



Oct 11 3 12 PM '94
8515 East Orchard Road
Englewood, CO 80111 Tel: (303) 689-3000
Address only for P.O. Box 1700, Denver, CO 80201

CERTIFIED/RETURN RECEIPT REQUESTED

October 5, 1994

Ms. Kelly Huff
Federal Election Commission
Washington, DC 20463

RE: The Great-West Life & Annuity Insurance Company Political Action Committee
FEC #CO0263723

Dear Ms. Huff

Enclosed find the FEC Form 3X for the third quarter of 1994. The Great-West Life and Annuity Insurance Company pays the administrative expenses for the Great-West Life & Annuity Insurance Company Political Action Committee.

If there is anything you need, or if you have any questions, please feel free to call me at (303) 689-5759.

Sincerely,

James L. Rairdon
Paralegal

ENCL.
JLR/hs

pc w/all enclosures:

John N. Clayton, Vice President - Headquarters Services, 10T2
Ruth B. Lurie, Vice President and Counsel, Legal Department, 6T2

pc w/Summary and Schedule B only:

State Elections Officer
Office of the Secretary of State
1700 West Washington, 7th Floor
Phoenix, AZ 85007

Elections Officer
Office of the Secretary of State
1560 Broadway, Suite 200
Denver, CO 80202

2
3
2
3
6
2
9
3
0
4
9

Ms. Kelly Huff
October 5, 1994
Page 3

Office of the Lieutenant Governor
203 State Capitol
Salt Lake City, UT 84114

Public Disclosure Commission
PO Box 40908
Olympia, WA 98504-0908

Secretary of State
106 State Capitol
Cheyenne, WY 82002-0020

9
4
0
3
9
4
6
3
2
3
4

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

FEC
FORM 3
Oct 11 3 10 PM '94

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 E. Orchard Road

CITY, STATE and ZIP CODE
Englewood, Colorado 80111

2. FEC IDENTIFICATION NUMBER
0002 63723

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

4. TYPE OF REPORT

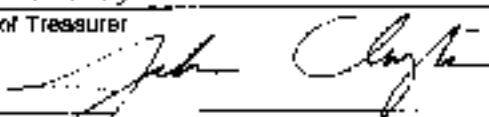
- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 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 <u>July 1, 1994</u> through <u>Sept. 30, 1994</u>		
6. (a) Cash on Hand January 1, 19__		\$ 40,608.72
(b) Cash on Hand at Beginning of Reporting Period	\$ 68,851.69	
(c) Total Receipts (from Line 19)	\$ 8,370.55	\$ 49,395.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 77,222.24	\$ 90,004.24
7. Total Disbursements (from Line 30)	\$ 55,000.00	\$ 67,782.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 22,222.24	\$ 22,222.24
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 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
October 5, 1994

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

--	--	--	--	--	--	--	--

9 4 0 3 9 2 6 3 2 3 5

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

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD FROM July 1, 1994 to Sept. 30, 1994		
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)	\$ 6,272.76	\$ 36,039.76	11(a)(i)
ii. Unitemized	1,765.00	12,249.47	11(a)(ii)
iii. Total (add i and ii) >	\$ 8,037.76	48,289.23	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) >	\$ 8,037.76	\$ 48,289.23	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	\$ 332.79	\$ 1,106.29	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	8,370.55	49,395.52	19
20. Total Federal Receipts (subtract line 18 from line 19) >	\$ 8,370.55	\$ 49,395.52	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share		\$ 282.00	21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii and b) >	\$ 0.00	282.00	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	\$ 55,000.00	\$ 67,500.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >	\$ 0.00	\$ 0.00	28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	\$ 55,000.00	\$ 67,782.00	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) >	55,000.00	67,782.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	\$ 8,037.76	\$ 48,289.23	32
33. Total Contribution Refunds (from line 28d)	\$ 0.00	\$ 0.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	\$ 8,037.76	\$ 48,289.23	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	\$ 0.00	\$ 282.00	35
36. Offsets to Operating Expenditures (from line 15)	\$ 0.00	\$ 0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	\$ 0.00	\$ 282.00	37

