



**Great-West**  
LIFE & ANNUITY INSURANCE COMPANY

**CERTIFIED/RETURN RECEIPT REQUESTED**

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JUL 15 1 08 PM '96

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

July 10, 1996

Ms. Jan McBride  
Federal Election Commission  
Washington, DC 20463

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

Dear Ms. McBride:

Enclosed find the FEC Form 3X for the second quarter of 1996. 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,

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, 6T2

pc w/Summary and Schedule B only:

Secretary of State  
Capitol Complex  
Carson City, NV 89710

Secretary of State  
Elections Division  
205 State House  
Boise, ID 83720

Secretary of State  
300 East Broad Street, 14th Floor  
Columbus, OH 43266-0418

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JUL 15 1 08 PM '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 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:

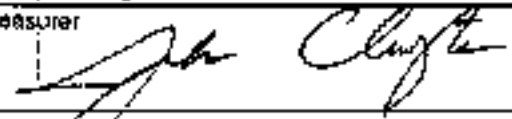
February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31

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	4/1/96 through 6/30/96		
6. (a) Cash on Hand January 1, 19 96			\$ 34,264.29
(b) Cash on Hand at Beginning of Reporting Period		\$ 48,755.56	
(c) Total Receipts (from Line 18)		\$ 13,857.15	\$ 33,652.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 62,612.71	\$ 67,916.69
7. Total Disbursements (from Line 20)		\$ 12,500.00	\$ 17,803.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 50,112.71	\$ 50,112.71
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. §437g.

										<b>FEC FORM 3X</b> (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 4/1/96	TO: 6/30/96
		COLUMN A	COLUMN B
		Total This Period	Calendar Year
<b>I. Receipts</b>			
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
i.	Itemized (use Schedule A)	\$ 9,844.02	\$22,286.02
ii.	Unitemized	\$ 3,667.74	\$10,732.00
	ii. Total (add i and ii) >	\$13,511.76	\$33,018.02
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contributions (add a, b, and c) >	\$13,511.76	\$33,018.02
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.)	\$ 345.39	\$ 634.38
18.	Transfers from Nonfederal Account for Joint Activity		
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	\$13,857.15	\$33,652.40
20.	Total Federal Receipts (subtract line 18 from line 19) >	\$13,857.15	\$33,652.40
<b>II. Disbursements</b>			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share		
ii.	Non-Federal Share		
b.	Other Federal Operating Expenditures		\$ 303.98
c.	Total Operating Expenditures (add a, i, ii, and b) >	\$ 0.00	\$ 303.98
22.	Transfers to Affiliated/Other Party Committees		
23.	Contributions to Federal Candidates/Committees and Other Political Committees	\$12,500.00	\$17,500.00
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.	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) >	\$12,500.00	\$17,803.98
31.	Total Federal Disbursements (subtract line 21 a II from line 30) >	\$12,500.00	\$17,803.98
<b>III. Net Contributions/Operating Expenditures</b>			
32.	Total Contributions (other than loans)(from line 11d)	\$13,511.76	\$33,018.02
33.	Total Contribution Refunds (from line 28d)	\$ 0.00	\$ 0.00
34.	Net Contributions (other than loans)(subtract line 33 from 32)	\$13,511.76	\$33,018.02
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	\$ 0.00	\$ 303.98
36.	Offsets to Operating Expenditures (from line 15)	\$ 0.00	\$ 0.00
37.	Net Operating Expenditures (subtract line 35 from 35) >	\$ 0.00	\$ 303.98

**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
Baker, Jack H. 5922 S. Ironton Court Englewood, CO 80111	Great-West Life & Annuity Insurance Company	deduction	\$120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AVP, Individual Sales Support		
	Aggregate Year-to-Date>	\$240.00	(\$20 semi-monthly)
B. 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	deduction	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RMGR, Chicago Group Sales Office		
	Aggregate Year-to-Date>	\$300.00	(\$25 semi-monthly)
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Bard, Robert D. 382 Mourning Star Way Castle Rock, CO 80104	Great-West Life & Annuity Insurance Company	deduction	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Sales, Benefits Corp		
	Aggregate Year-to-Date>	\$300.00	(\$50 semi-monthly)
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Bonwell, Dennis G. 12 Franklin Road Mendham, NJ 07945	Great-West Life & Annuity Insurance Company	deduction	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RMGR, North Jersey Group Sales Office		
	Aggregate Year-to-Date>	\$600.00	(\$50 semi-monthly)
E. 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	deduction	\$120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Corporate Services		
	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
Corbett, Mark S. 2170 S. Bl. Paul Denver, CO 80210	Great-West Life & Annuity Insurance Company	deduction	\$120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Private Placements		
	Aggregate Year-to-Date>	\$240.00	(\$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 Brubham Circle Castle Rock, CO 80104	Great-West Life & Annuity Insurance Company	deduction	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Financial Control		
	Aggregate Year-to-Date>	\$300.00	(\$25 semi-monthly)

