



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-5

John M. Clayton, Treasurer NOV 3 1995  
Great-West Life & Annuity  
Insurance Company Political  
Action Committee  
8515 E. Orchard Road  
Englewood, CO 80111

Identification Number: C00263723

Reference: Mid-Year Report (1/1/95-6/30/95)

Dear Mr. Clayton:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A supporting Line 11(a)(i) of your report discloses contributions received through what appears to be a payroll deduction plan. Please amend your report to disclose the amount deducted per pay period. 11 CFR §104.8(b) Please refer to the enclosed sample of properly reported payroll deductions.

Any amendment or clarification should be filed with the Federal Election Commission. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

Jan McBride  
Reports Analyst  
Reports Analysis Division

## PAYROLL DEDUCTIONS

SCHEDULE A ITEMIZED RECEIPTS		User expense deducted for each category in the Detailed Summary Page	PAGE OF																	
<b>Contributions from Individuals</b> 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.		For Line Number 11(a)(3)																		
NAME OF COMMITTEE OR PAC: National Organization PAC C000000012																				
<table border="1"> <tr> <td>A. Full Name, Mailing Address and ZIP Code  Anne Sullivan 21 18th Street City, State ZIP Residence: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other: _____</td> <td>B. Name of Employee  National Organization, Inc. Employee Branch Manager Address: _____</td> <td>C. Date Itemized 6/19/94</td> <td>D. Amount of Each Payroll Deduction \$90.00 (\$15 biweekly)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>payroll deduction</td> </tr> <tr> <td colspan="2"> <table border="1"> <tr> <td>A. Full Name, Mailing Address and ZIP Code  Rodney Jones 681 Main Street City, State ZIP Residence: <input type="checkbox"/> Primary <input type="checkbox"/> General Other: _____</td> <td>B. Name of Employee  National Organization, Inc. Employee Vice President Address: _____</td> <td>C. Date Itemized 6/19/94</td> <td>D. Amount of Each Payroll Deduction \$120.00 (\$20 biweekly)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>payroll deduction</td> </tr> </table> </td> <td></td> </tr> </table>		A. Full Name, Mailing Address and ZIP Code  Anne Sullivan 21 18th Street City, State ZIP Residence: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other: _____	B. Name of Employee  National Organization, Inc. Employee Branch Manager Address: _____	C. Date Itemized 6/19/94	D. Amount of Each Payroll Deduction \$90.00 (\$15 biweekly)				payroll deduction	<table border="1"> <tr> <td>A. Full Name, Mailing Address and ZIP Code  Rodney Jones 681 Main Street City, State ZIP Residence: <input type="checkbox"/> Primary <input type="checkbox"/> General Other: _____</td> <td>B. Name of Employee  National Organization, Inc. Employee Vice President Address: _____</td> <td>C. Date Itemized 6/19/94</td> <td>D. Amount of Each Payroll Deduction \$120.00 (\$20 biweekly)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>payroll deduction</td> </tr> </table>		A. Full Name, Mailing Address and ZIP Code  Rodney Jones 681 Main Street City, State ZIP Residence: <input type="checkbox"/> Primary <input type="checkbox"/> General Other: _____	B. Name of Employee  National Organization, Inc. Employee Vice President Address: _____	C. Date Itemized 6/19/94	D. Amount of Each Payroll Deduction \$120.00 (\$20 biweekly)				payroll deduction	
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Itemize payroll deductions only after they have exceeded \$200 per calendar year from an individual.

## Payroll Deductions

Once an individual's deductions aggregate over \$200 in a calendar year, report the total amount deducted from the donor's paychecks during the reporting period on Schedule A. In parentheses indicate the amount that was deducted each pay period. Instead of stating a specific date of receipt, write "payroll deduction" under "Date." The other itemized information, including the year-to-date total, must be completed for each donor, 104.8(b).

**EXAMPLE:** During an election year, a corporate manager authorizes her employer to deduct \$15 per pay period (each pay period is two weeks) for the company's SSF. The SSF, which files FEC reports on a quarterly schedule, includes the manager's first-quarter contributions (\$90 for six pay periods) as "unitemized contributions" on Line 11(a)(ii) in the April quarterly report.

By June 30 (the closing date for the July quarterly report), 13 pay periods have passed, and the manager's aggregate contributions are \$195—still below the \$200 itemization threshold. The manager's second-quarter contributions again are included in "unitemized contributions" in the July report.

By September 30 (the closing date for the October quarterly report), 19 pay periods have passed, and the manager's contributions reach \$285. Now the committee itemizes the total contributions received from the manager during the third quarter (\$90), providing the year-to-date total in the appropriate space. (See item A in the illustration above.)

## IN-KIND CONTRIBUTIONS

SCHEDULE A ITEMIZED RECEIPTS		User expense deducted for each category in the Detailed Summary Page	PAGE OF							
<b>Contributions from Individuals</b> 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.		For Line Number 11(a)(3)								
NAME OF COMMITTEE OR PAC: National Organization PAC C00000001										
<table border="1"> <tr> <td>A. Full Name, Mailing Address and ZIP Code  Martin L. Kress 4 River Road City, State ZIP Residence: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other: _____</td> <td>B. Name of Employee  National Organization, Inc. Employee Chairman Address: _____</td> <td>C. Date Itemized 6/19/94</td> <td>D. Amount of Each Receipt for Purposes \$3,900.00 (\$150.00) (\$150.00) (\$150.00) (\$150.00)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>in-kind contribution</td> </tr> </table>		A. Full Name, Mailing Address and ZIP Code  Martin L. Kress 4 River Road City, State ZIP Residence: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other: _____	B. Name of Employee  National Organization, Inc. Employee Chairman Address: _____	C. Date Itemized 6/19/94	D. Amount of Each Receipt for Purposes \$3,900.00 (\$150.00) (\$150.00) (\$150.00) (\$150.00)				in-kind contribution	
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			in-kind contribution							

SCHEDULE B ITEMIZED DISBURSEMENTS		User expense deducted for each category in the Detailed Summary Page	PAGE OF							
<b>Operating Expenditures/Other Federal</b> 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.		For Line Number 21(b)								
NAME OF COMMITTEE OR PAC: National Organization PAC C00000001										
<table border="1"> <tr> <td>A. Full Name, Mailing Address and ZIP Code  Martin L. Kress 4 River Road City, State ZIP</td> <td>B. Purpose of Disbursement  in-kind portion</td> <td>C. Date Itemized 6/19/94</td> <td>D. Amount of Each Disbursement for PURPOSE (\$3,900.00) (\$150.00) (\$150.00) (\$150.00) (\$150.00)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>in-kind contribution</td> </tr> </table>		A. Full Name, Mailing Address and ZIP Code  Martin L. Kress 4 River Road City, State ZIP	B. Purpose of Disbursement  in-kind portion	C. Date Itemized 6/19/94	D. Amount of Each Disbursement for PURPOSE (\$3,900.00) (\$150.00) (\$150.00) (\$150.00) (\$150.00)				in-kind contribution	
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Itemize in-kind contributions on both Schedules A and B so as not to inflate the cash-on-hand amount.

## In-Kind Contributions

When determining whether to itemize an in-kind contribution, follow the same guidelines listed above under "When to Itemize Receipts." See page 8 for information on how to determine the dollar value of an in-kind contribution.

In addition, add the value of the in-kind contribution to the operating expenditures total on Line 21(b) (in order to avoid inflating the cash-on-hand amount), 104.13(a)(2).

If the in-kind contribution must be itemized on Schedule A, then it must also be itemized on a Schedule B for operating expenditures. See the illustration at right.

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