

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Great-West Life & Annuity Insurance Company Political Action Committee

ADDRESS (number and street) 8525 E. Orchard Road
2T3
 Check if different than previously reported. (ACC)
Greenwood Village CO 80111

2. **FEC IDENTIFICATION NUMBER** C00263723
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2006 through 03 31 2006

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 Treasurer Mark J. Pavlik

Signature of Treasurer Electronically Filed by Treasurer Mark J. Pavlik Date 04 12 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Great-West Life & Annuity Insurance Company Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">44668.17</td></tr></table>	44668.17
Y	Y	Y	Y									
2	0	0	6									
44668.17												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="right">44668.17</td></tr></table>	44668.17										
44668.17												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="right">14125.82</td></tr></table>	14125.82	<table border="1" style="width: 100%;"><tr><td align="right">14125.82</td></tr></table>	14125.82								
14125.82												
14125.82												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="right">58793.99</td></tr></table>	58793.99	<table border="1" style="width: 100%;"><tr><td align="right">58793.99</td></tr></table>	58793.99								
58793.99												
58793.99												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="right">3030.00</td></tr></table>	3030.00	<table border="1" style="width: 100%;"><tr><td align="right">3030.00</td></tr></table>	3030.00								
3030.00												
3030.00												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="right">55763.99</td></tr></table>	55763.99	<table border="1" style="width: 100%;"><tr><td align="right">55763.99</td></tr></table>	55763.99								
55763.99												
55763.99												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Great-West Life & Annuity Insurance Company Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	7274.29	7274.29
(i) Itemized (use Schedule A)	4310.04	4310.04
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	11584.33	11584.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	11584.33	11584.33
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.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	2500.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	41.49	41.49
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	14125.82	14125.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14125.82	14125.82

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) 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.....	30.00	30.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	30.00	30.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00
24. Independent Expenditure (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 Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	1000.00	1000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3030.00	3030.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	3030.00	3030.00

DETAILED SUMMARY PAGE
of Disbursements

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)	11584.33	11584.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11584.33	11584.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	30.00	30.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	30.00	30.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)
Great-West Life & Annuity Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. David Aspinwall

Mailing Address 4401 S. Vine Way

City Englewood State CO Zip Code 80110

FEC ID number of contributing federal political committee. **C**

Name of Employer: Great-West Life & Annuity Insurance Co
Occupation: Vice President, Counsel & Chief Compliance Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2006

Transaction ID: R639

Amount of Each Receipt this Period
 300.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Kent Boyer

Mailing Address 7 Homestead Acres

City St. Louis State MO Zip Code 63132

FEC ID number of contributing federal political committee. **C**

Name of Employer: Great-West Life & Annuity Insurance Co
Occupation: Vice President, HC, Specialty Risk

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2006

Transaction ID: R670

Amount of Each Receipt this Period
 300.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Paul Citron

Mailing Address 5129 Gable Ridge Lane

City Holly Springs State NC Zip Code 27540

FEC ID number of contributing federal political committee. **C**

Name of Employer: Great-West Life & Annuity Insurance Co
Occupation: Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2006

Transaction ID: R652

Amount of Each Receipt this Period
 300.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Great-West Life & Annuity Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Mark Corbett

Mailing Address 30 Viking Drive

City Englewood State CO Zip Code 80113

FEC ID number of contributing federal political committee. **C**

Name of Employer: Great-West Life & Annuity Insurance Co
Occupation: Senior Vice President, Investments

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	6

Transaction ID: R626

Amount of Each Receipt this Period
300.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Gerald Davis

Mailing Address 7281 S. Sundown Circle

City Littleton State CO Zip Code 80120

FEC ID number of contributing federal political committee. **C**

Name of Employer: Great-West Life & Annuity Insurance Co
Occupation: Vice President, I.T.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	6

Transaction ID: R632

Amount of Each Receipt this Period
210.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr Glen Derback

Mailing Address 3253 Country Club Pkwy.

City Castle Rock State CO Zip Code 80108

FEC ID number of contributing federal political committee. **C**

Name of Employer: Great-West Life & Annuity Insurance Co
Occupation: Senior Vice President & Contoller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	6

Transaction ID: R617

Amount of Each Receipt this Period
450.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	960.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Great-West Life & Annuity Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Kirk Fischer		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 3884 Bell Mountain Drive		Transaction ID: R673	
City State Zip Code Castle Rock CO 80104		Amount of Each Receipt this Period 270.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Great-West Life & Annuity Insurance Co		Occupation Vice President, HC Network	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	

B. Full Name (Last, First, Middle Initial) Donna A. Goldin		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 350A Clayton Street		Transaction ID: R649	
City State Zip Code Denver CO 80206		Amount of Each Receipt this Period 1249.98	
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Great-West Life & Annuity Insurance Com		Occupation Senior Vice-President, Healthcare Oper	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1249.98	

C. Full Name (Last, First, Middle Initial) Ms. Deborah L. Kronberg		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 5155 Pinyon Jay Rd.		Transaction ID: R638	
City State Zip Code Parker CO 80134		Amount of Each Receipt this Period 252.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Great-West Life & Annuity Insurance Co		Occupation Vice-President, Pricing and Pharmacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00	

SUBTOTAL of Receipts This Page (optional) ▶	1771.98
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Great-West Life & Annuity Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Charles Nelson

Mailing Address 1187 E. Jesse Ct.

