



James L. Rairdon
Direct Dial (303) 689-759
Facsimile No. (303) 689-6101

RECEIVED
FEDERAL ELECTION
COMMISSION
ADMINISTRATIVE SERVICES

JUL 11 8 39 AM '94

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

CERTIFIED/RETURN RECEIPT REQUESTED

July 6, 1994

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

Re: Great-West Life & Annuity Insurance Company
Political Action Committee - FEC #CO0263723

Dear Ms. Huff:

Enclosed is a completed semi-annual FEC Form 3X for the second quarter of 1994. 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,

James L. Rairdon
Legal Assistant
Government Relations

Enclosures
JLR904P.kam

pc w/all enclosures:

John N. Clayton, Vice President - Headquarter Services, 10T2
Ruth B. Lurie, Vice President and Counsel, Legal Division, 6T2

pc w/Summary and Schedule B only:

Elections Division, Office of the Secretary of State, State Capitol, West Wing,
7th Floor, 1700 W. Washington, Phoenix, Arizona 85007
Elections Division, Office of the Secretary of State, 106 State Capitol,
Cheyenne, Wyoming 82002-0020

9403706122

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION COMMISSION
500 E STREET, N.W.
WASHINGTON, D.C. 20463
JUL 11 8 39 AM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full) Great-West Life & Annuity Life Insurance Company Political Action Committee

ADDRESS (number and street) Check if different than previously reported
8515 East Orchard Road

CITY, STATE and ZIP CODE
Englewood, CO 80111

2. FEC IDENTIFICATION NUMBER
C002 63723

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 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

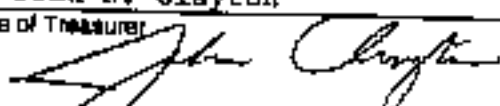
SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>April 1, 1994</u> through <u>June 30, 1994</u>		
6. (a) Cash on Hand January 1, 19____		\$ 40,608.72
(b) Cash on Hand at Beginning of Reporting Period	\$ 59,879.75	
(c) Total Receipts (from Line 19)	\$ 10,971.94	\$ 41,024.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 70,851.69	\$ 81,633.69
7. Total Disbursements (from Line 30)	\$ 2,000.00	\$ 12,782.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 68,851.69	\$ 68,851.69
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

For further information contact:
Federal Election Commission
888 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Signature of Treasurer 

Date
July 6, 1994

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

94039061623

**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 4/1/94 TO 6/30/94

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)	\$ 6,892.00	\$ 29,767.00
ii. Unitemized	3,610.76	10,484.47
iii. Total (add i and ii) >	10,502.76	40,251.47
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c) >	10,502.76	40,251.47
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.)	\$ 469.18	\$ 773.50
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	10,971.94	41,024.97
20. Total Federal Receipts (subtract line 18 from line 19) >	10,971.94	41,024.97

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	\$ 282.00	\$ 282.00
c. Total Operating Expenditures (add a i, a ii, and b) >	\$ 0.00	282.00
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,000.00	12,500.00
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) >	2,000.00	12,782.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	2,000.00	12,782.00

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans)(from line 11d)	\$ 10,502.76	\$ 40,251.47
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	\$ 10,502.76	\$ 40,251.47
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	282.00
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >	\$ 0.00	\$ 282.00

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SCHEDULE A ITEMIZED RECEIPTS

NAME OF COMMITTEE (in Full)
Great-West Life & Annuity Insurance Company Political Action Committee

94039061625

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Barnett, Scott A. 44 N. Liberty South Barrington, IL 60010	Great-West Life & Annuity Insurance Company	payroll deductions	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation RMGR, Chicago Group Sales Office	Aggregate Year-to-Date >	\$250.00
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Bonnett, Denis C. 12 Franklin Road Mendham, NJ 07945	Great-West Life & Annuity Insurance Company	payroll deductions	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: RMGR, North Jersey Group Sales Office	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 R. 7340 Brisham Circle Castle Rock, CO 80104	Great-West Life & Annuity Insurance Company	payroll deductions	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation VP, Financial Control	Aggregate Year-to-Date >	\$250.00
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 Palisades Drive Dunkirk, MD 20754	Great-West Life & Annuity Insurance Company	payroll deductions	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation RVP, Group Sales, Region I	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
Hickney, Mark D. 4340 Highlander Drive Dallas, TX 75287	Great-West Life & Annuity Insurance Company	3-9-94	\$850.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation RMGR, Dallas Group Sales Office	Aggregate Year-to-Date >	\$850.00
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Howard, Maria W. 5423 228 Northwest Stanwood, WA 98292	Great-West Life & Annuity Insurance Company	payroll deductions	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation RMGR, Seattle Group Sales Office	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
Kenyon, Stamford 1470 Northliff Trace Roswell, GA 30076	Great-West Life & Annuity Insurance Company	payroll deductions	\$240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation RVP, Group Sales Region III	Aggregate Year-to-Date >	\$300.00

SUBTOTAL of Receipts This Page (optional)	\$2,140.00
TOTAL This Period (last page this line number only)	

