

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

Great-West Life & Annuity Insurance Company Political Action Committee

ADDRESS (number and street) 8515 E. Orchard Road

Check if different than previously reported. (ACC) 7T2

Greenwood Village CO 80111

2. **FEC IDENTIFICATION NUMBER ▼** C C00263723 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

(d) 30-Day **POST-Election** Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014 through M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014

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 Mr Robert Onstad

Signature of Treasurer Mr Robert Onstad *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="69275.26"/>	<input type="text" value="69275.26"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="61616.47"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2131.48"/>	<input type="text" value="7748.77"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="63747.95"/>	<input type="text" value="77024.03"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5132.11"/>	<input type="text" value="18408.19"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="58615.84"/>	<input type="text" value="58615.84"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2040.00	6815.00
(ii) Unitemized .....	90.00	929.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2130.00	7744.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	2130.00	7744.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1.48	4.77
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	2131.48	7748.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2131.48	7748.77

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	18000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	132.11	408.19
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5132.11	18408.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5132.11	18408.19

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2130.00	7744.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2130.00	7744.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 10
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Mr. ROBERT ONSTAD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6328 Middleton Avenue  
City Castle Rock State CO Zip Code 80104-3275  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Great-West Life & Annuity Insurance Co Occupation  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **285.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR188844011205**  
Amount of Each Receipt this Period **90.00**  
P/R Deduction (\$15.00 Bi-Weekly)

**B. Mr. Peter D. Tilley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6952 East Nichols Place  
City Centennial State CO Zip Code 80112-3131  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Great-West Life & Annuity Insurance Co Occupation Vice President, Asset & Liability  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **475.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR65736911205**  
Amount of Each Receipt this Period **150.00**  
P/R Deduction (\$25.00 Bi-Weekly)

**C. Mr. Charles Nelson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1187 E. Jesse Ct.  
City Highlands Ranch State CO Zip Code 80126-4725  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Great-West Life & Annuity Insurance Co Occupation Senior Vice President, Retirement Serv  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **3800.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR65739111205**  
Amount of Each Receipt this Period **1200.00**  
P/R Deduction (\$200.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1440.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 OF 10  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Ron Laeyendecker**

Mailing Address 9521 S. Dolton Way

City Highlands Ranch      State CO      Zip Code 80126-4925

FEC ID number of contributing federal political committee. **C**

Name of Employer Great-West Life & Annuity Insurance Co      Occupation Vice President, Life Insurance Markets

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : PR65739911205**

Amount of Each Receipt this Period  
 600.00

P/R Deduction (\$100.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City      State      Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer      Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City      State      Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer      Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2040.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Crowley For Congress**

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement

011

Candidate Name

**Rep. Joseph Crowley**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2014

**Transaction ID : 9768544**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends Of Pat Toomey**

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Candidate Name

**Sen. Pat Toomey**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 07 / 2014

**Transaction ID : 9768546**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Peters For Michigan**

Mailing Address PO Box 226

City Bloomfield Hills State MI Zip Code 48303

Purpose of Disbursement

011

Candidate Name

**Gary Peters**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2014

**Transaction ID : 9768547**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Charles Boustany Jr. Md For Congress, Inc.**

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Charles Boustany Jr.**

Office Sought:  House  
 Senate  
 President  
State: LA District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2014

**Transaction ID : 9876156**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Kaine For Virginia**

Mailing Address 1751 Potomac Greens Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Tim Kaine**

Office Sought:  House  
 Senate  
 President  
State: VA District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2014

**Transaction ID : 9876159**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2000.00
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**TOTAL** This Period (last page this line number only)..... ▶

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. US Bank**

Mailing Address P.O. Box 1800

City St. Paul State MN Zip Code 55101

Purpose of Disbursement

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2014

**Transaction ID : 9768543**

Amount of Each Disbursement this Period

44.82

Full Name (Last, First, Middle Initial)

**B. US Bank**

Mailing Address P.O. Box 1800

City St. Paul State MN Zip Code 55101

Purpose of Disbursement

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2014

**Transaction ID : 9876133**

Amount of Each Disbursement this Period

54.96

Full Name (Last, First, Middle Initial)

**C. US Bank**

Mailing Address P.O. Box 1800

City St. Paul State MN Zip Code 55101

Purpose of Disbursement

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2014

**Transaction ID : 9902397**

Amount of Each Disbursement this Period

32.33

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

132.11

**TOTAL** This Period (last page this line number only)..... ▶

132.11