USE FEC MAILING LABEL OR TYPE OR PRINT

For Other Than An Authorized Committee

(Summary Page)

FEB 11 11 08 AM '93

1. NAME OF COMMITTEE (in full)
GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported
800 N.W. Loop 410 (P.O. Box 790270, 78284-4199)
San Antonio, Texas 78216

CITY, STATE and ZIP CODE
San Antonio, Texas 78216 (For Box No., see above)

2. FEC IDENTIFICATION NUMBER
C00236588

3. ☐ This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☒ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 1/1/93 through 1/31/93		
6. (a) Cash on Hand January 1, 19 93		$ 3,204.84
(b) Cash on Hand at Beginning of Reporting Period	$ 3,204.84	
(c) Total Receipts (from Line 19)	$ 350.00	$ 350.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 3,554.84	$ 3,554.84
7. Total Disbursements (from Line 30)	$ 293.37	$ 293.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 3,261.47	$ 3,261.47
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Carol L. Morrow

Signature of Treasurer
Carol L. Morrow

Date
2/4/93

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g

FEC FORM 3X
(revised 1/1/91)

OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(Revised 1/1/91)

NAME OF COMMITTEE GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 1/1/93 TO: 1/31/93

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	350.00	350.00
ii. Unitemized	0.00	0.00
iii. Total (add i and ii) ➤	350.00	350.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add a iii, b and c) ➤	350.00	350.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	350.00	350.00
20. Total Federal Receipts (subtract line 18 from line 19) ➤	350.00	350.00
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0.00	0.00
ii. Non-Federal Share	0.00	0.00
b. Other Federal Operating Expenditures	3.37	3.37
c. Total Operating Expenditures (add a i, a ii, and b) ➤	3.37	3.37
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0.00	0.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contribution Refunds (add a, b and c) ➤	0.00	0.00
29. Other Disbursements	290.00	290.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	293.37	293.37
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	293.37	293.37
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	350.00	350.00
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	350.00	350.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	3.37	3.37
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) ➤	3.37	3.37

93 3 8 2 8 0 9 0 7

SCHEDULE A **ITEMIZED RECEIPTS**

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

1	2
FOR LINE NUMBER 11(a)	

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, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. P.J. Hennessey 135 Ivy Lane San Antonio, Texas 78209 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Government Personnel Mutual Life Insurance Company Ch.of Bd. & CEO Aggregate Year-to-Date $ 75.00	Monthly Payroll Deduction	$75.00 ($75.00 per 1st of Mo. Pay Period)
B. Peter J. Hennessey III 215 Zambrano San Antonio, Texas 78209 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Government Personnel Mutual Life Insurance Company President Aggregate Year-to-Date $ 50.00	Monthly Payroll Deduction	$50.00 ($50.00 per 1st of Mo. Pay Period)
C. Donald H. Bender 1010 Melissa San Antonio, Texas 78213 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Government Personnel Mutual Life Insurance Company Senior Vice President Aggregate Year-to-Date $ 50.00	Monthly Payroll Deduction	$50.00 ($50.00 per 1st of Mo. Pay Period)
D. C. Alan Ferguson 8601 Barn Swallow San Antonio, Texas 78255 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Government Personnel Mutual Life Insurance Company Attorney Aggregate Year-to-Date $ 50.00	Monthly Contribution	$50.00 (Contribution this period)
E. Victor L. Carleman 3639 Pebble Oak San Antonio, Texas 78231 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Government Personnel Mutual Life Insurance Company Senior Vice President Aggregate Year-to-Date $ - 0 -	Annual Contribution	- 0 - (Annual Contribution)
F. Edwin H. Hightower 605 Richfield Drive San Antonio, Texas 78239 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Government Personnel Mutual Life Insurance Company Actuary Aggregate Year-to-Date $ 50.00	Monthly Payroll Deduction	$50.00 ($50.00 per 1st of Mo. Pay Period)
G. Frank J. Hosy 26387 Dull Knife San Antonio, Texas 78255 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Government Personnel Mutual Life Insurance Company Senior Vice President Aggregate Year-to-Date $ 50.00	Monthly Payroll Deduction	$50.00 ($50.00 per 1st of Mo. Pay Period)

SUBTOTAL of Receipts This Page (optional) $325.00

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

13 1 3 8 2 6 3 0 9 0 8

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page

2 | 2

FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (in Full): GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Carol L. Morrow 14939 Northern Dancer San Antonio, Texas 78248 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Government Personnel Mutual Life Insurance Company Occupation: Attorney Aggregate Year-to-Date > $ 25.00	Monthly Payroll Deduction	$25.00 ($25.00 per 1st of Mo. Pay Period)
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	$ 25.00
TOTAL This Period (last page this line number only)	$350.00

9 3 0 3 8 2 3 1 9 0 9

SCHEDULE B

ITEMIZED DISBURSEMENTS
(Other Disbursements)

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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

A. Full Name, Mailing Address and ZIP Code Committee for Judicial Reform P.O. Box 201867 San Antonio, Texas 78220	Purpose of Disbursement Judges' Campaigns Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 1/11/93	Amount of Each Disbursement This Period $140.00
B. Full Name, Mailing Address and ZIP Code Lyle Larson 3111-B Nacogdoches Rd. San Antonio, Texas 78217	Purpose of Disbursement City Council-Dist. 10 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 1/29/93	Amount of Each Disbursement This Period $150.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	$290.00

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☑	First Class Mail	POSTMARKED 2-9-93
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

PREPARER

DATE PREPARED

FEC FORM 70-2 (12/92)