SUBTOTAL of Receipts This Page (optional)	\$1,260.00
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
Girth, Carl E. 12025 Palisades Drive Dunkirk, MD 20754	Great-West Life & Annuity Insurance Company	deduction	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	RVP, Group Sales Region I		
	Aggregate Year-to-Date>	\$600.00	(\$50 semi-monthly)
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Heald, Mark R. 3224 S. Espans Circle Aurora, CO 80013	Great-West Life & Annuity Insurance Company	deduction	\$120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	MGR, Employee Benefit Products		
	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
Kavanaugh, Robert E. 15895 W. Bayaud Drive Golden, CO 80401	Great-West Life & Annuity Insurance Company	8/11/98	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SVP, Employee Benefit Sales		
	Aggregate Year-to-Date>	\$2,000.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Kanyon, Matthew S. 590A E. Windsor Avenue Alexandria, VA 22301	Great-West Life & Annuity Insurance Company	deduction	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RMGR Washington DC Group Sales Office		
	Aggregate Year-to-Date>	\$300.00	(\$25 semi-monthly)
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Kanyon, Sanford L. 220 N. Bream Court Roswell, GA 30076	Great-West Life & Annuity Insurance Company	deduction	\$180.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	RVP, Group Sales Region III		
	Aggregate Year-to-Date>	\$360.00	(\$30 semi-monthly)
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Kramer, Matthew M. 5945 Braun Way Arvada, CO 80004	Great-West Life & Annuity Insurance Company	deduction	\$120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	MGR, Group Insurance Systems		
	Aggregate Year-to-Date>	\$240.00	(\$20 semi-monthly)
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Lurie, Ruth B. 3076 S. St. Paul Denver, CO 80210	Great-West Life & Annuity Insurance Company	deduction	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	VP, Counsel		
	Aggregate Year-to-Date>	\$250.00	(\$25 semi-monthly)

SUBTOTAL of Receipts This Page (optional)	\$3,020.00
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
MacLennan, Alan D. 23066 S. Alton 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 EVP, Employee Benefits	deduction	\$480.00
	Aggregate Year-to-Date>	\$960.00	(\$80 semi-monthly)
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Mahoney, Victoria A. 1880 Palmer Drive Pleasanton, CA 94588	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RMGR, San Jose Group Sales Office	deduction	\$300.00
	Aggregate Year-to-Date>	\$600.00	(\$50 semi-monthly)
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
McCallen, James L. 7263 S. Negra 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 and Actuary	deduction	\$160.00
	Aggregate Year-to-Date>	\$320.00	(\$26 semi-monthly)
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
McCallen, Joan W. 5923 E. Irwin Place 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 President, FASCorp	deduction	\$128.00
	Aggregate Year-to-Date>	\$252.00	(\$21 semi-monthly)
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
McCallum, William T. 8001 S. Yosemite, E-102 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 President, Chief Executive Officer	deduction	\$1,875.00
	Aggregate Year-to-Date>	\$2,500.00	(\$312.50 semi-mo)
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
McMahon, Randall J. 1804 E. Chesapeake Lane 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, Investment Systems	6/30/96	\$275.00
	Aggregate Year-to-Date>	\$275.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
INADVERTANTLY SKIPPED THIS SPACE	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date>	\$0.00	

SUBTOTAL of Receipts This Page (optional) \$3,208.00  
 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 Company Occupation	Date (month day, year)	Amount of Each Receipt this Period
Miller, Steve M. 4 Greenaches Court Lafayette, CA 94548 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Great-West Life & Annuity Insurance Company RVP, Group Sales Region II	deduction	\$150.00 (\$25 semi-monthly)
B. Full Name, Mailing Address and Zip Code	Name of Employer Company Occupation	Date (month day, year)	Amount of Each Receipt this Period
Motz, James D. 5037 E. Nichols Place Littleton, CO 80122 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Great-West Life & Annuity Insurance Company SVP, Employee Benefits Operations	deduction	\$300.00 (\$50 semi-monthly)
C. Full Name, Mailing Address and Zip Code	Name of Employer Company Occupation	Date (month day, year)	Amount of Each Receipt this Period
Quenville, Stephen C. 5848 Angle Court Parker, CO 80134 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Great-West Life & Annuity Insurance Company AVP, Employee Benefit Sales	deduction	\$150.00 (\$25 semi-monthly)
D. Full Name, Mailing Address and Zip Code	Name of Employer Company Occupation	Date (month day, year)	Amount of Each Receipt this Period
Riggall, Fred G. 18325 Christoph Drive Morgan Hill, CA 95037 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Great-West Life & Annuity Insurance Company AVP, Employee Benefit Sales	deduction	\$150.00 (\$25 semi-monthly)
E. Full Name, Mailing Address and Zip Code	Name of Employer Company Occupation	Date (month day, year)	Amount of Each Receipt this Period
Sellar, Gregory E. 37 New York Court Monarch Beach, CA 92529 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Great-West Life & Annuity Insurance Company VP, Major Accounts, Financial Services	4/5/98	\$900.00 (\$600.00)
F. Full Name, Mailing Address and Zip Code	Name of Employer Company Occupation	Date (month day, year)	Amount of Each Receipt this Period
Bhartz, David H. 9059 S. Onaldis Court Englewood, CO 80112 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Great-West Life & Annuity Insurance Company VP, Investment Operations	deduction	\$100.02 (\$18.67 semi-mo)
G. Full Name, Mailing Address and Zip Code	Name of Employer Company Occupation	Date (month day, year)	Amount of Each Receipt this Period
Stephenson, Douglas J. 6052 S. Moline Way Englewood, CO 80111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Great-West Life & Annuity Insurance Company Small Case Operations	deduction	\$120.00 (\$20 semi-monthly)

