

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

JAN 15 11 42 AM '98

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 8515 East Orchard Road		
CITY, STATE and ZIP CODE Englewood, CO 80111		
3. <input checked="" type="checkbox"/> 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

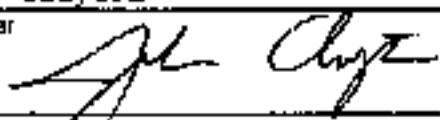
Twelfth day report preceding _____
(Type of Election)

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>7/1/97</u> through <u>12/31/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 12,376.71
(b) Cash on Hand at Beginning of Reporting Period	\$ 12,703.09	
(c) Total Receipts (from Line 19)	\$ 13,633.19	\$ 28,807.77
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 26,336.28	\$ 41,184.48
7. Total Disbursements (from Line 30)	\$ 3,512.50	\$ 18,360.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 22,823.78	\$ 22,823.78
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 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		
Signature of Treasurer 		Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 9437g.

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FEC FORM 3X

(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
Great-West Life & Annuity Insurance Company Political Action Committee		FROM	TO:	
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)	\$12,737.52	\$22,308.52	11(a)(i)
ii.	Unitemized	\$ 659.00	\$ 6,134.52	11(a)(ii)
iii.	Total (add i and ii) >	\$13,396.52	\$28,443.04	11(a)(iii)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions (add a iii, b and c) >	\$13,396.52	\$28,443.04	11(d)
12.	Transfers From Affiliated/Other Party Committees			12
13.	All Loans Received			13
14.	Loan Repayments Received			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)	\$ 236.67	\$ 364.73	17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	\$13,633.19	\$28,807.77	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	\$13,633.19	\$28,807.77	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share			21(a)(i)
ii.	Non-Federal Share			21(a)(ii)
b.	Other Federal Operating Expenditures	\$ 62.50	\$ 410.70	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	\$ 62.50	\$ 410.70	21(c)
22.	Transfers to Affiliated/Other Party Committees		\$ 0.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	\$ 3,450.00	\$17,950.00	23
24.	Independent Expenditures (use Schedule E)			24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26.	Loan Repayments Made			26
27.	Loans Made			27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees			28(a)
b.	Political Party Committees			28(b)
c.	Other Political Committees (such as PACs)			28(c)
d.	Total Contribution Refunds (add a, b and c) >	\$ 0.00	\$ 0.00	28(d)
29.	Other Disbursements			29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	\$ 3,512.50	\$18,360.70	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	\$ 3,512.50	\$18,360.70	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	\$13,396.52	\$28,443.04	32
33.	Total Contribution Refunds (from line 28d)	\$ 0.00	\$ 0.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	\$13,396.52	\$28,443.04	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	\$ 62.50	\$ 410.70	35
36.	Offsets to Operating Expenditures (from line 15)	\$ 0.00	\$ 0.00	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	\$ 62.50	\$ 410.70	37

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
Alt, Rolf 8683 S. Aberdeen Circle Highlands Ranch, CO 80126	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MGR, Mortgage Administration	deductions	\$168.00
	Aggregate Year-to-Date>	\$395.00	(\$16.50 semi-monthly)
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Aspinwall, David C. 4401 S. Vine Way Englewood, CO 80110	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AVP and Associate Counsel	deductions	\$240.00
	Aggregate Year-to-Date>	\$480.00	(\$20 semi-monthly)
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Baker, Jack H. 5922 S. Ironton Court Englewood, CO 80111	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AVP, Marketing Administration	deductions	\$240.00
	Aggregate Year-to-Date>	\$480.00	(\$20 semi-monthly)
D. 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 80010	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RVP, Group Sales Region I	deductions	\$300.00
	Aggregate Year-to-Date>	\$575.00	(\$25 semi-monthly)
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Baagle, Todd B. 8085 S. Jasmine Street Englewood, CO 80111	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MGR, Employee Benefits Sales	deductions	\$171.46
	Aggregate Year-to-Date>	\$342.96	(\$14.28 semi-monthly)
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Bond, Robert D. 362 Morning Star Way Castle Rock, CO 80104	Benefits Corp		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SVP, Financial Services	deductions	\$600.00
	Aggregate Year-to-Date>	\$1,200.00	(\$50 semi-monthly)
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Burgess, Brian S. 2073 Bellaire Street Denver, CO 80207	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MGR, Asset/Liability Management	deductions	\$108.00
	Aggregate Year-to-Date>	\$216.00	(\$9 semi-monthly)

