



RECEIVED  
FEDERAL ELECTION  
COMMISSION

JUN 23 11 23 AM '97

8515 East Orchard Road  
Englewood, CO 80111 Tel. (303) 689-3000  
Address mail to: P.O. Box 1700, Denver, CO 80201

CERTIFIED/RETURN RECEIPT REQUESTED

June 23, 1997

Ms. Debbie Manzano  
Senior Reports Analyst  
Federal Election Commission  
Washington, DC 20463

RE: The Great-West Life & Annuity Insurance Company Political Action Committee  
FEC #C002 63723

Dear Ms. Manzano:

Enclosed find amended Summary, Detail, Schedule A of the FEC Form 3X report for the Third Quarter 1996. The spreadsheet used to calculate the Schedule A for the report did not add in the amount for row D which caused the itemized contributions to be understated. This error unfortunately changed the amounts for itemized [line 11(a)(i)] and unitemized [line 11(a)(ii)] contributions. The total contribution [line 11(a)(iii)] amount was correct. This error then carried forward to the last two reports for 1996 in the cumulative (Column B) totals. The FEC 3X summary and detailed pages for the final two reports for 1996 are also enclosed.

Per our conversation of last week it is only necessary to forward the FEC 3X pages that changed. If there is anything you need, or if you have any questions, please feel free to call me at (303) 689-5759.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Rairdon".

James L. Rairdon  
Senior Paralegal

Enclosures

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JUN 23 11 23 AM '96

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
Great-West Life & Annuity Insurance Company  
Political Action Committee

ADDRESS (number and street)  Check if different than previously reported  
8515 East Orchard Road

CITY, STATE and ZIP CODE  
Englewood, CO 80111

2. FEC IDENTIFICATION NUMBER  
C002 63723

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

## 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

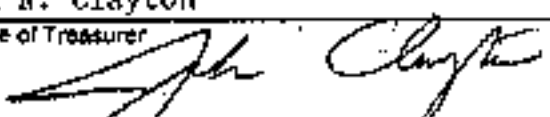
Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_

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 July 1, 96 through Sept. 30, 96		
6. (a) Cash on Hand January 1, 19 96		\$ 34,264.29
(b) Cash on Hand at Beginning of Reporting Period	\$ 50,112.71	
(c) Total Receipts (from Line 19)	\$ 10,427.61	\$ 44,080.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 60,540.32	\$ 78,344.30
7. Total Disbursements (from Line 30)	\$ 45,000.00	\$ 62,803.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 15,540.32	\$ 15,540.32
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 889 E Street, NW Washington, DC 20463 Toll Free 800-424-7530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	
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  
John N. Clayton

Signature of Treasurer  Date  
June 23, 1996

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

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FEC FORM 3X  
(revised 8/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE <b>Great-West Life &amp; Annuity Insurance Company Political Action Committee</b>		REPORT COVERING PERIOD FROM <b>7/1/96</b> TO: <b>9/30/96</b>	
		<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		8,378.76	30,020.78
ii. Unitemized		1,653.00	13,029.00
iii. Total (add i and ii) >		10,031.76	43,049.78
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributors (add a iii, b and c) >		10,031.76	43,049.78
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)		395.85	1,030.23
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		10,427.61	44,080.01
20. Total Federal Receipts (subtract line 18 from line 19) >		10,427.61	44,080.01
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures			303.98
c. Total Operating Expenditures (add a i, a ii, and b) >		0.00	303.98
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		45,000.00	62,500.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >		0.00	0.00
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		45,000.00	62,803.98
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		45,000.00	62,803.98
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) from line 11d		10,031.76	43,049.78
33. Total Contribution Refunds (from line 28d)		0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from line 32)		10,031.76	43,049.78
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		0.00	303.98
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00
37. Net Operating Expenditures (subtract line 36 from line 35) >		0.00	303.98

