

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Government Personnel Mutual Life Insurance Company Political Action Committee

Report Covering the Period: From: **04** ' **01** ' **2006** To: **04** ' **30** ' **2006**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2006		2,285.15
(b) Cash on Hand at Beginning of Reporting Period.....	3,134.15	
(c) Total Receipts (from Line 19).....	300.00	1,200.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3,434.15	3,485.15
7. Total Disbursements (from Line 31).....	17.00	68.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 8(d)).....	3,417.15	3,417.15
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	—	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	—	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

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DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: **04** ' **01** ' **2006** To: **04** ' **30** ' **2006**

i. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	300.00	1,200.00
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	300.00	1,200.00
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	300.00	1,200.00
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	300.00	1,200.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	300.00	1,200.00

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures	17.00	68.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	17.00	68.00
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	17.00	68.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17.00	68.00

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DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	300.00	1,200.00
34. Total Contribution Refunds (from Line 28(d))	—	—
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	300.00	1,200.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	17.00	68.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	—	—
38. Net Operating Expenditures (subtract Line 37 from Line 36)	17.00	68.00

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SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1 OF 2

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Hennessey, Peter J. III

Mailing Address

215 Zambrano

City State Zip Code

San Antonio, Texas 78209

FEC ID number of contributing federal political committee.

C 00236588

Name of Employer **Government Personnel Mutual Life Insurance Company**

Occupation **Chairman of the Board**

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

04 ' 06 ' 2006

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ferguson, C. Alan

Mailing Address

8601 Barn Swallow

City State Zip Code

San Antonio, Texas 78255

FEC ID number of contributing federal political committee.

C 00236588

Name of Employer **Government Personnel Mutual Life Insurance Company**

Occupation **Attorney**

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

04 ' 06 ' 2006

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Hoffman, William M.

Mailing Address

411 Oak Leaf

City State Zip Code

San Antonio, Texas 78209

FEC ID number of contributing federal political committee.

C 00236588

Name of Employer **Government Personnel Mutual Life Insurance Company**

Occupation **Sr. Vice President**

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

04 ' 06 ' 2006

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....▶

1500.00

TOTAL This Period (last page this line number only).....▶

1500.00

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 2

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Hutchins, Pamela A

Mailing Address

8515 Chesham

City State Zip Code

San Antonio, Texas 78254

FEC ID number of contributing federal political committee.

C 00236588

Name of Employer **Government Personnel Mutual Life Insurance Company**

Occupation **Sr. Vice President**

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

04 ' 06 ' 2006

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Draper, Robert R.

Mailing Address

11823 Tarragon Cove

City State Zip Code

San Antonio, Texas 78213

FEC ID number of contributing federal political committee.

C 00236588

Name of Employer **Government Personnel Mutual Life Insurance Company**

Occupation **Vice President**

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

04 ' 06 ' 2006

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mendoza, Maria de Lourdes

Mailing Address

124 Grand Oak

City State Zip Code

San Antonio, Texas 78232

FEC ID number of contributing federal political committee.

C 00236588

Name of Employer **Government Personnel Mutual Life Insurance Company**

Occupation **Vice President & Treasurer**

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

04 ' 06 ' 2006

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....▶

1500.00

TOTAL This Period (last page this line number only).....▶

1500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A.

Frost National Bank

Mailing Address

P. O. Box 1600

City

San Antonio, Texas 78296

Purpose of Disbursement

Bank Service Charge

Candidate Name

0-0-0
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Bank Service Fee

Date of Disbursement

04 / 30 / 2006

Amount of Each Disbursement this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

17.00

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

26039082444

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>5/18/06</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>ER</i>	<i>5/19/06</i>
PREPARER	DATE PREPARED