

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full) Great West Life & Annuity Insurance Company Political Action Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 8515 East Orchard Road	2. FEC IDENTIFICATION NUMBER C00263723
CITY, STATE, and ZIP CODE Englewood CO 80111	3. <input type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

4. TYPE OF REPORT

(a) April 15 Quarterly Report Monthly Report Due On:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid-Year Report (Non-election Year Only)

Termination report

Twelfth day report preceding _____
(election type) _____
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>01/01/2000</u> through <u>03/31/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		21201.95
(b) Cash on Hand at Beginning of Reporting Period	21201.85	
(c) Total Receipts (from line 19)	13304.88	13304.88
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	34506.83	34506.83
7. Total Disbursements (from line 30)	1613.28	1613.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32893.55	32893.55
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact: Federal Election Commission 989 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)	0.00	

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
Electronically Filed by Ruth Lurie

Signature of Treasurer _____ Date 04/12/2000

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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**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE Great West Life & Annuity Insurance Company Political Action Committee	REPORT COVERING PERIOD		
	FROM 01/01/2000	TO: 03/31/2000	
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)	8002.00	8002.00	11.a.i.
ii. Unitemized	4644.76	4644.76	11.a.ii.
iii. Total	13246.76	13246.76	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions	13246.76	13246.76	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	58.12	58.12	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	13304.88	13304.88	19.
20. Total Federal Receipts	13304.88	13304.88	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	113.28	113.28	21.b.
c. Total Operating Expenditures	113.28	113.28	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	1500.00	1500.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds	0.00	0.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements	1613.28	1613.28	30.
31. Total Federal Disbursements	1613.28	1613.28	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	13246.76	13246.76	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	13246.76	13246.76	34.
35. Total Federal Operating Expenditures	113.28	113.28	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	113.28	113.28	37.

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	3 / 5
				FOR LINE NUMBER 11A1	
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					
Full Name, Mailing Address, and ZIP Code Ms Victoria Mahoney 1616 Courtney Avenue Pleasanton CA 94588	Name of Employer Great-West Life & Annuity Ins. Co.	Date (month, day, year) 01/31/2000	Amount of Each Receipt this Period 100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation RMGR, San Jose Group Sales Office				
Aggregate Year-to-Date > \$ 100.00					
Full Name, Mailing Address, and ZIP Code Mr. James Molz 5037 E. Nichols Place Littleton CO 80122	Name of Employer Great-West Life & Annuity Ins. Co.	Date (month, day, year) 01/31/2000	Amount of Each Receipt this Period 100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation EVP, Employee Benefits				
Aggregate Year-to-Date > \$ 100.00					
Full Name, Mailing Address, and ZIP Code Mr. James White 5721 Mistled Breeze Drive Plano TX 75093	Name of Employer One Health Plan of Texas	Date (month, day, year) 01/31/2000	Amount of Each Receipt this Period 84.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation President				
Aggregate Year-to-Date > \$ 84.00					
Full Name, Mailing Address, and ZIP Code Ms Victoria Mahoney 1616 Courtney Avenue Pleasanton CA 94588	Name of Employer Great-West Life & Annuity Ins. Co.	Date (month, day, year) 02/29/2000	Amount of Each Receipt this Period 100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation RMGR, San Jose Group Sales Office				
Aggregate Year-to-Date > \$ 200.00					
Full Name, Mailing Address, and ZIP Code Mr. James Molz 5037 E. Nichols Place Littleton CO 80122	Name of Employer Great-West Life & Annuity Ins. Co.	Date (month, day, year) 02/29/2000	Amount of Each Receipt this Period 100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation EVP, Employee Benefits				
Aggregate Year-to-Date > \$ 200.00					
Full Name, Mailing Address, and ZIP Code Mr. James White 5721 Mistled Breeze Drive Plano TX 75093	Name of Employer One Health Plan of Texas	Date (month, day, year) 02/29/2000	Amount of Each Receipt this Period 84.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation President				
Aggregate Year-to-Date > \$ 168.00					
Full Name, Mailing Address, and ZIP Code D. Craig Lannox 6051 S. Moline Way Englewood CO 80111	Name of Employer Great-West Life & Annuity Ins. Co.	Date (month, day, year) 03/02/2000	Amount of Each Receipt this Period 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation SVP, Secretary				
Aggregate Year-to-Date > \$ 1000.00					
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	4 / 5
				FOR LINE NUMBER	11A1
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NAME OF COMMITTEE (In Full) Great-West Life & Annuity Insurance Company Political Action Committee					
Full Name, Mailing Address, and ZIP Code Robert Shaw 5484 S. Nucka Court Aurora CO 80015 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Great-West Life & Annuity Ins. Co. Occupation VP, Marketing & Product Development Aggregate Year-to-Date > \$ 1500.00	Date (month, day, year) 03/02/2000	Amount of Each Receipt this Period 1500.00		
Full Name, Mailing Address, and ZIP Code William McCallum 6515 East Orchard Road 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 Ins. Co. Occupation President & CEO Aggregate Year-to-Date > \$ 5000.00	Date (month, day, year) 03/15/2000	Amount of Each Receipt this Period 5000.00		
Full Name, Mailing Address, and ZIP Code Allan Wiebe 9352 Chambrey Lane Highlands Ranch CO 80126 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Great-West Life & Annuity Ins. Co. Occupation MGR, Investment Financial Management Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/15/2000	Amount of Each Receipt this Period 250.00		
Full Name, Mailing Address, and ZIP Code Ms Victoria Mahoney 1816 Courtney Avenue Pleasanton CA 94588 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Great-West Life & Annuity Ins. Co. Occupation RMGR, San Jose Group Sales Office Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 100.00		
Full Name, Mailing Address, and ZIP Code Mr. James Molz 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 Ins. Co. Occupation EVP, Employee Benefits Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 100.00		
Full Name, Mailing Address, and ZIP Code Mr. James White 5721 Mistled Breeze Drive Plano TX 75093 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer One Health Plan of Texas Occupation President Aggregate Year-to-Date > \$ 252.00	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 84.00		
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					8602.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 5 FOR LINE NUMBER 23
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			
Full Name, Mailing Address, and ZIP Code Grams for Senate 6368 S. Chase Court Littleton CO 80123	Purpose of Disbursement (Senate - MN - 1) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 01/24/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code RANGEL FOR CONGRESS 2000 PO BOX 5577 MANHATTANVILLE STA NEW YORK NY 10027	Purpose of Disbursement (House - NY - 15) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/14/2000	Amount of Each Disbursement This Period 1000.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			1500.00