**SCHEDULE A ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page  
 PAGE 1 OF 8  
 FOR LINE NUMBER 11(a)(1)

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

<p>A. Full Name, Mailing Address and Zip Code                      Abt, Rolf                      6683 Aberdeen Circle                      Highlands Ranch, CO 80126                      Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer                      Great-West Life &amp; Annuity Insurance Company                      Occupation                      MGR, Mortgage Administration                      Aggregate Year-to-Date&gt;</p>	<p>Date (month day, year)                      deductions                      \$297.00</p>	<p>Amount of Each Receipt this Period                      \$98.00                      (16.5 semi-monthly)</p>
<p>B. Full Name, Mailing Address and Zip Code                      Aspirwall, David C.                      4401 S. Vine Way                      Englewood, CO 80110                      Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer                      Great-West Life &amp; Annuity Insurance Company                      Occupation                      AVP, and Associate Counsel                      Aggregate Year-to-Date&gt;</p>	<p>Date (month day, year)                      deductions                      \$260.00</p>	<p>Amount of Each Receipt this Period                      \$120.00                      (\$20 semi-monthly)</p>
<p>C. Full Name, Mailing Address and Zip Code                      Baker, Jack H.                      5922 S. Ironton Court                      Englewood, CO 80111                      Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer                      Great-West Life &amp; Annuity Insurance Company                      Occupation                      AVP, Individual Sales Support                      Aggregate Year-to-Date&gt;</p>	<p>Date (month day, year)                      deductions                      \$360.00</p>	<p>Amount of Each Receipt this Period                      \$120.00                      (\$20 semi-monthly)</p>
<p>D. Full Name, Mailing Address and Zip Code                      Ball, George                      8801 Hunter Lake Road, #528                      Tampa, FL 33647                      Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer                      Great-West Life &amp; Annuity Insurance Company                      Occupation: RMGR, Tampa                      Regional Group Sales Office                      Aggregate Year-to-Date&gt;</p>	<p>Date (month day, year)                      deductions                      \$360.00</p>	<p>Amount of Each Receipt this Period                      \$180.00                      (\$30 semi-monthly)</p>
<p>E. Full Name, Mailing Address and Zip Code                      Bennett, Scott A.                      44 N. Liberty                      South Barrington, IL 60010                      Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer                      Great-West Life &amp; Annuity Insurance Company                      Occupation: RMGR, Chicago Group                      Sales Office                      Aggregate Year-to-Date&gt;</p>	<p>Date (month day, year)                      deductions                      \$450.00</p>	<p>Amount of Each Receipt this Period                      \$150.00                      (\$25 semi-monthly)</p>
<p>F. Full Name, Mailing Address and Zip Code                      Beagle, Todd B.                      6065 S. Jasmine Street                      Englewood, CO 80111                      Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer                      Great-West Life &amp; Annuity Insurance Company                      Occupation: AMGR, Group Marketing                      Compensation and Sales Reporting                      Aggregate Year-to-Date&gt;</p>	<p>Date (month day, year)                      deductions                      \$257.22</p>	<p>Amount of Each Receipt this Period                      \$85.74                      (\$14.29 semi-monthly)</p>
<p>G. Full Name, Mailing Address and Zip Code                      Bond, Robert D.                      362 Morning Star Way                      Castle Rock, CO 80104                      Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer                      Benefits Corporation                      Occupation                      VP, Sales                      Aggregate Year-to-Date&gt;</p>	<p>Date (month day, year)                      deductions                      \$600.00</p>	<p>Amount of Each Receipt this Period                      \$300.00                      (\$50 semi-monthly)</p>
<p>SUBTOTAL of Receipts This Page (optional)</p>			<p>\$1,054.74</p>
<p>TOTAL This Period (last page this line number only)</p>			

