



RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JUL 7 2 00 PM '97

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 2, 1997

Ms. Debbie Manzano  
Senior Reports Analyst  
Federal Election Commission  
Washington, DC 20463

RE: The Great-West Life & Annuity Insurance Company Political Action Committee  
FEC #CO 0263723

Dear Ms. Manzano:

Enclosed find the FEC Form 3X for the first half of 1997. The Great-West Life and 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,

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

James L. Rairdon  
Paralegal

Enclosure

pc w/all enclosures:

John N. Clayton, Vice President - Headquarters Services, 10T2  
Ruth B. Lurie, Vice President and Counsel, Legal Department, 8T2

pc w/Summary and Schedule B only:

Secretary of State  
Elections Division  
1560 Broadway, Suite 200  
Denver, CO 80202

Ed Argenbright  
Commissioner of Political Practices  
1205 8<sup>th</sup> Avenue  
Helena, MT 59620

Secretary of State  
Elections Division  
State Capitol, Suite 2300  
Lincoln, NE 68509-4608

Mr. Bruce Meadows  
State Board of Elections  
200 North Ninth Street, Suite 101  
Richmond, VA 23219-3497

Ms. Kelly Huff  
July 2, 1997  
Page 2

Olene S. Walker  
Lieutenant Governor  
203 State Capitol  
Salt Lake City, UT 84114

Marilyn Hughes, Executive Director  
Ethics Commission  
State Capitol Building, Room B-2A  
Oklahoma City, OK 73105-4802

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION

JUL 7 2 08 PM '97

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  
**CO02 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

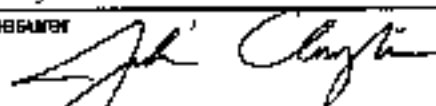
SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period	1/1/97 through 6/30/97		
6. (a)	Cash on Hand January 1, 19 97		\$ 12,276.71
(b)	Cash on Hand at Beginning of Reporting Period	\$ 12,276.71	
(c)	Total Receipts (from Line 18)	\$ 15,174.58	\$ 15,174.58
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 27,451.29	\$ 27,451.29
7.	Total Disbursements (from Line 30)	\$ 14,848.20	\$ 14,848.20
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 12,603.09	\$ 12,603.09
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 800 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