City State Zip Code
Highlands Ranch CO 80126

FEC ID number of contributing federal political committee. **C**

Name of Employer
Great-West Life & Annuity Insurance Co

Occupation
Senior Vice President, Retirement Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: R629

Amount of Each Receipt this Period
750.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Tom Pung

Mailing Address 11 Holly Oak

City State Zip Code
Littleton CO 80127

FEC ID number of contributing federal political committee. **C**

Name of Employer
Great-West Life & Annuity Insurance Co

Occupation
Assistant Vice-President, National Acc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: R674

Amount of Each Receipt this Period
300.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Marty Rosenbaum

Mailing Address 8528 Colonial Drive

City State Zip Code
Lone Tree CO 80124

FEC ID number of contributing federal political committee. **C**

Name of Employer
Great-West Life & Annuity Insurance Co

Occupation
Senior Vice President, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: R614

Amount of Each Receipt this Period
330.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	1380.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Great-West Life & Annuity Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Richard Schultz

Mailing Address 3623 E. Fremont Place

City State Zip Code
Cenntenial CO 80122

FEC ID number of contributing federal political committee. **C**

Name of Employer
Great-West Life & Annuity Insurance Co

Occupation
Vice President, Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: R625

Amount of Each Receipt this Period
252.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Gregory E. Seller

Mailing Address 22822 Via Orvieto

City State Zip Code
Monarch Beach CA 92629

FEC ID number of contributing federal political committee. **C**

Name of Employer
Great-West Life & Annuity Insurance Co

Occupation
Senior Vice President, Govt Markets

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1249.98

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: R615

Amount of Each Receipt this Period
1249.98

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Michael Sole

Mailing Address 1638 Catalpa Ave.

City State Zip Code
Chicago IL 60640

FEC ID number of contributing federal political committee. **C**

Name of Employer
Great-West Life & Annuity Insurance Co

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: R643

Amount of Each Receipt this Period
300.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	1801.98
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 17
	<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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NAME OF COMMITTEE (In Full)
Great-West Life & Annuity Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Mark L. Stadler

Mailing Address 647 Ruby Trust Drive

City State Zip Code
Castle Rock CO 80108

FEC ID number of contributing federal political committee. **C**

Name of Employer: Great-West Life & Annuity Insurance Co
Occupation: Senior Vice President, US Markets

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.33

Date of Receipt
MM / DD / YYYY
03 / 31 / 2006

Transaction ID: R668

Amount of Each Receipt this Period
208.33

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Peter D. Tilley

Mailing Address 6952 East Nichols Place

City State Zip Code
Englewood CO 80112

FEC ID number of contributing federal political committee. **C**

Name of Employer: Great-West Life & Annuity Insurance Co
Occupation: Vice President, Asset & Liability

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2006

Transaction ID: R619

Amount of Each Receipt this Period
252.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	460.33
TOTAL This Period (last page this line number only)	▶	7274.29

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 17
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Great-West Life & Annuity Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Musgrave for Congress

Mailing Address 5401 Stone Creek Circle Suite 777

City Loveland State CO Zip Code 80538

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	4	/	2	0	0	6

Transaction ID: R687

Amount of Each Receipt this Period
2500.00

Check

Check mailing destroyed by US Postal Service. Letter received with image of check. destroyed.

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	2500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 17
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Great-West Life & Annuity Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial) A. US Bank		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6	
Mailing Address P.O. Box 1800		Transaction ID: R681	
City St. Paul	State MN	Zip Code 55101	Amount of Each Receipt this Period 1.19
FEC ID number of contributing federal political committee. C		Electronic Transfer	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 41.49		

Full Name (Last, First, Middle Initial) B. US Bank		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6	
Mailing Address P.O. Box 1800		Transaction ID: R682	
City St. Paul	State MN	Zip Code 55101	Amount of Each Receipt this Period 6.76
FEC ID number of contributing federal political committee. C		Electronic Transfer	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 41.49		

Full Name (Last, First, Middle Initial) C. US Bank		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address P.O. Box 1800		Transaction ID: R683	
City St. Paul	State MN	Zip Code 55101	Amount of Each Receipt this Period 15.67
FEC ID number of contributing federal political committee. C		Electronic Transfer	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 41.49		

SUBTOTAL of Receipts This Page (optional) ▶	23.62
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 17	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Great-West Life & Annuity Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
US Bank

Mailing Address P.O. Box 1800

City State Zip Code
St. Paul MN 55101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
41.49

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	6

Transaction ID: R684

Amount of Each Receipt this Period
17.87

Electronic Transfer

SUBTOTAL of Receipts This Page (optional)	▶	17.87
TOTAL This Period (last page this line number only)	▶	41.49

**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)

PAGE 15 / 17

<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

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NAME OF COMMITTEE (In Full)
Great-West Life & Annuity Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial) A. US Bank		Transaction ID: D109	
Mailing Address P.O. Box 1800		Date of Disbursement MM / DD / YYYY 02 / 24 / 2006	
City St. Paul	State MN	Zip Code 55101	Amount of Each Disbursement this Period 30.00
Purpose of Disbursement Bank Charges		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	▶	30.00
TOTAL This Period (last page this line number only)	▶	30.00

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)

PAGE 16 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

Great-West Life & Annuity Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Musgrave for Congress

Mailing Address 5401 Stone Creek Circle Suite 777

City Loveland State CO Zip Code 80538

Purpose of Disbursement
Contr.

Candidate Name
Marilyn N. Musgrave

Office Sought: House
 Senate
 President

State: CO District: 04

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: D112

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**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)

PAGE 17 / 17

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Great-West Life & Annuity Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. California Association of Health Plans

Mailing Address 1415 L Street
Suite 850

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Non-Federal California Association of

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D107

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00