**SCHEDULE A ITEMIZED RECEIPTS**

NAME OF COMMITTEE (in Full)			
Great-West Life & Annuity Insurance Company Political Action Committee			
<b>A. Full Name, Mailing Address and Zip Code</b> Bonnett, Denis C. 12 Franklin Road Mendham, NJ 07945 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Great-West Life & Annuity Insurance Company <b>Occupation:</b> RMGR, North Jersey Group Sales Office <b>Aggregate Year-to-Date:</b>	<b>Date (month day, year)</b>  deductions \$900.00	<b>Amount of Each Receipt this Period</b>  \$300.00 (\$50 semi-monthly)
<b>B. Full Name, Mailing Address and Zip Code</b> Burray, Bruce A. 11179 W. Idaho Avenue Lakewood, CO 80232 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Great-West Life & Annuity Insurance Company <b>Occupation</b> AVP, Accounting Services <b>Aggregate Year-to-Date:</b>	<b>Date (month day, year)</b>  deductions \$225.00	<b>Amount of Each Receipt this Period</b>  \$75.00 (\$12.50 semi-monthly)
<b>C. Full Name, Mailing Address and Zip Code</b> Clayton, John N. 8913 E. Fremont Circle Englewood, CO 80112 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Great-West Life & Annuity Insurance Company <b>Occupation</b> VP, Corporate Services <b>Aggregate Year-to-Date:</b>	<b>Date (month day, year)</b>  deductions \$360.00	<b>Amount of Each Receipt this Period</b>  \$120.00 (\$20 semi-monthly)
<b>D. Full Name, Mailing Address and Zip Code</b> Collier, Darryl A. 5482 Kanadu Street Denver, CO 80239 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Great-West Life & Annuity Insurance Company <b>Occupation</b> MGR, Special Producer Sales <b>Aggregate Year-to-Date:</b>	<b>Date (month day, year)</b>  deductions \$270.00	<b>Amount of Each Receipt this Period</b>  \$90.00 (\$12.50 semi-monthly)
<b>E. Full Name, Mailing Address and Zip Code</b> Corbett, Mark S. 2170 S. St. Paul Denver, CO 80210 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Great-West Life & Annuity Insurance Company <b>Occupation</b> VP, Private Placements <b>Aggregate Year-to-Date:</b>	<b>Date (month day, year)</b>  deductions \$360.00	<b>Amount of Each Receipt this Period</b>  \$120.00 (\$20 semi-monthly)
<b>F. Full Name, Mailing Address and Zip Code</b> Davis, Gerald L. 9435 W. Wesley Avenue Lakewood, CO 80227 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Great-West Life & Annuity Insurance Company <b>Occupation</b> AVP, Information Systems <b>Aggregate Year-to-Date:</b>	<b>Date (month day, year)</b>  deductions \$240.00	<b>Amount of Each Receipt this Period</b>  \$120.00 (\$20 semi-monthly)
<b>G. Full Name, Mailing Address and Zip Code</b> Darbak, Glen R. 7340 Brydham Circle Castle Rock, CO 80104 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Great-West Life & Annuity Insurance Company <b>Occupation</b> VP, Financial Control <b>Aggregate Year-to-Date:</b>	<b>Date (month day, year)</b>  deductions \$450.00	<b>Amount of Each Receipt this Period</b>  \$150.00 (25 semi-monthly)
<b>SUBTOTAL of Receipts This Page (optional)</b>			\$975.00
<b>TOTAL This Period (last page this line number only)</b>			

**SCHEDULE A ITEMIZED RECEIPTS**

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

PAGE 3 OF 8  
FOR LINE NUMBER  
11 (a)(1)

NAME OF COMMITTEE (In Full)			
Great-West Life & Annuity Insurance Company Political Action Committee			
A. Full Name, Mailing Address and Zip Code Desmond, James M. 19148 E. Hickock Drive Parker, CO 80134 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)  deductions	Amount of Each Receipt this Period  \$90.00
	Occupation MGR, Public Bonds Aggregate Year-to-Date>		
B. Full Name, Mailing Address and Zip Code Garth, Carl E. 12025 Palisades Drive Dunkirk, MD 20754 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)  deductions	Amount of Each Receipt this Period  \$90.00
	Occupation RVP, Group Sales Region I Aggregate Year-to-Date>		
C. Full Name, Mailing Address and Zip Code Heckl, Mark R. 3224 B. Espana Circle Aurora, CO 80013 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)  deductions	Amount of Each Receipt this Period  \$120.00
	Occupation MGR, Employee Benefit Products Aggregate Year-to-Date>		
D. Full Name, Mailing Address and Zip Code Johnson, J. Garth 7814 S. Locust Court Englewood, CO 80112 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)  deductions	Amount of Each Receipt this Period  \$90.00
	Occupation AVP, Taxation Aggregate Year-to-Date>		
E. Full Name, Mailing Address and Zip Code Joneson, David T. 7007 E. Hinsdale Avenue Englewood, CO 80112 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)  deductions	Amount of Each Receipt this Period  \$120.00
	Occupation MGR, Group Pension Systems Aggregate Year-to-Date>		
F. Full Name, Mailing Address and Zip Code Kenyon, Matthew S. 500A E. Windoor Avenue Alexandria, VA 22301 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)  deductions	Amount of Each Receipt this Period  \$150.00
	Occupation: RMGR, Washington DC Group Sales Office Aggregate Year-to-Date>		
G. Full Name, Mailing Address and Zip Code Kenyon, Stanford L. 220 N. Smead Court Roswell, GA 30078 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)  deductions	Amount of Each Receipt this Period  \$180.00
	Occupation RVP, Group Sales Region III Aggregate Year-to-Date>		
SUBTOTAL of Receipts This Page (optional)			\$1,050.00
TOTAL This Period (last page this line number only)			