94039263236

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 McCallum, William T. 6001 S. Yosemite, F-102 Englewood, CO 80111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company Occupation: President, and Chief Executive Officer Aggregate Year-to-Date >	Date (month day, year) payroll deductions \$3,125.00	Amount of Each Receipt this Period \$1,875.00
B. Full Name, Mailing Address and Zip Code Beagle, Todd B. 6085 S. Jasmine Street Englewood, CO 80111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company Occupation: AMGR, Group Marketing Compensation and Sales Reporting Aggregate Year-to-Date >	Date (month day, year) payroll deductions \$214.35	Amount of Each Receipt this Period \$85.74
C. Full Name, Mailing Address and Zip Code Hsckl, Mark R. 3224 S. Espana Circle Aurora, CO 80013 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company Occupation: MGR, Employee Benefit Products Aggregate Year-to-Date >	Date (month day, year) payroll deductions \$260.00	Amount of Each Receipt this Period \$120.00
D. Full Name, Mailing Address and Zip Code Kramer, Matthew M. 5945 Braun Way Arvada, CO 80004 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company Occupation: MGR, Group Insurance Systems Aggregate Year-to-Date >	Date (month day, year) payroll deductions \$240.00	Amount of Each Receipt this Period \$120.00
E. Full Name, Mailing Address and Zip Code MacLennan, Alan D. 6086 S. Alton Way Englewood, CO 80111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company Occupation: EWI, Employee Benefits Aggregate Year-to-Date >	Date (month day, year) payroll deductions \$1,280.00	Amount of Each Receipt this Period \$480.00
F. Full Name, Mailing Address and Zip Code Quenville, Stephen C. 3848 Angie Court Parker, CO 80134 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company Occupation: AVP, Employee Benefit Sales Aggregate Year-to-Date >	Date (month day, year) payroll deductions \$525.00	Amount of Each Receipt this Period \$175.00
G. Full Name, Mailing Address and Zip Code Burnett, Scott A. 44 Liberty South Barrington, IL 60010 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company Occupation: RMGR, Chicago Group Sales Office Aggregate Year-to-Date >	Date (month day, year) payroll deductions \$400.00	Amount of Each Receipt this Period \$150.00
SUBTOTAL of Receipts This Page (optional)			\$3,005.74
TOTAL This Period (last page this line number only)			

94039263237

SCHEDULE A ITEMIZED RECEIPTS

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

94039763238

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
Bunnett, Denis C. 12 Franklin Road Mendham, NJ 07945 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Great-West Life & Annuity Insurance Company Occupation: RMGR North Jersey Group Sales Office	payroll deductions	\$300.00
Aggregate Year-to-Date >		\$800.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
Girth, Carl F. 12025 Palisades Drive Dunkirk, MD 20754 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Great-West Life & Annuity Insurance Company Occupation RVP, Group Sales Region I	payroll deductions	\$300.00
Aggregate Year-to-Date >		\$700.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
Howard, Martin W. 5423 228 Northwest Stamwood, WA 98292 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Great-West Life & Annuity Insurance Company Occupation RMGR, Seattle Group Sales Office	payroll deductions	\$150.00
Aggregate Year-to-Date >		\$400.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
Kouyon, Stanford L. 1470 Northcliff Trace Roswell, GA 30076 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Great-West Life & Annuity Insurance Company Occupation RVP, Group Sales Region III	payroll deductions	\$180.00
Aggregate Year-to-Date >		\$480.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
Miller, Steve H. 4 Greengates Court Lafayette, CA 94549 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Great-West Life & Annuity Insurance Company Occupation RVP, Group Sales Region II	payroll deductions	\$150.00
Aggregate Year-to-Date >		\$400.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
Riggall, Fred C. 8792 S. Morning Dove Highlands Ranch, CO 80126 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Great-West Life & Annuity Insurance Company Occupation AVP, Employee Benefit Sales	payroll deductions	\$150.00
Aggregate Year-to-Date >		\$400.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt This Period
White, James F. 8746 Black Maple Drive Eden Prairie, MN 55344 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Great-West Life & Annuity Insurance Company Occupation RMGR, Minneapolis Group Sales Office	payroll deductions	\$252.00
Aggregate Year-to-Date >		\$714.00	

SUBTOTAL of Receipts This Page (optional) \$1,482.00
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