**SUBTOTAL of Receipts This Page (optional)** \$1,770.02  
**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
Tilley, Peter D. 5883 S. Florence 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, Asset/Liability Management	deduction	\$155.00
	Aggregate Year-to-Date>	\$312.00	(\$26 semi-monthly)
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
Weinslein, Roy L. 385 Harrison Street Denver, CO 80208	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AVP, Systems and Operations, Financial Services	deduction	\$180.00
	Aggregate Year-to-Date>	\$360.00	(\$30 semi-monthly)
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month day, year)	Amount of Each Receipt this Period
White, James F. 5721 Nield Breeze Drive Plano, TX 75093	Great-West Life & Annuity Insurance Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President, Health One of Texas	deduction	\$252.00
	Aggregate Year-to-Date>	\$504.00	(\$42 semi-monthly)
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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date>	\$0.00	

**SUBTOTAL of Receipts This Page (optional)** \$586.00  
**TOTAL This Period (last page this line number only)** \$9,844.02



**SCHEDULE A ITEMIZED RECEIPTS**

NAME OF COMMITTEE (in Full) Great-West Life & Annuity Insurance Company Political Action Committee			
<b>A. Full Name, Mailing Address and Zip Code</b> Key Bank 5950 S. Willow Drive Englewood, CO 80111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Name of Employer</b> Great-West Life & Annuity Insurance Company <b>Occupation</b>	<b>Date (month day, year)</b> Interest Amount of Each Receipt this Period \$345.39 Aggregate Year-to-Date> \$634.38
<b>B. Full Name, Mailing Address and Zip Code</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Name of Employer</b> Great-West Life & Annuity Insurance Company <b>Occupation</b>	<b>Date (month day, year)</b> Amount of Each Receipt this Period Aggregate Year-to-Date> \$0.00
<b>C. Full Name, Mailing Address and Zip Code</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Name of Employer</b> Great-West Life & Annuity Insurance Company <b>Occupation</b>	<b>Date (month day, year)</b> Amount of Each Receipt this Period Aggregate Year-to-Date> \$0.00
<b>D. Full Name, Mailing Address and Zip Code</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Name of Employer</b> Great-West Life & Annuity Insurance Company <b>Occupation</b>	<b>Date (month day, year)</b> Amount of Each Receipt this Period Aggregate Year-to-Date> \$0.00
<b>E. Full Name, Mailing Address and Zip Code</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Name of Employer</b> Great-West Life & Annuity Insurance Company <b>Occupation</b>	<b>Date (month day, year)</b> Amount of Each Receipt this Period Aggregate Year-to-Date> \$0.00
<b>F. Full Name, Mailing Address and Zip Code</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Name of Employer</b> Great-West Life & Annuity Insurance Company <b>Occupation</b>	<b>Date (month day, year)</b> Amount of Each Receipt this Period Aggregate Year-to-Date> \$0.00
<b>G. Full Name, Mailing Address and Zip Code</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Name of Employer</b> Great-West Life & Annuity Insurance Company <b>Occupation</b>	<b>Date (month day, year)</b> Amount of Each Receipt this Period Aggregate Year-to-Date> \$0.00
<b>SUBTOTAL of Receipts This Page (optional)</b>			\$345.39
<b>TOTAL This Period (last page this line number only)</b>			\$345.39

**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
Citizens for Keatch 200 N. High Street, Suite 500 Columbus, OH 43215	Campaign donation	4/3/98	\$1,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		
SHIPAC 555 13th Street, NW Suite 600 East Washington, DC 20004-1106	Donation	4/15/98	\$5,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Donation to a committee		
LifePAC AGLI 1001 Pennsylvania Avenue, NW Washington, DC 20004-2599	Donation	4/15/98	\$5,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Donation to a committee		
Craig for US Senate Committee PO Box 2754 Boise, ID 83701		6/13/98	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):		
John Ensign for Congress Committee 8917 Stafford Springs Drive Las Vegas, NV 89134		5/17/98	\$500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		
F Full Name, Mailing Address and Zip Code		Date (month day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		
G Full Name, Mailing Address and Zip Code		Date (month day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		
H Full Name, Mailing Address and Zip Code		Date (month day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		
I Full Name, Mailing Address and Zip Code		Date (month day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):		

SUBTOTAL of Receipts This Page (optional)	\$12,500.00
TOTAL This Period (total page this line number only)	\$12,500.00

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

7/10/96

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

  
PREPARER

7/15/96  
DATE PREPARED