July 2, 1997

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

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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 <b>Great-West Life &amp; Annuity Insurance Company Political Action Committee</b>		REPORT COVERING PERIOD FROM <b>1/1/97</b> TO: <b>6/30/97</b>	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	9,571.00	9,571.00	11(a)
ii. Unitemized	5,475.52	5,475.52	11(a)
iii. Total (add i and ii) >	15,046.52	15,046.52	11(a)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a ii, b and c) >	15,046.52	15,046.52	11(c)
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.)	128.06	128.06	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	15,174.58	15,174.58	19
20. Total Federal Receipts (subtract line 18 from line 19) >	15,174.58	15,174.58	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)
ii. Non-Federal Share			21(a)
b. Other Federal Operating Expenditures	348.20	348.20	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	348.20	348.20	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	14,500.00	14,500.00	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. Individual/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) >	14,848.20	14,848.20	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	14,848.20	14,848.20	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)	15,046.52	15,046.52	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	15,046.52	15,046.52	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	348.20	348.20	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	348.20	348.20	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 Aspinwall, David C. 4401 S. Vine Way Englewood, CO 80110	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)	Amount of Each Receipt this Period  \$240.00
	Occupation AVP and Associate Counsel	deductions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date>	\$240.00	(\$20 semi-monthly)
B. Full Name, Mailing Address and Zip Code Baker, Jack H. 5822 S. Ironton Court Englewood, CO 80111	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)	Amount of Each Receipt this Period  \$240.00
	Occupation AVP, Individual Sales Support	deductions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date>	\$240.00	(\$20 semi-monthly)
C. Full Name, Mailing Address and Zip Code Ball, George B. 6204 Emmons Lane Tampa, FL 33647	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)	Amount of Each Receipt this Period  \$210.00
	Occupation: RMGR, Tampa Regional Group Sales Office	deductions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date>	\$210.00	(\$15 semi-monthly)
D. Full Name, Mailing Address and Zip Code Barnett, Scott A. 44 N. Liberty South Barrington, IL 60010	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)	Amount of Each Receipt this Period  \$300.00
	Occupation: RMGR, Chicago Group Sales Office	deductions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date>	\$300.00	(\$25 semi-monthly)
E. Full Name, Mailing Address and Zip Code Bond, Robert D. 362 Morning Star Way Castle Rock, CO 80104	Name of Employer Benefits Corp	Date (month day, year)	Amount of Each Receipt this Period  \$600.00
	Occupation VP, Sales	deductions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date>	\$600.00	(\$50 semi-monthly)
F. Full Name, Mailing Address and Zip Code Bennett, Denis C. 12 Franklin Road Mendham, NJ 07845	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)	Amount of Each Receipt this Period  \$350.00
	Occupation: RMGR, North Jersey Group Sales Office	deductions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date>	\$350.00	(\$50 semi-monthly)
G. Full Name, Mailing Address and Zip Code Clayton, John N. 8813 E. Fremont Circle Englewood, CO 80112	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)	Amount of Each Receipt this Period  \$240.00
	Occupation VP, Corporate Services	deductions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date>	\$240.00	(\$20 semi-monthly)
SUBTOTAL of Receipts This Page (optional)			\$2,180.00
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
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 Other (specify):	Occupation VP, Private Placements	deductions	\$240.00
	Aggregate Year-to-Date>	\$240.00	(\$200 semi-monthly)
B. 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. Wealey Avenue Lakewood, CO 80227	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation AVP, Information Systems	deductions	\$240.00
	Aggregate Year-to-Date>	\$240.00	(\$20 semi-monthly)
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Girth, Carl E. 12025 Palisades Drive Dunkirk, MD 20754	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation RVP, Group Sales Region I	deductions	\$600.00
	Aggregate Year-to-Date>	\$600.00	(\$50 semi-monthly)
D. 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 Other (specify):	Occupation MGR, Employee Benefit Products	deductions	\$240.00
	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
Jonasson, David T. 7007 E. Hinsdale Avenue Englewood, CO 80112	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation MGR, Group Pension Systems	deductions	\$240.00
	Aggregate Year-to-Date>	\$240.00	(\$20 semi-monthly)
F. 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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: RMGR, Washington DC Group Sales Office	deductions	\$300.00
	Aggregate Year-to-Date>	\$300.00	(\$25 semi-monthly)
G. 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 Rosewell, GA 30076	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation RVP, Group Sales Region III	deductions	\$360.00
	Aggregate Year-to-Date>	\$360.00	(\$30 semi-monthly)
SUBTOTAL of Receipts This Page (optional)			\$2,220.00
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 Kramer, Matthew M. 5945 Braun Way Arvada, CO 80004	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)	Amount of Each Receipt this Period  \$240.00 (\$20 semi-monthly)
	Occupation MGR, Group Insurance Systems	deductions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date>		\$240.00
B. Full Name, Mailing Address and Zip Code Lurie, Ruth B. 3076 S. St. Paul Denver, CO 80210	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)	Amount of Each Receipt this Period  \$275.00 (\$25 semi-monthly)
	Occupation VP, Counsel	deductions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date>		\$275.00
C. Full Name, Mailing Address and Zip Code MacLennan, Alan D. 4530 E. Perry Parkway Greenwood Village, CO 80121	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)	Amount of Each Receipt this Period  \$360.00 (\$30 semi-monthly)
	Occupation EVP, Employee Benefits	deductions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date>		\$360.00
D. Full Name, Mailing Address and Zip Code Malkoney, Victoria A. 1680 Palmer Drive Pleasanton, CA 94588	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)	Amount of Each Receipt this Period  \$600.00 (\$50 semi-monthly)
	Occupation: RMGR, San Jose Group Sales Office	deductions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date>		\$600.00
E. Full Name, Mailing Address and Zip Code McDonald, David G. 10488 Stonewillow Drive Parker, Co 80134	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)	Amount of Each Receipt this Period  \$300.00 (\$25 semi-monthly)
	Occupation VP, Institutional Insurance	deductions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date>		\$300.00
F. Full Name, Mailing Address and Zip Code Miller, Steve H. 4 Greenacres Court Lafayette, CA 94549	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)	Amount of Each Receipt this Period  \$300.00 (\$25 semi-monthly)
	Occupation RVP, Group Sales Region II	deductions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date>		\$300.00
G. Full Name, Mailing Address and Zip Code Mutz, James D. 5037 E. Nichols Place Littleton, CO 80122	Name of Employer Great-West Life & Annuity Insurance Company	Date (month day, year)	Amount of Each Receipt this Period  \$600.00 (\$50 semi-monthly)
	Occupation SVP, Employee Benefits Operations	deductions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date>		\$600.00
SUBTOTAL of Receipts This Page (optional)			\$3,275.00
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 Nelson, Charles P. 1187 East Jesse Court Highlands Ranch, CO 80128 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BenefitsCorp	Date (month day, year)	Amount of Each Receipt this Period
	Occupation President	deductions	\$240.00
Aggregate Year-to-Date>		\$240.00	(\$20 semi-monthly)
B. Full Name, Mailing Address and Zip Code Quinnville, Stephen C. 5848 Angle Court 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 AVP, Employee Benefit Sales	deductions	\$300.00
Aggregate Year-to-Date>		\$300.00	(\$25 semi-monthly)
C. Full Name, Mailing Address and Zip Code Riggall, Fred C. 1475 Saltbrush Ridge Road 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 VP, Operations Services	deductions	\$300.00
Aggregate Year-to-Date>		\$300.00	(\$25 semi-monthly)
D. Full Name, Mailing Address and Zip Code Stefanson, Douglas J. 8052 S. Moline Way Englewood, CO 80111 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, Employee Benefits Small Case Operations	deductions	\$240.00
Aggregate Year-to-Date>		\$240.00	(\$20 semi-monthly)
E. Full Name, Mailing Address and Zip Code Tilley, Peter D. 6852 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
	Occupation AVP, Asset/Liability Management	deductions	\$312.00
Aggregate Year-to-Date>		\$312.00	(\$26 semi-monthly)
F. Full Name, Mailing Address and Zip Code White, James F. 5721 Mistad Breeze Drive Plano, TX 75083 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Health One of Texas	Date (month day, year)	Amount of Each Receipt this Period
	Occupation President	deductions	\$504.00
Aggregate Year-to-Date>		\$504.00	(\$42 semi-monthly)
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
	Occupation		
Aggregate Year-to-Date>		\$0.00	

