

# 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.

Great-West Life & Annuity Insurance Company Political Action Committee ('A Great-West Financial Political Action Committee')

ADDRESS (number and street)   
  
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER ▼**  **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on  /  /  in the State of

(d) 30-Day **POST-Election** Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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 Robert Onstad

Signature of Treasurer Robert Onstad [Electronically Filed] Date  /  /

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 ('A Great-West Financial 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="2015"/>	<input type="text" value="53400.69"/>	<input type="text" value="53400.69"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="53400.69"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1581.91"/>	<input type="text" value="1581.91"/>
(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="54982.60"/>	<input type="text" value="54982.60"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="26718.47"/>	<input type="text" value="26718.47"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="28264.13"/>	<input type="text" value="28264.13"/>
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Great-West Life & Annuity Insurance Company Political Action Committee ('A Great-West Financial 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).....	900.00	900.00
(ii) Unitemized .....	680.06	680.06
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1580.06	1580.06
(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) .....	1580.06	1580.06
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.).....	1.85	1.85
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))..... ▶	1581.91	1581.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1581.91	1581.91

**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 .....	273.09	273.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	273.09	273.09
22. Transfers to Affiliated/Other Party Committees.....	26445.38	26445.38
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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 .....	0.00	0.00
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)) ..	26718.47	26718.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26718.47	26718.47

**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) .....	1580.06	1580.06
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1580.06	1580.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	273.09	273.09
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	273.09	273.09

**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 Great-West Financial Political Action Committee')

**A. Ron Laeyendecker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9521 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 ▼ 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2015  
**Transaction ID : C88E27667BE64F6CAFC2**  
 Amount of Each Receipt this Period  
 100.00

**B. Ron Laeyendecker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9521 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 ▼ 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : 75F6F4482DFE4FBCB7A0**  
 Amount of Each Receipt this Period  
 100.00

**C. Ron Laeyendecker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9521 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 ▼ 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : 78326FA8F74A4DD5B387**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 7 OF 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ron Laeyendecker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9521 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 ▼ 1100.00

Date of Receipt 04 / 14 / 2015  
**Transaction ID : 11BE5898B8C84D398360**  
 Amount of Each Receipt this Period 100.00

**B. Ron Laeyendecker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9521 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 ▼ 1100.00

Date of Receipt 04 / 28 / 2015  
**Transaction ID : CDA4325609A94442A1B7**  
 Amount of Each Receipt this Period 100.00

**C. Ron Laeyendecker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9521 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 ▼ 1100.00

Date of Receipt 05 / 12 / 2015  
**Transaction ID : 50A51FDE966746AFAB9A**  
 Amount of Each Receipt this Period 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 8 OF 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ron Laeyendecker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9521 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 ▼ 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 26 / 2015  
**Transaction ID : 076F2C7978744D3B9114**  
 Amount of Each Receipt this Period  
 100.00

**B. Ron Laeyendecker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9521 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 ▼ 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2015  
**Transaction ID : 4B1547360E7341F99EEC**  
 Amount of Each Receipt this Period  
 100.00

**C. Ron Laeyendecker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9521 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 ▼ 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2015  
**Transaction ID : AB4915771764491FA857**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	900.00



**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. US Bank**

Mailing Address P.O. Box 1800

City State Zip Code  
Saint Paul MN 55101-0800

Purpose of Disbursement  
Bank Service Charge

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : ECAE7ABBFCE68F4837

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. US Bank**

Mailing Address P.O. Box 1800

City State Zip Code  
Saint Paul MN 55101-0800

Purpose of Disbursement  
Bank Service Charge

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : 5443DAC90B31B1CBC23

Amount of Each Disbursement this Period

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A.</b> Empower - a Great-West Life & Annuity Insurance Company Political Action Committee ('EMPOWER PAC')		Date of Disbursement MM / DD / YYYY 03 / 11 / 2015
Mailing Address 8515 E Orchard Road Number 7T2		<b>Transaction ID : 7681C5978011ABB3EEB</b>
City Greenwood Village	State CO Zip Code 80111	
Purpose of Disbursement Transfer to Affiliate Committee	Category/ Type 008	Amount of Each Disbursement this Period 26445.38
Candidate Name Empower - a Great-West Life & Annuity Insurance Company Political Action Committee ('EMPOW		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	26445.38
<b>TOTAL</b> This Period (last page this line number only).....▶	26445.38