**SCHEDULE A ITEMIZED RECEIPTS**

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Kramer, Matthew M. 5945 Braun Way Arvada, CO 80004	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation MGR, Group Insurance Systems	deductions	\$120.00
	Aggregate Year-to-Date>	\$360.00	(\$20 semi-monthly)
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Lurie, Ruth B. 3076 S. St. Paul Denver, CO 80210	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation VP, Counsel	deductions	\$150.00
	Aggregate Year-to-Date>	\$400.00	(\$25 semi-monthly)
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
MacLennan, Alan D. 8086 S. Alton Way Englewood, CO 80111	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation EVP, Employee Benefits	deductions	\$480.00
	Aggregate Year-to-Date>	\$1,440.00	(\$80 semi-monthly)
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Mathoney, Victoria A. 1880 Palmer Drive Pleasanton, CA 94588	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: RMGR, San Jose Group Sales Office	deductions	\$300.00
	Aggregate Year-to-Date>	\$900.00	(\$50 semi-monthly)
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Masonheimer, Chel A. 8477 S. Florence Way Englewood, CO 80111	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation MGR, Corporate Properties	deductions	\$90.00
	Aggregate Year-to-Date>	\$270.00	(\$15 semi-monthly)
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Meaters, Bruce G. 5428 Chambray Court Highlands Ranch, CO 80125	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation MGR, Public Bonds, Investments	deductions	\$90.00
	Aggregate Year-to-Date>	\$270.00	(\$15 semi-monthly)
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
McGallen, James L. 7283 S. Niagra Circle Englewood, CO 80112	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation VP and Actuary	deductions	\$150.00
	Aggregate Year-to-Date>	\$450.00	(\$25 semi-monthly)
SUBTOTAL of Receipts This Page (optional)			\$1,380.00
TOTAL This Period (last page this line number only)			

**SCHEDULE A ITEMIZED RECEIPTS**

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

PAGE 5 OF 6  
FOR LINE NUMBER  
11 (a)(1)

