (See Instructions) ce	9 Employer (See Instructions	)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_ Draper, Robert R. : 11823 Tarragon Cove San A Contributor address; City; State; Zip Code	Antonio, Robert R. (Mr.)	Amount of Contribution (\$) \$24.	<b>—</b>	
	Principal occu	San Antonio, TX 78213 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Life Insuranc			,		
Date  Full name of contributor out-of-state PAC (ID#:  10/11/2024 Hennessey III, Peter J. (Mr.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$24.	<b>—</b> 30		
		San Antonio, TX 78209				
		pation / Job title (See Instructions) ce - Chairman, President & CEO	Employer (See Instructions Government Personnel	) Mutual Life Insurance Company		
	Date 10/25/2024	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.	<b>—</b>	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Life Insuranc	ce - Chairman, President & CEO	Government Personnel	Mutual Life Insurance Company		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ Hennessey IV, Peter (Mr.)  Contributor address; City; State; Zip Code  San Antonio, TX 78209		Amount of Contribution (\$) \$24.	<b>)</b>	
		pation / Job title (See Instructions) President - Insurance Operations	Employer (See Instructions	) Mutual Life Insurance Company		
	Schol vice i	Testacht Insurance Operations	Soveriment Gradiner	mataar Life mourance company		

6 Contributor address; City; State; Zip Code  San Antonio, TX 78209  8 Principal occupation / Job title (See Instructions) Senior Vice President - Insurance Operations  Date 10/11/2024 Full name of contributor out-of-state PAC (ID#:		MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
Government Personnel Mutual Life Insurance PAC    Date   10/25/2024   Full name of contributor   out-of-state PAC (ID#   Out-o		The Instruction Guide explains how to complete this form.	
### Sequence of Contributor address; City; State; Zip Code    San Antonio, TX 78209	2		
8 Principal occupation / Job title (See Instructions) Senior Vice President - Insurance Operations  Date 10/11/2024 Principal occupation / Job title (See Instructions) San Antonio, TX 78254  Principal occupation / Job title (See Instructions) Sr. Vice President & Chief Actuary  Date 10/25/2024 Principal occupation / Job title (See Instructions) Sr. Vice President & Chief Actuary  Date 10/25/2024 Principal occupation / Job title (See Instructions) Sr. Vice President & Chief Actuary  Date 10/25/2024 Principal occupation / Job title (See Instructions) Sr. Vice President & Chief Actuary  Employer (See Instructions) Amount of Contribution (\$)  Amount of Contribution (\$)  Amount of Contribution (\$)  Employer (See Instructions) Semployer (See Instructions)	4	10/25/2024 Hennessey IV, Peter (Mr.)	7 Amount of Contribution (\$) \$24.00
Senior Vice President - Insurance Operations  Government Personnel Mutual Life Insurance Company  Pull name of contributor out-of-state PAC (ID#: Amount of Contribution (\$)    Hutchins, Pamela		San Antonio, TX 78209	
10/11/2024 Hutchins, Pamela \$24.0  Contributor address; City; State; Zip Code  San Antonio, TX 78254  Principal occupation / Job title (See Instructions) Sr. Vice President & Chief Actuary  Date 10/25/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)  Hutchins, Pamela Contributor address; City; State; Zip Code  San Antonio, TX 78254  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$24.0	8		
Principal occupation / Job title (See Instructions) Sr. Vice President & Chief Actuary  Date 10/25/2024 Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code  San Antonio, TX 78254  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$) \$24.0		10/11/2024 Hutchins, Pamela	Amount of Contribution (\$) . \$24.00
Sr. Vice President & Chief Actuary  Date Full name of contributor out-of-state PAC (ID#:  10/25/2024 Hutchins, Pamela  Contributor address; City; State; Zip Code  San Antonio, TX 78254  Principal occupation / Job title (See Instructions)  GPM Life Insurance Company  Amount of Contribution (\$)  \$24.0		San Antonio, TX 78254	
Date   Full name of contributor   out-of-state PAC (ID#:			
10/25/2024 Hutchins, Pamela \$24.0  Contributor address; City; State; Zip Code  San Antonio, TX 78254  Principal occupation / Job title (See Instructions) Employer (See Instructions)			
		Contributor address; City; State; Zip Code	\$24.00
31. Vice President & Citier Actuary  Grivi Life insurance Company			, and the second

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
,	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/9 Rpt: 6/14	Government Personnel Mutual Life Insurance PAC 00017356
4 Date	5 Payee name
10/23/2024	Bettencourt, Paul
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	PO BOX 826
Expenditure from corporate funds	Sutherland Springs, TX 78161
8 PURPOSE	
OF OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Continuodions/Donations Made By  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense
	Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
D-4-	
Date	Payee name
10/23/2024	Blacklock, Jimmy
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	PO BOX 1588
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if Austin, TX, officeholder living expense
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>o</b>
Data	
Date	Payee name
10/23/2024	Bland, Jane
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	1005 Congress Avenue
	Suite 400
Expenditure from corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>⊣</b>