94059263239

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Baker, Jack H. 5922 S. Ironton Court Englewood, CO 80111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Great-West Life & Annuity Insurance Company Occupation: AVP, Individual Sales Support	payroll deductions	\$120.00
		Aggregate Year-to-Date >	\$300.00
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Bend, Robert D. 362 Morning Star Way Castle Rock, CO 80104 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Benefits Corporation Company Occupation: VP, Sales	payroll deductions	\$150.00
		Aggregate Year-to-Date >	\$350.00
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
McLaren, Joan W. 5923 E. Irwin Place Englewood, CO 80112 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Great-West Life & Annuity Insurance Company Occupation: VP, Financial Services Systems Marketing	payroll deductions	\$126.00
		Aggregate Year-to-Date >	\$252.00
D. 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 80206 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Great-West Life & Annuity Insurance Company Occupation: AVP, Systems and Operations, Financial Services	payroll deductions	\$180.00
		Aggregate Year-to-Date >	\$510.00
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Abr, Rolf 9563 S. Devonshire Place Highlands Ranch, CO 80126 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Great-West Life & Annuity Insurance Company Occupation: MGR, Mortgage Administration	payroll deductions	\$99.00
		Aggregate Year-to-Date >	\$264.00
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Corbett, Mark S. 416 S. High Street Denver, CO 80209 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Great-West Life & Annuity Insurance Company Occupation: AVP, Private Placements	payroll deductions	\$120.00
		Aggregate Year-to-Date >	\$240.00
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Maltarich, Terry L. 9322 S. Crestmore Way Highlands Ranch, CO 80126 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Great-West Life & Annuity Insurance Company Occupation: AVP, Public Bonds	payroll deductions	\$150.00
		Aggregate Year-to-Date >	\$300.00

SUBTOTAL of Receipts This Page (optional) \$945.00
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

0
1
2
3
4
5
6
7
8
9

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Purchase, Ross 8725 E. Kettle Place Englewood, CO 80112	Great-West Life & Annuity Insurance Company	payroll deductions	\$120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation VP, Public Bond Investment	Aggregate Year-to-Date >	\$320.00
B. 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. Oneida Court Englewood, CO 80112	Great-West Life & Annuity Insurance Company	payroll deductions	\$100.02
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation VP, Investment Operations	Aggregate Year-to-Date >	\$233.38
C. 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	payroll deductions	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation VP, Counsel	Aggregate Year-to-Date >	\$600.00
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Clayton, John N. 8813 E. Fremont Circle Englewood, CO 80112	Great-West Life & Annuity Insurance Company	payroll deductions	\$120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation VP, Corporate Services	Aggregate Year-to-Date >	\$320.00
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Derback, Glen R. 7340 Briham Circle Castle Rock, CO 80104	Great-West Life & Annuity Insurance Company	payroll deductions	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation VP, Financial Control	Aggregate Year-to-Date >	\$400.00
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Tuley, Peter D. 5993 S. Florence Court Englewood, CO 80111	Great-West Life & Annuity Insurance Company	payroll deductions	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation AVP, Asset/Liability Management	Aggregate Year-to-Date >	\$300.00
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation	Aggregate Year-to-Date >	\$0.00

SUBTOTAL of Receipts This Page (optional) \$840.02
TOTAL This Period (last page this line number only) \$6,272.76

SCHEDULE A ITEMIZED RECEIPTS

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

94039263241

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Key Bank PO Box 27124 Salt Lake City, UT 84127-9940 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Earned Interest	7-31-94	\$139.63
	Occupation:	8-31-94	\$123.26
		9-30-94	\$69.90
	Aggregate Year-to-Date>	SL106.29	\$332.79
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation:		
	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation		
	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation		
	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation		
	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation		
	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation		
	Aggregate Year-to-Date>		

SUBTOTAL of Receipts This Page (optional)	\$332.79
TOTAL This Period (last page this line number only)	\$332.79