SUBTOTAL of Receipts This Page (optional)	\$1,857.48
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
Burey, Bruce A. 11179 W. Idaho Avenue Lakewood, CO 80232	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AVP, Financial Management	deductions	\$150.00
	Aggregate Year-to-Date>	\$300.00	(\$25 semi-monthly)
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Clayton, John N. 8813 E. Fremont Circle Englewood, CO 80112	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Corporate Services	deductions	\$240.00
	Aggregate Year-to-Date>	\$480.00	(\$20 semi-monthly)
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Collier, Darryl A. 19080 E. 43rd Avenue Denver, CO 80248	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MGR, Special Producer Sales	deductions	\$180.00
	Aggregate Year-to-Date>	\$360.00	(\$30 semi-monthly)
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Collins, Lona K. 572 S. Clarkson Denver, CO 80209	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MGR, Securities Administration	deductions	\$120.00
	Aggregate Year-to-Date>	\$240.00	(\$20 semi-monthly)
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Corbet, Mark S. 2170 S. St. Paul Denver, CO 80210	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Investments	deductions	\$240.00
	Aggregate Year-to-Date>	\$480.00	(\$200 semi-monthly)
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Davis, Gerald L. 8435 W. Wesley Avenue Lakewood, CO 80227	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AVP, Data Center Operations	deductions	\$240.00
	Aggregate Year-to-Date>	\$480.00	(\$20 semi-monthly)
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Derback, Glen R. 7340 Briham Circle Castle Rock, CO 80104	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Controller	deductions	\$150.00
	Aggregate Year-to-Date>	\$350.00	(\$12.50 semi-monthly)

SUBTOTAL of Receipts This Page (optional)	\$1,320.00
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
Diamond, James M. 19148 E. Hickock Drive Parker, CO 80134	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AVP, Investments	deduction	\$180.00
	Aggregate Year-to-Date>	\$360.00	(\$15 semi-monthly)
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Edwards, Miles R. 8961 S. Tuscany Lane Highlands Ranch, CO 80128	FASCorp		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AVP, Customer Service	deduction	\$144.00
	Aggregate Year-to-Date>	\$288.00	(\$12 semi-monthly)
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Freeman, Steve W. 70 Hillmont Place Danville, CA 94526	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RMGR, San Francisco Group Sales Office	deduction	\$120.00
	Aggregate Year-to-Date>	\$240.00	\$10 semi-monthly
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Galay, Donald M. 11819 Pine Grove Lane Parker, CO 80134	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Individual Operations	deduction	\$120.00
	Aggregate Year-to-Date>	\$240.00	(\$10 semi-monthly)
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Gibbs, Patricia A. 5836 Spring Valley Road, #25B Dallas, TX 75240	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RGMR, Dallas Benefit Payment Office	deduction	\$120.00
	Aggregate Year-to-Date>	\$120.00	(\$10 semi-monthly)
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Girth, Carl E. 12025 Pallisades Drive Dunkirk, MD 20754	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RMGR, Washington DC Group Sales Office	deductions	\$800.00
	Aggregate Year-to-Date>	\$1,200.00	(\$50 semi-monthly)
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Hackl, Mark R. 3224 S. Espana Circle Aurora, CO 80013	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Employee Benefit Products	deductions	\$240.00
	Aggregate Year-to-Date>	\$480.00	(\$20 semi-monthly)

SUBTOTAL of Receipts This Page (optional) \$1,524.00

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
Hare, W. John 1752 Mountain Maple Avenue Highlands Ranch, CO 80128	Great-West Life & Annuity Insurance Company		\$120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AVP, Mortgage Investments	deductions	
	Aggregate Year-to-Date>	\$240.00	(\$10 semi-monthly)
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Holten, Linda M. 9743 E. Grassline Circle Englewood, CO 80111	FASCorp		\$120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chief Operating Officer	deductions	
	Aggregate Year-to-Date>	\$240.00	(\$10 semi-monthly)
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Johnson, J. Garth 7814 S. Locust Court Englewood, CO 80112	Great-West Life & Annuity Insurance Company		\$180.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AVP, Taxation	deductions	
	Aggregate Year-to-Date>	\$360.00	(\$15 semi-monthly)
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Jonasson, David T. 7007 E. Hinsdale Avenue Englewood, CO 80112	FASCorp		\$240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AVP, Systems	deductions	
	Aggregate Year-to-Date>	\$480.00	(\$20 semi-monthly)
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Kenyon, Matthew S. 500A Windsor Avenue Alexandria, VA 22301	Great-West Life & Annuity Insurance Company		\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RMGR, North Jersey Group Sales Office	deductions	
	Aggregate Year-to-Date>	\$600.00	(\$25 semi-monthly)
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Kenyon, Stanford L. 220 N. Smead Court Roswell, GA 30076	Great-West Life & Annuity Insurance Company		\$360.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RVP, Group Sales Region II	deductions	
	Aggregate Year-to-Date>	\$720.00	(\$30 semi-monthly)
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Kramer, Mathew M. 6845 Braun Way Arvada, CO 80004	Great-West Life & Annuity Insurance Company		\$240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MGR, Employee Benefit Systems	deductions	
	Aggregate Year-to-Date>	\$480.00	(\$20 semi-monthly)