NAME OF COMMITTEE (In Full)			
Great-West Life & Annuity Insurance Company Political Action Committee			
A. Full Name, Mailing Address and Zip Code McCallen, Joan W. 5923 E. Irwin Place Englewood, CO 80112 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Financial Administrative Services Corporation Occupation President Aggregate Year-to-Date>	Date (month day, year)  deductions \$378.00	Amount of Each Receipt this Period \$128.00 (\$21 semi-monthly)
B. Full Name, Mailing Address and Zip Code McCallum, William T. 8001 S. Yosemite, E-102 Englewood, CO 80111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company Occupation President, Chief Executive Officer Aggregate Year-to-Date>	Date (month day, year)  deductions \$4,375.00	Amount of Each Receipt this Period \$1,375.00 (\$312.50 semi-mo)
C. Full Name, Mailing Address and Zip Code McDonald, David G. 10486 Stonewillow Drive Parker, CO 80134 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company Occupation VP, Institutional Insurance Aggregate Year-to-Date>	Date (month day, year)  deductions \$300.00	Amount of Each Receipt this Period \$150.00 (\$25 semi-monthly)
D. Full Name, Mailing Address and Zip Code Miller, Steve H. 4 Greensaches Court Lafayette, CA 94549 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company Occupation RVP, Group Sales Region II Aggregate Year-to-Date>	Date (month day, year)  deductions \$450.00	Amount of Each Receipt this Period \$150.00 (\$25 semi-monthly)
E. Full Name, Mailing Address and Zip Code Motz, James D. 5037 E. Nichols Place Littleton, CO 80122 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company Occupation SVP, Employee Benefits Operations Aggregate Year-to-Date>	Date (month day, year)  deductions \$900.00	Amount of Each Receipt this Period \$300.00 (\$50 semi-monthly)
F. Full Name, Mailing Address and Zip Code Nelson, Charles P. 1187 E. Jesse Court Highlands Ranch, CO 80128 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Benefits Corp. Occupation President Aggregate Year-to-Date>	Date (month day, year)  deductions \$240.00	Amount of Each Receipt this Period \$120.00 (\$20 semi-monthly)
G. Full Name, Mailing Address and Zip Code Quenville, Stephen C. 5848 Angle Court Parker, CO 80134 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company Occupation AVP, Employee Benefit Sales Aggregate Year-to-Date>	Date (month day, year)  deductions \$450.00	Amount of Each Receipt this Period \$150.00 (\$25 semi-monthly)
SUBTOTAL of Receipts This Page (optional)			\$2,871.00
TOTAL This Period (last page this line number only)			



**SCHEDULE A ITEMIZED RECEIPTS**

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Riggall, Fred C. 18325 Christoph Drive Morgan Hill, CA 95037	One Health Plan of California		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	deductions	\$150.00
	Aggregate Year-to-Date>	\$450.00	(\$25 semi-monthly)
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Rosa, David F. 13555 NE 54th Place Bellevue, WA 98005	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RMGR, Seattle Group Sales Office	deductions	\$90.00
	Aggregate Year-to-Date>	\$270.00	(\$15 semi-monthly)
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Shantz, David H. 8059 S. Onelda Court Englewood, CO 80112	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Investment Operations	deductions	\$100.00
	Aggregate Year-to-Date>	\$300.00	(\$16.67 semi-mo)
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Stefanson, Douglas J. 8052 S. Moline Way Englewood, CO 80111	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP, Employee Benefits Small Case Operations	deductions	\$120.00
	Aggregate Year-to-Date>	\$360.00	(\$20 semi-monthly)
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Tilley, Peter D. 5993 S. Florence Court Englewood, CO 80111	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AVP, Asset/Liability Management	deductions	\$150.00
	Aggregate Year-to-Date>	\$450.00	(\$26 semi-monthly)
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Weinstein, Roy L. 366 Harrison Street Denver, CO 80205	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: AVP, Systems and Operations, Financial Services	deductions	\$180.00
	Aggregate Year-to-Date>	\$540.00	(\$30 semi-monthly)
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
White, James F. 5721 Miled Breeze Drive Plano, TX 75083	One Health Plan of Texas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	deductions	\$252.00
	Aggregate Year-to-Date>	\$756.00	(\$43 semi-monthly)

SUBTOTAL of Receipts This Page (optional)	\$1,048.02
TOTAL This Period (last page this line number only)	\$6,978.78

**SCHEDULE A ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER  
17

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Key Bank 5950 S. Willow Drive Englewood, CO 80111		7/31/98	\$144.83
	Occupation	8/30/98	\$157.05
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest		9/30/98	\$93.97
	Aggregate Year-to-Date>	\$1,030.23	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
	Aggregate Year-to-Date>		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
	Aggregate Year-to-Date>		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
	Aggregate Year-to-Date>		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
	Aggregate Year-to-Date>		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
	Aggregate Year-to-Date>		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
	Aggregate Year-to-Date>		

SUBTOTAL of Receipts This Page (optional) \$395.85  
TOTAL This Period (last page this line number only) \$395.85

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

Registered/Certified Mail

POSTMARKED

6-27-97

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

6-27-97  
DATE PREPARED