SCHEDULE B ITEMIZED DISBURSEMENTS

NAME OF COMMITTEE (in full) Great-West Life & Annuity Insurance Company Political Action Committee			
A Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement this Period
LEADERSHIP FOR AMERICA PO Box 71232 Washington, DC 20013	Contribution to Political Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	7-12-94	\$5,000.00
B Full Name, Mailing Address and Zip Code The Senator Chafee Committee PO Box 623 Providence, RI 02901	Purpose of Disbursement Campaign donation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	7-12-94	\$1,000.00
C Full Name, Mailing Address and Zip Code Friends of Kent Conrad 112B East Broad Street Falls Church, VA 22046	Purpose of Disbursement Campaign donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	7-12-94	\$1,000.00
D Full Name, Mailing Address and Zip Code Friends of Mike DeWine 8 East Broad Street 15th Floor Columbus, OH 43215	Purpose of Disbursement Campaign donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	7-12-94 9-15-94	\$1,000.00 \$2,000.00
E Full Name, Mailing Address and Zip Code March Election Committee 425 Second Street NE Washington, DC 20002	Purpose of Disbursement Campaign donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	7-12-94	\$1,000.00
F Full Name, Mailing Address and Zip Code Hyatt for Senate Committee 1215 Superior Avenue Cleveland, OH 44113	Purpose of Disbursement Campaign donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	7-12-94	\$1,000.00
G Full Name, Mailing Address and Zip Code Lieberman '94 320 Fourth Street NE Washington, DC 20002	Purpose of Disbursement Campaign donation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	7-12-94	\$1,000.00
H Full Name, Mailing Address and Zip Code Trent Lott for Mississippi PO Box 22824 Jackson, MS 39225	Purpose of Disbursement Campaign donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	7-12-94	\$1,000.00
I Full Name, Mailing Address and Zip Code Moyzhan Committee 21 East 40th Street Suite 1300 New York, NY 10017	Purpose of Disbursement Campaign donation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	7-12-94	\$1,000.00
SUBTOTAL of Receipts This Page (optional)			\$15,000.00
TOTAL This Period (last page this line number only)			

94009463242

SCHEDULE B ITEMIZED DISBURSEMENTS

NAME OF COMMITTEE (in Full) Great-West Life & Annuity Insurance Company Political Action Committee			
A Full Name, Mailing Address and Zip Code Robt Senate Committee PO Box 105 Wilmington DE 19899	Purpose of Disbursement <u>Campaign donation</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Date (month day, year) 7-12-94	Amount of Each Disbursement this Period \$1,000.00
B Full Name, Mailing Address and Zip Code Friends of Jim Sasser PO Box 24723 Nashville, TN 37202	Purpose of Disbursement <u>Campaign donation</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month day, year) 7-12-94 9-15-95	Amount of Each Disbursement this Period \$1,000.00 \$1,000.00
C Full Name, Mailing Address and Zip Code Senae for Senate 4 City Center, 2nd Floor Portland, ME 04101	Purpose of Disbursement <u>Campaign donation</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Date (month day, year) 7-12-94 9-15-94	Amount of Each Disbursement this Period \$1,000.00 \$2,000.00
D Full Name, Mailing Address and Zip Code Helley for Congress PO Box 62268 Colorado Springs, CO 80962	Purpose of Disbursement <u>Campaign donation</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month day, year) 7-12-94	Amount of Each Disbursement this Period \$1,000.00
E Full Name, Mailing Address and Zip Code Friends of Scott Melnick PO Box 3157 Grand Junction, CO 81502	Purpose of Disbursement <u>Campaign donation</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month day, year) 7-12-94	Amount of Each Disbursement this Period \$1,000.00
F Full Name, Mailing Address and Zip Code Schnefer to Congress PO Box 1654 Englewood, CO 80150	Purpose of Disbursement <u>Campaign donation</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month day, year) 7-12-94	Amount of Each Disbursement this Period \$1,000.00
G Full Name, Mailing Address and Zip Code Schneider for Congress 1520 East Colfax Denver, CO 80218	Purpose of Disbursement <u>Campaign donation</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month day, year) 7-12-94	Amount of Each Disbursement this Period \$1,000.00
H Full Name, Mailing Address and Zip Code Friends of Craig Thomas PO Box 1580 Casper, WY 82602	Purpose of Disbursement <u>Campaign donation</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Date (month day, year) 8-23-94	Amount of Each Disbursement this Period \$2,500.00
I Full Name, Mailing Address and Zip Code Schaefer to Congress PO Box 1654 Englewood, CO 80150	Purpose of Disbursement <u>Campaign donation</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Date (month day, year) 8-25-94 8-31-94	Amount of Each Disbursement this Period \$250.00 \$750.00
SUBTOTAL of Receipts This Page (optional)			\$13,500.00
TOTAL This Period (last page this line number only)			