SUBTOTAL of Receipts This Page (optional) \$1,560.00
 TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 5 OF 8
FOR LINE NUMBER
11 (a)(1)

NAME OF COMMITTEE (in Full) Great-West Life & Annuity Insurance Company Political Action Committee			
A. Full Name, Mailing Address and Zip Code Lowery, James G. 8781 S. Westwind Lane Littleton, CO 80128 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)	Amount of Each Receipt this Period
	Occupation AVP, Investments	deductions	\$120.00 (\$10 semi-monthly)
Aggregate Year-to-Date>		\$240.00	
B. Full Name, Mailing Address and Zip Code MacLennan, Alan D. 4530 E. Perry Parkway Greenwood Village, CO 80121 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)	Amount of Each Receipt this Period
	Occupation EVP, Employee Benefits	deductions	\$960.00 (\$80 semi-monthly)
Aggregate Year-to-Date>		\$1,920.00	
C. Full Name, Mailing Address and Zip Code Mahoney, Victoria A. 1880 Palmer Drive Pleasanton, CA 94588 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)	Amount of Each Receipt this Period
	Occupation: RMGR, San Jose Group Sales Office	deductions	\$600.00 (\$50 semi-monthly)
Aggregate Year-to-Date>		\$1,200.00	
D. Full Name, Mailing Address and Zip Code Masonheimer, Chet A. 20188 East Lake Circle Aurora, CO 80018 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)	Amount of Each Receipt this Period
	Occupation MGR, Corporate Properties	deductions	\$180.00 (\$15 semi-monthly)
Aggregate Year-to-Date>		\$360.00	
E. Full Name, Mailing Address and Zip Code Masters, Bruce G. 5423 Chambray Court Highlands Ranch, CO 80126 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)	Amount of Each Receipt this Period
	Occupation MGR, Investments	deductions	\$180.00 (\$15 semi-monthly)
Aggregate Year-to-Date>		\$360.00	
F. Full Name, Mailing Address and Zip Code McDonald, David G. 10485 Stonewillow Drive Parker, CO 80134 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)	Amount of Each Receipt this Period
	Occupation VP, Institutional Insurance	deductions	\$300.00 (\$25 semi-monthly)
Aggregate Year-to-Date>		\$600.00	
G. Full Name, Mailing Address and Zip Code McLeod, David G. 930 Adama, Unit 110 Denver, CO 80204 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)	Amount of Each Receipt this Period
	Occupation: AVP, Investment Administration	deductions	\$120.00 (\$10 semi-monthly)
Aggregate Year-to-Date>		\$240.00	
SUBTOTAL of Receipts This Page (optional)			\$2,460.00
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
Miller, Steve H. 4450 E. Perry Parkway Greenwood Village, CO 80121	FASCorp Occupation VP, Systems	deductions	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date>	\$600.00	(\$25 semi-monthly)
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Motz, James D. 6037 E. Nichols Place Littleton, CO 80122	Great-West Life & Annuity Insurance Company Occupation EVP, Employee Benefits Operations	deductions	\$600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date>	\$1,200.00	(\$50 semi-monthly)
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Nelson, Charles P. 1187 East Jesse Court Highlands Ranch, CO 80126	BenefitsCorp Occupation President	deductions	\$240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date>	\$480.00	(\$20 semi-monthly)
D. 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 Occupation VP, Investments	deductions	\$120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date>	\$240.00	(\$10 semi-monthly)
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Oswenville, Stephen C. 40 Savona Court Denver, CO 80526	Great-West Life & Annuity Insurance Company Occupation RVP, Group Sales Region IV	deductions	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date>	\$600.00	(\$25 semi-monthly)
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Rafferty, William G. 72 Meiser Road Port Murray, NJ 07885	Great-West Life & Annuity Insurance Company Occupation: AMGR, North Jersey Group Sales Office	deductions	\$120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date>	\$240.00	(\$10 semi-monthly)
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Raudonis, Christina R. 4023 S. Quince Street Denver, CO 80237	Great-West Life & Annuity Insurance Company Occupation: AVP, 401(k) Operations	deductions	\$120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date>	\$240.00	(\$10 semi-monthly)