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/9 Rpt: 7/14 Government Personnel Mutual Life Insurance PAC 00017356 4 Date Payee name 10/23/2024 Brissette, Lori 6 Amount (\$) Payee address; City; State; Zip Code \$100.00 522 Avenue A #1207E Expenditure from San Antonio, TX 78215 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/23/2024 Campbell, Donna Amount (\$) Payee address; City; State; Zip Code \$100.00 229 Hunters Village Suite 105 Expenditure from New Braunfels, TX 78132 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/23/2024 Craddick, Christi Amount (\$) Payee address: City: State; Zip Code \$150.00 3112 Windsor Expenditure from Austin, TX 78703 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Folling Expense
Salaries/Wangs/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outpers extrapply not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/9 Rpt: 8/14	Government Personnel Mutual Life Insurance PAC 00017356
4 Date	5 Payee name
10/23/2024	Cruz, Ted
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$200.00	PO BOX 25376
Expenditure from corporate funds	Houston, TX 77265
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder living expense
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Dougo nama
	Payee name
10/23/2024	Devine, John
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	1 E Greenway Plaza
— Forest diture from	Suite 225
Expenditure from corporate funds	Houston, TX 77046
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<del>-</del>
Date	Payee name
10/23/2024	Dorazio, Mark
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	PO BOX 461341
<b>\$100.00</b>	
Expenditure from	San Antonia TV 79246
corporate funds	San Antonio, TX 78246
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Solidisadoli
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guic	kpense		pense ages/	Contract Labor	Tr	avel in District avel Out of Dis THER (enter a	strict category not listed ab	ove)
1	Total pages Schedule F1:	2 EII ED						3 Fi	ler ID	(Ethics Commiss	ion Filers)
	Sch: 4/9 Rpt: 9/14		nment Personnel Mutu	al Life Insu	rance P	PAC			0017356	(Ethics Commiss	ion Filers)
4	Date	<b>5</b> Payee	name								
	10/23/2024		Martha								
6	Amount (\$)	<b>7</b> Payee	address; City;	State;	Zip Coo	de					
	\$100.00	2116 \	Veterans Blvd								
		#5									
	Expenditure from corporate funds	Del Ri	o, TX 78840								
8	PURPOSE	(a) Catego	Ory (See Categories listed at the	top of this sched	lule)	(b)	Description				
	OF EXPENDITURE	Contri	butions/Donations Mad	е Ву		[	=			plete Schedule T.	
	ZXI ZXIZXI ZXIZ	Candi	date/Officeholder/Politic	cal Commit	tee	l	Check if Austin,	, TX, offi	ceholder living	j expense	
							Contribution				
9	Complete ONLY if direct expenditure to benefit C/Oh		te/Officeholder name	Off	fice soug	ght			Office he	eld	
F	Date	Payee	name								
	10/23/2024	Finley	, Lee								
┝	Amount (\$)	Pavee	address; City;	State:	Zip Cod	de					
	\$100.00	,	OX 12308	Otato,	p						
	Ψ100.00	100	5X 12000								
	Expenditure from corporate funds	Austin	, TX 78711								
	PURPOSE	(a) Catego	Ory (See Categories listed at the	top of this sched	lule)	(b)	Description				
	OF EXPENDITURE		butions/Donations Mad			[	<u>—</u>			plete Schedule T.	
	ZXI ZXIZXI ZXIZ	Candi	date/Officeholder/Politic	cal Commit	tee	Į.	Check if Austin,	, TX, offi	ceholder living	j expense	
							Contribution				
L											
	Complete ONLY if direct expenditure to benefit C/OH		te/Officeholder name	Off	fice soug	ght			Office he	eld	
⊨	Data	Darri	nome								
	Date	Payee									
	10/23/2024	Furma	an, Jay (The Honorable)								
	Amount (\$)	,	address; City;	State;	Zip Coo	de					
	\$100.00	PO BO	OX 1298								
╟	Expenditure from										
亾	corporate funds	San A	ntonio, TX 78295								
	PURPOSE	(a) Catego	Ory (See Categories listed at the	top of this sched	lule)	(b)	Description				
	OF EXPENDITURE		butions/Donations Mad			Į				plete Schedule T.	
		Candi	date/Officeholder/Politic	cal Commit	tee	I	Contribution	, TX, offi	ceholder living	j expense	
						,	Contribution				
dash											
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
	oxponditure to periorit ever i										