9 4 3 2 4 3

SCHEDULE B ITEMIZED DISBURSEMENTS

NAME OF COMMITTEE (in Full) Great-West Life & Annuity Insurance Company Political Action Committee			
A Full Name, Mailing Address and Zip Code	Purpose of Disbursement ____ Campaign donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Date (month day, year)	Amount of Each Disbursement this Period
Schroeder for Congress 1520 East Colfax Denver, CO 80218		8-31-94	\$1,000.00
B Full Name, Mailing Address and Zip Code Coloradoans for David Slaggs PO Box 652 Westminster, CO 80031		8-31-94	\$1,000.00
C Full Name, Mailing Address and Zip Code Wayne Allard for Congress PO Box 32 Loveland, CO 80539		9-1-94	\$500.00
D Full Name, Mailing Address and Zip Code Jeffrey for Congress PO Box 62268 Colorado Springs, CO 80962		9-15-94	\$2,000.00
E Full Name, Mailing Address and Zip Code Friends of Scott McInnis PO Box 3157 Grand Junction, CO 81502		9-15-94	\$2,000.00
F Full Name, Mailing Address and Zip Code Jon Kyl for US Senate 517 Second Street NE Washington, DC 20002		9-15-94	\$2,000.00
G Full Name, Mailing Address and Zip Code Friends of Connie Mack 1211 North Westshore Blvd. Suite 314 Tampa, FL 33607		9-15-94	\$1,000.00
H Full Name, Mailing Address and Zip Code Abruzzo for Senate PO Box 1468 Royal Oak, MI 48068		9-15-94	\$1,000.00
I Full Name, Mailing Address and Zip Code Askeroff for Senate 517 Second Street NE Washington, DC 20002		9-15-94	\$3,000.00
SUBTOTAL of Receipts This Page (optional)			\$13,500.00
TOTAL This Period (last page this line number only)			

94039463244

SCHEDULE B ITEMIZED DISBURSEMENTS

NAME OF COMMITTEE (in Full) Great-West Life & Annuity Insurance Company Political Action Committee			
A Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement this Period
Friends of Conrad Burns PO Box 70397 Washington, DC 20024	Campaign donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	9-15-94	\$1,000.00
B Full Name, Mailing Address and Zip Code Kerry for US Senate Committee 245 Second Street NE Suite 300 Washington, DC 20002	Purpose of Disbursement Campaign donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	9-15-94	\$2,000.00
C Full Name, Mailing Address and Zip Code Friends for Bryan '94 300 South Fourth Street Suite 14 Las Vegas, NV 89101	Purpose of Disbursement Campaign donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	9-15-94	\$1,500.00
D Full Name, Mailing Address and Zip Code A Lot of People Who Support Jeff Bingaman PO Box 2048 Albuquerque, NM 87103	Purpose of Disbursement Campaign donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	9-15-94	\$1,000.00
E Full Name, Mailing Address and Zip Code Friends of Jim Inhofe 425 Second Street NE Washington, DC 20002	Purpose of Disbursement Campaign donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	9-15-94	\$1,000.00
F Full Name, Mailing Address and Zip Code Santerum '94 115 North Lee Street Suite 210 Alexandria, VA 22314	Purpose of Disbursement Campaign donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	9-15-94	\$2,500.00
G Full Name, Mailing Address and Zip Code Hatchison for Senate 2000 Hering Drive Suite 400 Houston, TX 77057	Purpose of Disbursement Campaign donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	9-15-94	\$1,000.00
H Full Name, Mailing Address and Zip Code Friends for Slade Gorton 11027 NE Fourth Bellevue, WA 98004	Purpose of Disbursement Campaign donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	9-15-94	\$1,000.00
I Full Name, Mailing Address and Zip Code Christensen For Congress 12129 Darnley Road Woodbridge, VA 22192	Purpose of Disbursement Campaign donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	9-15-94	\$1,000.00
SUBTOTAL of Receipts This Page (optional)			\$12,000.00
TOTAL This Period (last page this line number only)			

9 4 0 3 2 4 5

SCHEDULE B ITEMIZED DISBURSEMENTS

NAME OF COMMITTEE (in Full) Great-West Life & Annuity Insurance Company Political Action Committee			
A Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement this Period
Bill Brewer for Congress PO Box 10 Madill, OK 73446	Campaign donation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	9-15-94	\$1,000.00
B Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month day, year)	Amount of Each Disbursement this Period
C Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Receipts This Page (optional)			\$1,000.00
TOTAL This Period (last page this line number only)			\$55,000.00

94039246

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

10-5-94

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

MMR

PREPARER

10-12-94

DATE PREPARED

94039263247