SCHEDULE A ITEMIZED RECEIPTS

NAME OF COMMITTEE (in Full)
Great-West Life & Annuity Insurance Company Political Action Committee

94039061626

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Kohn, Lester M. 15936 E. Crestridge Circle Aurora, CO 80015 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Great-West Life & Annuity Insurance Company Occupation RMGR, Denver Group Sales Office	5-1-94	\$250.00
		Aggregate Year-to-Date >	\$250.00
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Jensen, D. Craig 6051 S. Moline Way Englewood, CO 80111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Great-West Life & Annuity Insurance Company Occupation SVP, General Counsel and Secretary	5-27-94	\$800.00
		Aggregate Year-to-Date >	\$800.00
C. 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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Great-West Life & Annuity Insurance Company Occupation VP, Counsel	payroll deductions	\$240.00
		Aggregate Year-to-Date >	\$400.00
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
MacLennan, Alan D. 6086 S. Alton Way Englewood, CO 80111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Great-West Life & Annuity Insurance Company Occupation EVP, Employee Benefits	payroll deductions	\$480.00
		Aggregate Year-to-Date >	\$800.00
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
McCallum, William T. 8 Polo Field Denver, CO 80209 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Great-West Life & Annuity Insurance Company Occupation President, Chief Executive Officer	payroll deductions	\$1,250.00
		Aggregate Year-to-Date >	\$1,250.00
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
McDonald, Graham R. 4578 E. Linka Parkway Littleton, CO 80122 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Great-West Life & Annuity Insurance Company Occupation VP, Corporate Finance	5-22-94	\$400.00
		Aggregate Year-to-Date >	\$400.00
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Miller, Steve H. 4 Greenacres Court Lafayette, CA 94549 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Great-West Life & Annuity Insurance Company Occupation RVP, Group Sales Region II	payroll deductions	\$150.00
		Aggregate Year-to-Date >	\$250.00

SUBTOTAL of Receipts This Page (optional)	\$3,570.00
TOTAL This Period (last page this line number only)	

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
Moody, Robert F. 6295 E. Jamison Circle North Englewood, CO 80112	GWL Properties, Inc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation MGR, Real Estate and Mortgages	4-5-94	\$300.00
	Aggregate Year-to-Date >	\$300.00	
H. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Quenville, Stephen C. 716 Weybridge Bloomfield Hills, MI 48013	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation RMGR, Detroit Group Sales Office	payroll deductions	\$300.00
	Aggregate Year-to-Date >	\$350.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Rigall, Fred C. 8792 S. Mourning Dove Highlands Ranch, CO 80126	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation AVP, Employee Benefit Sales	payroll deductions	\$150.00
	Aggregate Year-to-Date >	\$250.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Weinstein, Roy L. 366 Harrison Street Denver, CO 80206	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation AVP, Systems and Operations	payroll deductions	\$180.00
	Aggregate Year-to-Date >	\$330.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
White, James F. 8746 Black Maple Drive Eden Prairie, MN 55344	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation RMGR, Minneapolis Group Sales Office	payroll deductions	\$252.00
	Aggregate Year-to-Date >	\$462.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$0.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$0.00	

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SUBTOTAL of Receipts This Page (optional)	\$1,182.00
TOTAL This Period (last page this line number only)	\$5,892.00

SCHEDULE A ITEMIZED RECEIPTS

NAME OF COMMITTEE (in Full)
 Great-West Life & Annuity Insurance Company Political Action Committee

94039061628

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Key Bank PO Box 27124 Salt Lake City, UT 84127-9940			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation	2nd Qtr. Interest	\$469.18
	Aggregate Year-to-Date>	\$773.50	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation		
	Aggregate Year-to-Date>	\$0.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation		
	Aggregate Year-to-Date>	\$0.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation		
	Aggregate Year-to-Date>	\$0.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation		
	Aggregate Year-to-Date>	\$0.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation		
	Aggregate Year-to-Date>	\$0.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation		
	Aggregate Year-to-Date>	\$0.00	

SUBTOTAL of Receipts This Page (optional)	\$469.18
TOTAL This Period (last page this line number only)	\$469.18

SCHEDULE B ITEMIZED DISBURSEMENTS

NAME OF COMMITTEE (in Full)
Great-West Life & Annuity Insurance Company Political Action Committee

94039061629

A Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement this Period
Joe Kyl for US Senate 317 2nd Street NE Washington, DC 20002	Campaign Donation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	4-13-94	\$1,000.00
B Full Name, Mailing Address and Zip Code Friends of Craig Thomas PO Box 1580 Casper, WY 82602	Campaign Donation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	6-30-94	\$1,000.00
C Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month day, year)	Amount of Each Disbursement this Period
D Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month day, year)	Amount of Each Disbursement this Period
E Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month day, year)	Amount of Each Disbursement this Period
F Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month day, year)	Amount of Each Disbursement this Period
G Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month day, year)	Amount of Each Disbursement this Period
H Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month day, year)	Amount of Each Disbursement this Period
I Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Receipts This Page (optional)	\$2,000.00
TOTAL This Period (last page this line number only)	\$2,000.00

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

7-6-94

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

JMN
PREPARER

7-11-94
DATE PREPARED

94039061630