SUBTOTAL of Receipts This Page (optional)	\$1,896.00
TOTAL This Period (last page this line number only)	\$8,571.00



**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	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement this Period
Diana DeGelto for Congress PO Box 61337 Denver, CO 80208	Campaign donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	1/23/97	\$1,000.00
B Full Name, Mailing Address and Zip Code Bob Schaffer for Congress 3284 Silverhorn Drive Fort Collins, CO 80528	Campaign donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Reduce '98 debt	1/23/97	\$2,000.00
C Full Name, Mailing Address and Zip Code Rick Hill for Congress PO Box 1258 Helena, MT	Campaign donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	1/23/97	\$1,000.00
D Full Name, Mailing Address and Zip Code Wes Watkins for Congress PO Box WW Stillwater, OK 74076	Campaign donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	1/23/97	\$1,000.00
E Full Name, Mailing Address and Zip Code Merrill Cook for Congress South State Street, #1600 Salt Lake City, UT 84111	Campaign donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	1/23/97	\$1,000.00
F Full Name, Mailing Address and Zip Code Hegel for Nebraska PO Box 241487 Omaha, NE 68124	Campaign donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Reduce '98 debt	1/23/97	\$1,000.00
G Full Name, Mailing Address and Zip Code Nickles for Senate 1820 Liberty Tower Oklahoma City, OK 73102	Campaign donation Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	1/31/97	\$500.00
H Full Name, Mailing Address and Zip Code Craig for US Senate PO Box 253 Mount Vernon, VA 22121	Campaign donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Reduce '98 debt	3/5/97	\$1,000.00
I Full Name, Mailing Address and Zip Code Norton for Senate 1625 Sherman Street Denver, CO 80203	Campaign donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Reduce '98 debt	3/17/97	\$1,000.00

<b>SUBTOTAL of Receipts This Page (optional)</b>	<b>\$9,500.00</b>
<b>TOTAL This Period (last page this line number only)</b>	

**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	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement this Period
HIPAC 555 13th Street NW, #800E Washington, DC 20004-1109	Donation to Political Committee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	4/10/97	\$5,000.00
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)	\$5,000.00
TOTAL This Period (last page this line number only)	\$14,500.00

Federal Election Commission  
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and/or DATE OF RECEIPT

*SMW*

PREPARER

7-8-97

DATE PREPARED