

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

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

(Check if address is changed)

7T2

Greenwood Village

CO

80111

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

robert.onstad@gwl.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

303-737-3827

2. DATE

11 / 29 / 2007

3. FEC IDENTIFICATION NUMBER

C C00263723

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement 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 Electronically Filed by **Mr Robert Onstad**

Date 11 / 29 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				
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For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a  (National, State (or subordinate) committee of the  (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

**Great-West Life & Annuity Insurance Company**  
 \_\_\_\_\_

Mailing Address **8515 E. Orchard Road**  
**7T2**  
**Greenwood Village**  **CO**  **80111** -   
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **Connected**  
 \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

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

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Mr. David Smith**

Mailing Address **8525 East Orchard Rd.**

**2T3**

**Greenwood Village** **CO** **80111** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**303** **737** **2984**

Telephone number - -

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Mr Robert Onstad**

Mailing Address **8515 E. Orchard Road**

**7T2**

**Greenwood Village** **CO** **80111** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Asst. Vice-President** **303** **737** **2016**

Telephone number - -

Full Name of Designated Agent **David Smith**

Mailing Address **8525 East Orchard Road, 2T3**

**Greenwood Village** **CO** **80111** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Assistant Treasurer** **303** **737** **2984**

Telephone number - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

	US Bank		
Mailing Address	P.O. Box 1800		
	Saint Paul	MN	55101 - 0800
	CITY ▲	STATE ▲	ZIP CODE ▲

**Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ ADDITIONAL ]

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

Putnam Investments Inc. Public Affairs Committee

Mailing Address

One Post Office Square

Boston

MA

02109

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Affiliated

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

**Designated Agent**

**[ ADDITIONAL ]**

Full Name

Mailing Address

Title or Position ▼  CITY ▲  STATE ▲  ZIP CODE ▲

Telephone number  -  -



Image# 27990984516

Form/Schedule: **F1A**

Affiliated Committee and Assistant Treasurer

Transaction ID:

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