SUBTOTAL of Receipts This Page (optional) \$1,800.00
 TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 7 OF 8
FOR LINE NUMBER
11 (a)(1)

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
Riggall, Fred C. 1475 Saltbrush Ridge Road Highlands Ranch, CO 80126	One Health Plan of California		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	deductions	\$300.00
	Aggregate Year-to-Date>	\$600.00	(\$25 semi-monthly)
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Ross, David F. 13558 N. E. 54th Place Bellevue, WA 98005	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RMGR, Seattle Group Sales Office	deductions	\$180.00
	Aggregate Year-to-Date>	\$360.00	(\$15 semi-monthly)
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Rydalch, Kent M. 1730 E. Otero Avenue Littleton, CO 80122	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: AVP, Internal Audit	deductions	\$120.00
	Aggregate Year-to-Date>	\$240.00	(\$10 semi-monthly)
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Saraha, Dennis R. 17093 E. Berry Place Aurora, CO 80015	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MGR, TNE Operations	deductions	\$120.00
	Aggregate Year-to-Date>	\$240.00	(\$10 semi-monthly)
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Schneidwind, Dorene A. 575 W. Madison Street, #4603 T-#2 Chicago, IL 60606	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RMGR, Chicago Group Sales Office	deductions	\$120.00
	Aggregate Year-to-Date>	\$240.00	(\$10 semi-monthly)
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Shantz, David H. 8059 S. Onaka Court Englewood, CO 80112	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Public/Non-profit Operations	deductions	\$200.04
	Aggregate Year-to-Date>	\$400.08	(\$16.67 semi-monthly)
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Stefanson, Douglas J. 6052 S. Moline Way Englewood, CO 80111	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP, Employee Benefits Products	deductions	\$240.00
	Aggregate Year-to-Date>	\$480.00	(\$20 semi-monthly)

SUBTOTAL of Receipts This Page (optional) \$1,280.04
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 Titley, Peter D. 6052 E. Nichols Place Englewood, CO 80112 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)	Amount of Each Receipt this Period \$312.00 (\$26 semi-monthly)
	Occupation VP, Asset/Liability Management	deductions	
Aggregate Year-to-Date>		\$824.00	
B. Full Name, Mailing Address and Zip Code Wall, Donald K. 8547 E. Arapahoe Road. #J142 Littleton, CO 80122 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)	Amount of Each Receipt this Period \$120.00 (\$10 semi-monthly)
	Occupation MGR, Risk Management	deductions	
Aggregate Year-to-Date>		\$240.00	
C. Full Name, Mailing Address and Zip Code White, James F. 5721 Mistad Breeze Drive Plano, TX 75063 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Health One Plan of Texas	Date (month day, year)	Amount of Each Receipt this Period \$504.00 (\$42 semi-monthly)
	Occupation President	deductions	
Aggregate Year-to-Date>		\$1,008.00	
D. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)	Amount of Each Receipt this Period (\$10 semi-monthly)
	Occupation	deductions	
Aggregate Year-to-Date>			
E. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)	Amount of Each Receipt this Period (\$25 semi-monthly)
	Occupation	deductions	
Aggregate Year-to-Date>			
F. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)	Amount of Each Receipt this Period (\$10 semi-monthly)
	Occupation:	deductions	
Aggregate Year-to-Date>			
G. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)	Amount of Each Receipt this Period (\$10 semi-monthly)
	Occupation:	deductions	
Aggregate Year-to-Date>			

SUBTOTAL of Receipts This Page (optional)	\$926.00
TOTAL This Period (last page this line number only)	\$12,737.52

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER

23

NAME OF COMMITTEE (In Full)

Great-West Life & Annuity Insurance Company Political Action Committee

A Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement this Period
John Ensign for Congress 825 East Eldorado Las Vegas, NV 89123	Campaign Donation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/10/97	\$2,000.00
Service America 8508 E. Orchard Road Englewood, CO 80111	Luncheon for Congressman Ensign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/11/97	\$250.00
Great-West Life & Annuity Ins. Co. 8618 East Orchard Road Englewood, CO 80111	Rental of room for Luncheon for Congressman Ensign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/11/97	\$200.00
Changing Tide Committee Senator Wayne Alard 607 Capitol Court, N.E., Suite 100 Washington, DC 20002	Campaign Donation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/28/97	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTAL of Receipts This Page (optional)

\$3,450.00

TOTAL This Period (last page this line number only)

\$3,450.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1-7-98
<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
<input type="checkbox"/> Electronic Filing	
<i>JLS</i> PREPARER	1-15-98 DATE PREPARED