

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5  
Great-West Life & Annuity Insurance Company Political Action Committee

ADDRESS (number and street) 8515 E. Orchard Road  
7T2  
Greenwood Village CO 80111  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C 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 Year-End 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 (12S)  
Election on M M / D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 / 01 / 2014 through 06 / 30 / 2014

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 Mr Robert Onstad

Signature of Treasurer Mr Robert Onstad [Electronically Filed] Date 07 / 10 / 2014

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**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="69275.26"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="67278.54"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2486.57"/>	<input type="text" value="5617.29"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="69765.11"/>	<input type="text" value="74892.55"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8148.64"/>	<input type="text" value="13276.08"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="61616.47"/>	<input type="text" value="61616.47"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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:  /  /  To:  /  /

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		
(i) Itemized (use Schedule A).....	2275.00	4775.00
(ii) Unitemized .....	210.00	839.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2485.00	5614.00
(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) .....	2485.00	5614.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1.57	3.29
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 Transfers (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))..... ▶	2486.57	5617.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2486.57	5617.29

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	13000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	148.64	276.08
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	8148.64	13276.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8148.64	13276.08

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	2485.00	5614.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2485.00	5614.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 10
<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

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

Mailing Address 6952 East Nichols Place

City Centennial State CO Zip Code 80112-3131

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 ▼ **325.00**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR65736910725**

Amount of Each Receipt this Period **175.00**

P/R Deduction (\$25.00 Bi-Weekly)

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

Mailing Address 1187 E. Jesse Ct.

City Highlands Ranch State CO Zip Code 80126-4725

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 ▼ **2600.00**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR65739110725**

Amount of Each Receipt this Period **1400.00**

P/R Deduction (\$200.00 Bi-Weekly)

**C. Mr. Ron Laeyendecker**  
Full Name (Last, First, Middle Initial)

Mailing Address 9521 S. Dolton Way

City Highlands Ranch State CO Zip Code 80126-4925

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR65739910725**

Amount of Each Receipt this Period **700.00**

P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2275.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>2275.00</b>

**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)

<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. Larson For Congress**

Mailing Address PO Box 479

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement

011

Candidate Name

**Rep. John Larson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2014

**Transaction ID : 9575476**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Price For Congress**

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

011

Candidate Name

**Rep. Thomas Price M.D.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2014

**Transaction ID : 9575477**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Tiberi For Congress**

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement

011

Candidate Name

**Rep. Pat Tiberi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2014

**Transaction ID : 9575478**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3000.00

**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)

<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. Kind For Congress Committee**

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Ron Kind**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	4

**Transaction ID : 9614037**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Enzi For Us Senate**

Mailing Address PO Box 2775

City Cody State WY Zip Code 82414

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Michael Enzi**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	1	4

**Transaction ID : 9614048**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Bob Casey For Senate Inc**

Mailing Address 30 South 15th Street Suite 400

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Robert Casey Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	8

**Transaction ID : 9614049**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0



**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)

<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. Committee To Re-Elect Linda Sanchez**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2014

Mailing Address 410 1st St Se  
Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement

011
Category/ Type

**Transaction ID : 9614050**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Rep. Linda Sanchez**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 38

Full Name (Last, First, Middle Initial)

**B. Van Hollen For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Mailing Address 10537 St. Paul St.

City Kensington State MD Zip Code 20895

Purpose of Disbursement

011
Category/ Type

**Transaction ID : 9661849**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Rep. Chris Van Hollen**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MD District: 08

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2000.00
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**TOTAL** This Period (last page this line number only)..... ▶

8000.00
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**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)

<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. US Bank**

Mailing Address P.O. Box 1800

City State Zip Code  
St. Paul MN 55101

Purpose of Disbursement

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 14 / 2014

**Transaction ID : 9614026**

Amount of Each Disbursement this Period

55.92

Full Name (Last, First, Middle Initial)

**B. US Bank**

Mailing Address P.O. Box 1800

City State Zip Code  
St. Paul MN 55101

Purpose of Disbursement

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2014

**Transaction ID : 9661848**

Amount of Each Disbursement this Period

45.81

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

101.73

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

101.73