

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

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| The MPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00017356 | 2 Total pages filed: 5 |
| 3 COMMITTEE NAME Government Personnel Mutual Life Insurance PAC | | OFFICE USE ONLY | |
| | | Date Received ELECTRONICALLY FILED 03/03/2025 | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP P. O. Box 659567 San Antonio, TX 78265-9567 | | Date Hand-delivered or Date Postmarked |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Maria | Receipt # | Amount |
| | NICKNAME LAST SUFFIX de Lourdes Mendoza | Date Processed | Date Imaged |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO Box 659567 San Antonio, TX 78265 | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address | STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 659567 San Antonio, TX 78265-9567 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (210) | 378-9038 | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR) | | |
| 10 MONTHLY REPORT FILING DEADLINE | <input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input checked="" type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5 | | |
| 11 PERIOD COVERED | Month Day Year 01/26/2025 | | THROUGH Month Day Year 02/25/2025 |

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

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| 12 COMMITTEE NAME Government Personnel Mutual Life Insurance PAC | 13 Filer ID (Ethics Commission Filers) 00017356 |
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| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported |
| | | 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.) | |

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| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 0.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 1,014.81 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 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.

Maria de Lourdes Mendoza
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

| | | |
|--|--|---|
| 17 COMMITTEE NAME Government Personnel Mutual Life Insurance PAC | | 18 Filer ID (Ethics Commission Filers) 00017356 |
| 19 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
| | NAME OF SCHEDULE | |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 980.00 |

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: Sch: 1/2 Rpt: 4/5 |
| 2 FILER NAME Government Personnel Mutual Life Insurance PAC | | 3 Filer ID (Ethics Commission Filers) 00017356 |
| 4 Date 02/21/2025 | 5 Name of person from whom amount is received Fiero, Martha | 8 Amount (\$) \$100.00 |
| | 6 Address of person from whom amount is received; City; State; Zip Code Del Rio, TX 78840 | |
| | 7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Outstanding Check dated 10/23/2024 CK# 1342 | |
| Date 02/21/2025 | Name of person from whom amount is received Finley, Lee | Amount (\$) \$100.00 |
| | Address of person from whom amount is received; City; State; Zip Code Austin, TX 78711 | |
| | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Outstanding Check dated 10/23/2024 CK# 1355 | |
| Date 02/21/2025 | Name of person from whom amount is received Garza, Robert | Amount (\$) \$150.00 |
| | Address of person from whom amount is received; City; State; Zip Code Del Rio, TX 78840 | |
| | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Outstanding Check dated 10/13/2022 CK# 1319 | |
| Date 02/21/2025 | Name of person from whom amount is received McQueen, Dan | Amount (\$) \$100.00 |
| | Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78208 | |
| | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Outstanding Check dated 10/12/2022 CK# 1315 | |
| Date 02/21/2025 | Name of person from whom amount is received Pennington , Stephan David | Amount (\$) \$200.00 |
| | Address of person from whom amount is received; City; State; Zip Code San Antonio , TX 78205 | |
| | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Outstanding Check dated 10/5/2020 CK# 1307 | |

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: Sch: 2/2 Rpt: 5/5 |
| 2 FILER NAME Government Personnel Mutual Life Insurance PAC | | 3 Filer ID (Ethics Commission Filers) 00017356 |
| 4 Date 02/21/2025 | 5 Name of person from whom amount is received Straus, Joe (Rep.) | 8 Amount (\$) \$30.00 |
| | 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78711 | |
| | 7 Purpose for which amount is received Outstanding Check 1/8/2016 CK# 1258 | |
| Date 02/21/2025 | Name of person from whom amount is received Walker, Gina | Amount (\$) \$100.00 |
| | Address of person from whom amount is received; City; State; Zip Code Austin, TX 78711 | |
| | Purpose for which amount is received Outstanding Check dated 10/23/2024 CK# 1354 | |
| Date 02/21/2025 | Name of person from whom amount is received Walsh, Stephani | Amount (\$) \$100.00 |
| | Address of person from whom amount is received; City; State; Zip Code SanAntonio , TX 78205 | |
| | Purpose for which amount is received Outstanding Check dated 10/5/2020 CK# 1304 | |
| Date 02/21/2025 | Name of person from whom amount is received Wright, Steven (The Honorable) | Amount (\$) \$100.00 |
| | Address of person from whom amount is received; City; State; Zip Code Buda, TX 78295 | |
| | Purpose for which amount is received Outstanding check dated 10/23/2024 CK# 1338 | |