



Feb 28 13 57 AM '94

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

February 18, 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 FEC Form 3X required for the primary of the Special Election in Oklahoma's 6th District. 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

Enclosure
JLR787P.knm

pc w/all enclosures:

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

pc w/Summary and Schedule B, for line 23, only:

Ethics Commission, State Capitol Building, Room B-2A
Oklahoma City, Oklahoma 73105-4802

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REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEB 23 10 57 AM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (IN FULL) Great-West Life & Annuity 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
CD02 63723

3. This committee has qualified as a non-candidate 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 30 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

Twelfth day report preceding Special Election
(Type of Election)
 election on 3/8/94 in the State of Oklahoma

Thirteenth day report following the General Election in
 _____ in the State of _____

(b) Is this Report an Amendment YES NO

94038660657

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>Jan. 1, 1994 through Feb. 16, 1994</u>		
a. (a) Cash on Hand January 1, 19		\$ 40,608.72
(b) Cash on Hand at Beginning of Reporting Period	\$ 40,608.72	
(c) Total Receipts (from Line 19)	\$ 523.53	\$ 523.53
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(d) for Column B)	\$ 41,132.25	\$ 41,132.25
7. Total Disbursements (from Line 30)	\$ 1,282.00	\$ 1,282.00
4. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 39,850.25	\$ 39,850.25
9. Debts and Obligations Owed TO the Committee (Reimburse all on Schedule C unless Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20003 Toll Free 800-424-9520 Local 202-278-6428
10. Debts and Obligations Owed BY the Committee (Reimburse all on Schedule C unless Schedule D)	\$	

I certify that I have examined this Report and in 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 *[Signature]* Date
Feb. 17, 1994

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §457g.

FEC FORM 3X
(revised 8/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 11/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
Great-West Life & Annuity Insurance Company Political Action Committee	FROM Jan. 1, 1994 TO: Feb. 16, 1994	
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)	\$ 0.00	\$ 0.00
ii. Unitemized	430.00	430.00
ii. Total	\$ 430.00	\$ 430.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions	\$ 430.00	\$ 430.00
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.)	\$ 93.53	\$ 93.53
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts	\$ 523.53	\$ 523.53
20. Total Federal Receipts	\$ 523.53	\$ 523.53
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	\$ 282.00	\$ 282.00
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	\$ 1,000.00	\$ 1,000.00
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	\$ 0.00	\$ 0.00
29. Other Disbursements		
30. Total Disbursements	\$ 1,282.00	\$ 1,282.00
31. Total Federal Disbursements	\$ 1,282.00	\$ 1,282.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	\$ 430.00	\$ 430.00
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	\$ 430.00	\$ 430.00
35. Total Federal Operating Expenditures	\$ 282.00	\$ 282.00
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures	\$ 282.00	\$ 282.00

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SCHEDULE B ITEMIZED DISBURSEMENTS

NAME OF COMMITTEE (in Full) Great-West Life & Annuity Insurance Company Political Action Committee			
A Full Name, Mailing Address and Zip Code Colorado National Bank 17th and Charapa Denver, CO 80274	Purpose of Disbursement Income tax for earned interest in 1993 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month day, year) 1-27-94	Amount of Each Disbursement this Period \$282.00
B 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
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)			\$282.00
TOTAL This Period (last page this line number only)			\$282.00

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SCHEDULE B ITEMIZED DISBURSEMENTS

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

A Full Name, Mailing Address and Zip Code Weber for Congress c/o Senator David L. Bowen 4 Harbor Court Seminole, OK 74868	Purpose of Disbursement Donation for Primary in Oklahoma's 6th District Special Election Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month day, year) 1-17-94	Amount of Each Disbursement this Period \$1,000.00
B 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
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)	\$1,000.00
TOTAL This Period (last page this line number only)	\$1,000.00

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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.

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED <i>2-22-94</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT
<i>JM H</i> PREPARER	<i>2-28-94</i> DATE PREPARED

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