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 5/9 Rpt: 10/14	Government Personnel Mutual Life Insurance PAC 00017356				
4 Date	5 Payee name				
10/23/2024	Gonzalez, Tony (The Honorable)				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$100.00	PO BOX 700442				
,					
Expenditure from corporate funds	San Antonio, TX 78270				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
	Candidate/Officeholder/Political Committee				
	Contribution				
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H				
Date	Payee name				
10/23/2024	Hagenbuch, Brent				
Amount (\$)	Payee address; City; State; Zip Code				
\$100.00	2800 Shoreline Drive				
\$100.00					
Expenditure from	#310				
corporate funds	Denton, TX 76210				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
EXPENDITORE	Candidate/Officeholder/Political Committee				
	Contribution				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI	1				
Date	Payee name				
10/23/2024	Hinojosa, Adam				
Amount (\$)	Payee address; City; State; Zip Code				
\$100.00	PO BOX 18301				
\$100.00	PO BOX 18301				
Expenditure from corporate funds	Corpus Christi, TX 78480				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Candidate/Officeholder/Political Committee				
	Contribution				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI	expenditure to benefit C/OH				

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica				
Credit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 6/9 Rpt: 11/14	Government Personnel Mutual Life Insurance PAC 00017356			
4 Date	5 Payee name			
10/23/2024	Huffman, Joan			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$100.00	16010 Barkers Point Ln			
— Foresedit ve from	Suite 265			
Expenditure from corporate funds	Houston, TX 77079			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.			
	Candidate/Officeholder/Political Committee Contribution			
	Contabation			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI				
Date	Payee name			
10/23/2024	King, Phil			
Amount (\$)	Payee address; City; State; Zip Code			
\$100.00	PO BOX 12068			
	Capitol Station			
Expenditure from corporate funds	Austin, TX 78711			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.			
LAFENDITORE	Candidate/Officeholder/Political Committee			
	Contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI	· ·			
<u> </u>				
Date	Payee name			
10/23/2024	La Hood, Marc			
Amount (\$)	Payee address; City; State; Zip Code			
\$100.00	1635 NE Loop 410			
Expenditure from	Suite 506			
corporate funds	San Antonio, TX 78209			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.			
	Candidate/Officeholder/Political Committee Contribution			
	Continuation			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI				

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 7/9 Rpt: 12/14	2 FILER NAME  Government Personnel Mutual Life Insurance PAC  3 Filer ID (Ethics Commission Filers)  00017356
3cn. 779 Kpt. 12/14	L
4 Date	5 Payee name
10/23/2024	McCray, Tod
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	PO BOX 830804
Expenditure from	San Antonio, TX 78283
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee Contribution Check if Austin, TX, officeholder living expense Contribution
	Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
SAPORGICATO TO DOTICITE O/O	
Date	Payee name
10/23/2024	Parker, Tan
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	PO BOX 271741
,	
Expenditure from	Floure Mound TV 75007 4744
corporate funds	Flower Mound, TX 75027-1741
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experialitate to beliefit 6/0	
Date	Payee name
10/23/2024	Roy, Chip (The Honorable)
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	1100 NE Loop 410
Ψ100.00	· ·
Expenditure from	Suite 640
corporate funds	San Antonio, TX 78209
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LXI ENDITORE	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHEP (expense a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
orean oura'r dyment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/9 Rpt: 13/14	Government Personnel Mutual Life Insurance PAC 00017356
4 Date	5 Payee name
10/23/2024	Schenck, David
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	1717 Main Street
	Suite 4200
Expenditure from corporate funds	Dallas, TX 75201
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Data	
Date	Payee name
10/23/2024	Spears, Adrian
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	2834 Sierra Salinas
Expenditure from	
corporate funds	San Antonio, TX 78259
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if Austin TV, officeholder living evennes
	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Ÿ .
Date	Payee name
10/23/2024	Trahan, Joseph
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	3555 West Alabama
Φ100.00	
Expenditure from	#980-Zimmerman
corporate funds	Houston, TX 77098
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 9/9 Rpt: 14/14	2 FILER NAME Government Personnel Mutual Life Insurance PAC 3 Filer ID (Ethics Commission Filers) 00017356
4 Date 10/23/2024 6 Amount (\$)	<ul> <li>5 Payee name Walker, Gina</li> <li>7 Payee address; City; State; Zip Code</li> </ul>
\$100.00  Expenditure from corporate funds	PO BOX 12308  Austin, TX 78711
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  Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 10/23/2024	Payee name Wright, Steven (The Honorable)
Amount (\$) \$100.00  Expenditure from	Payee address; City; State; Zip Code  1320 Cabelas Drive  Unit 1247
corporate funds	Buda, TX 78610
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  Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held