

Great-West PAC

8515 East Orchard Road
Englewood, CO 80111
(303) 689-3000

Feb 28 9 27 AM '96

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

VIA AIRBORNE EXPRESS

February 27, 1996

Ms. Jan McBride
Federal Election Commission
Washington, DC 20463

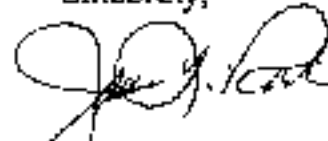
RE: The Great-West Life & Annuity Insurance Company Political Action Committee
FEC #C00263723

Dear Ms. Huff:

Enclosed find the FEC Form 3X for the Oregon Special Election of January 30, 1996. The Great-West Life & Annuity Insurance Company pays the administrative expenses for the Great-West Life & Annuity Insurance Company Political Action Committee.

If there is anything you need, or if you have any questions, please feel free to call me at (303) 689-5759.

Sincerely,



James L. Rairdon
Assistant Treasurer

ENCL.
JLR/hs

pc: John N. Clayton, Vice President - Headquarters Services, 10T2
Ruth B. Lurie, Vice President and Counsel, Legal Department, 6T2
Secretary of State, Elections Division, 1560 Broadway, #200, Denver, CO 80202
Secretary of State, Elections Division, 141 State Capitol, Salem, OR 97310-0722

PRESIDENT
Alan B. MacLennan
(303) 689-3450

VICE-PRESIDENT
James D. Metz
(303) 689-3470

VICE-PRESIDENT
Dennis Low
(303) 689-4356

SECRETARY
Ruth B. Lurie
(303) 689-3615

TREASURER
John N. Clayton
(303) 689-4200

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REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEB 28 9 27 AM '96

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 C00263723
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 8515 E. Orchard Rd.		
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
January 30, 1996 in the State of Oregon

(b) Is this Report an Amendment? YES NO

96030302288

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>January 10, '95</u> through <u>February 19, '96</u>			
6. (a)	Cash on Hand January 1, 19 <u>96</u>		\$ 34,264.29
	(b) Cash on Hand at Beginning of Reporting Period	\$ 34,244.29	
	(c) Total Receipts (from Line 19)	\$ 2,158.23	\$ 2,158.23
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 36,402.52	\$ 36,422.52
7.	Total Disbursements (from Line 30)	\$ 2,283.98	\$ 2,303.98
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 34,118.54	\$ 34,118.54
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 990 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 Clayton	Date February 27, 1996
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. 5497g.

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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 January 10, '96 TO February 19, '96
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I. Receipts

	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)		
ii. Unitemized	2,066.92	2,066.92
iii. Total (add i and ii) >	2,066.92	2,066.92
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) >	2,066.92	2,066.92
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.)	91.31	91.31
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	2,158.23	2,158.23
20. Total Federal Receipts (subtract line 18 from line 19) >	2,158.23	2,158.23

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	283.98	303.98
c. Total Operating Expenditures (add a i, a ii, and b) >	283.98	303.98
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,000.00	2,000.00
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. Individuals/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) >	2,283.98	2,303.98
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	2,283.98	2,303.98

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans)(from line 11d)	2,066.92	2,066.92
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	2,066.92	2,066.92
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	283.98	303.98
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >	283.98	303.98

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SCHEDULE B ITEMIZED DISBURSEMENTS

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

9603032280

A Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement this Period
Gordon Smith for US Senate 5285 SW Meadows Road, Suite 181 Lake Oswego, OR 97035	Campaign donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OR Special Election	1-17-96	\$1,000.00
B Full Name, Mailing Address and Zip Code Schaefer to Congress PO Box 1654 Englewood, CO 80150	Campaign Donation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	2-12-96	\$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

SCHEDULE B ITEMIZED DISBURSEMENTS

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

96030322831

A Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement this Period
Colorado National Bank of Denver 17th & Champa Denver, CO 80274	Purpose of Disbursement: _____ Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): _____	Date (month day, year): 1-24-96 1995 Taxes	\$283.08
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)	\$283.08
TOTAL This Period (last page this line number only)	\$283.08

**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 checked="" type="checkbox"/> Hand Delivered	DATE OF RECEIPT <i>2-28-96</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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>JML</i> PREPARER	<i>2-28-96</i> DATE PREPARED

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