



RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JUL 26 12 19 PM '93

8515 East Orchard Road
Englewood, CO 80111 Tel. (303) 689-3000
Address mail to: P.O. Box 1700, Denver, CO 80201

CERTIFIED/RETURN RECEIPT REQUESTED

July 21, 1993

Ms. Kelly Huff
Federal Election Commission
Washington, D.C. 20463

Re: Great-West Life & Annuity Insurance Company
Political Action Committee
FEC #CQ0263723

Dear Ms. Huff:

Enclosed is a completed semi-annual FEC Form 3X for the remainder of the first half of 1993. Great-West Life & Annuity Insurance Company pays the administrative expenses of the Great-West Life & Annuity Insurance Company Political Action Committee.

If you have any questions or if there is anything further that I can do for you, please feel free to call me at (303) 689-5759.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Rairdon".

James L. Rairdon
Legal Assistant
Investments-Legal

Enclosure

JLR582P.knm

pc: John N. Clayton, Headquarter Services, 9T2
Ruth B. Lurie, Legal Division, 6T2

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
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MAIL ROOM

Jul 26 12 19 PM '93

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full) Great-West Life & Annuity Insurance Company Political Action Committee	2. FEC IDENTIFICATION NUMBER C002 63723
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported B515 E. Orchard Road	3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).
CITY, STATE and ZIP CODE Englewood, CO 80111	

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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <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 |
- 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>6/25/93</u> through <u>6/30/93</u>		
6. (a) Cash on Hand January 1, 19_____		\$ 500.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 35,844.52	
(c) Total Receipts (from Line 19)	\$ 1,623.27	\$ 47,317.79
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 37,467.79	\$ 47,817.79
7. Total Disbursements (from Line 30)	\$ 0.00	\$ 10,350.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 37,467.79	\$ 37,467.79
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 998 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 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	Date July 20, 1993
Signature of Treasurer 	

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

FEC FORM 3X

(revised 1/1/91)

**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 6/25/93 TO 6/30/93	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	\$ 695.00	\$ 36,530.00	
ii. Unitemized	835.50	10,461.00	
iii. Total	(add i and ii) >	\$ 1,530.50	46,991.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions	(add a ii, b and c) >	\$ 1,530.50	\$ 46,991.00
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)	\$ 92.77	\$ 326.79	
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	\$ 1,623.27	\$ 47,317.79
20. Total Federal Receipts	(subtract line 18 from line 19) >	1,623.27	47,317.79
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures			
c. Total Operating Expenditures	(add a i, a ii, and b) >	\$ 0.00	\$ 0.00
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees	\$ 0.00	\$ 10,350.00	
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds	(add a, b and c) >	\$ 0.00	\$ 0.00
29. Other Disbursements			
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	\$ 0.00	\$ 10,350.00
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >	\$ 0.00	\$ 10,350.00
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	\$ 1,530.50	\$ 46,991.00	
33. Total Contribution Refunds (from line 28d)	\$ 0.00	\$ 0.00	
34. Net Contributions (other than loans)(subtract line 33 from 32)	\$ 1,530.50	\$ 46,991.00	
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >	\$ 0.00	\$ 0.00
36. Offsets to Operating Expenditures (from line 15)	\$ 0.00	\$ 0.00	
37. Net Operating Expenditures	(subtract line 36 from 35) >	\$ 0.00	\$ 0.00

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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	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Adam, Wanetta K. 8345 E. Hindsdale Avenue Englewood, CO 80112	Great-West Life & Annuity Insurance Company Occupation: VP and Counsel	payroll deduction	\$70.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date >	\$280.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Bennett, Dennis C. 12 Franklin Road Mendham, NJ 07945	Great-West Life & Annuity Insurance Company Occupation: RMGR, North Jersey Group Sales Office	payroll deduction	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date >	\$300.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Derback, Glen B. 7340 Briston Circle Castle Rock, CO 80104	Great-West Life & Annuity Insurance Company Occupation: VP, Financial Control	payroll deduction	\$60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date >	\$240.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Girth, Carl E. 12025 Pallades Drive Dunkirk, MD 20754	Great-West Life & Annuity Insurance Company Occupation: RVP, Group Sales Region I	payroll deduction	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date >	\$400.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Kenyon, Stanford I. 1470 Northcliff Trace Roswell, GA 30076	Great-West Life & Annuity Insurance Company Occupation: RVP, Group Sales Region III	payroll deduction	\$75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date >	\$1,225.00	
F. 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 Occupation: VP, Counsel	payroll deduction	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date >	\$250.00	
G. 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 Investment	payroll deduction	\$60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date >	\$240.00	
SUBTOTAL of Receipts This Page (optional)			\$365.00
TOTAL This Period (last page this line number only)			

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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 Queenville, Stephen C. 716 Weyhridge Bloomington Hills, MI 48013 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company Occupation: RMGR, Detroit Group Sales Office Aggregate Year-to-Date >	Date (month day, year) payroll deductions \$250.00	Amount of Each Receipt this Period \$100.00
B. Full Name, Mailing Address and Zip Code Riggall, Fred C. 9792 S. Mourning Dove Highlands Ranch, CO 80126 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 Marketing Services Aggregate Year-to-Date >	Date (month day, year) payroll deduction \$340.00	Amount of Each Receipt this Period \$30.00
C. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Occupation: Aggregate Year-to-Date >	Date (month day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Occupation: Aggregate Year-to-Date >	Date (month day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Occupation: Aggregate Year-to-Date >	Date (month day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Occupation: Aggregate Year-to-Date >	Date (month day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Occupation: Aggregate Year-to-Date >	Date (month day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			\$130.00
TOTAL This Period (last page this line number only)			\$695.00

10/10/03

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

7-22-93

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

J.M.H.
PREPARED

7-26-93
DATE PREPARED

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