1. NAME OF COMMITTEE (in full) USE FEC IMALING LABEL over the lines Example If typing, type over the lines Great-West Life & Annuity Insurace Company Political Action Committee Image: Company Political Action Committee ADDRESS (number and street) 8515 E, Orphard Road ADDRESS (number and street) 8515 E, Orphard Road ADDRESS (number and street) 8515 E, Orphard Road Check if different than previously reported. (ACC) 172 Check if different than previously reported. (ACC) 172 Check if different than previously reported. (ACC) 172 A Statts Z 3. IS THIS REPORT Chock one) (ACC) (chocse One) (b) Monthly Report (chocse One) (b) Monthly Report (chocse One) (b) Monthly Report (chocse One) (b) Monthly Report (chocse One) (chocse One) (chocse	FEC FORM 3X	AN	PORT O	JRSEM	ENTS	ee		Office Use Only	
ADDRESS (number and street) B515 E. Orchard Road ADDRESS (number and street) ITT2 Check if different than previously reportion LACC) ITT2 Check if different than previously reportion LACC) ITT2 Cobeds723 IS THIS STATE ZIPCODE Cobeds723 State ZIPCODE (a) Cobeds723 State ZIPCODE (b) Monthly Feb 20 (M2) Mar 20 (M5) Aug 20 (M6) (c) Quarterly Report(01 July 15 Due 00:: Mar 20 (M3) July 20 (M7) Oct 20 (M10) (a) Quarterly Report(01 July 15 Quarterly Report(02) Primary (12P) General (12G) Runoff (12R) Quarterly Report(02) Quarterly Report(01) July 15 Report for the: Convention (12C) Special (12S) Quarterly Report(02) Det 0 State of						ı, type			
ADDRESS (number and street) 772 Check if different reproducity reported. (ACC) Greenwood Village C00263723 COURTY A STATE A ZIPCODE A C00263723 State of C011 C020 State of State of	Great-West Life &		ce Company Politio						
Check if different reported: (ACC) Greenwood Village 60111	ADDRESS (number and	street)	515 E. Orchard Ro	ad 					
C00263723 3. IS THIS REPORT X NEW (N) OR AMENDED (A) 4. TYPE OF REPORT (Choose One) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (MontButton Due On: April 15 Quarterly Report(S1) April 15 Quarterly Report(Q2) Mar 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) July 15 Quarterly Report(Q2) Primary (12P) General (12G) Runoff (12R) Quarterly Report(Q2) October 15 Quarterly Report(Q2) Primary (12P) General (12G) Runoff (12R) January 31 Quarterly Report(Q2) Convention (12C) Special (12S) In the State of Special (30S) January 31 Quarterly Report(VE) July 31 Mid-Year Report flor-releation Year Only) (MY) Election on In the State of Special (30S) Termination Report (TER) 10 01 2010 through 11 22 2010 5. Covering Period 10 01 2010 through 11 22 2010 Icertify 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 Date	than previous	ent Lu V LG						80111 -	
A. TYPE OF REPORT (Choose One) (b) Monthly Report Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Participation (A) (a) Quarterly Reports: (b) Monthly Report Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Participation (A) (a) Quarterly Report(C1) (b) Monthly Quarterly Report(C2) October 15 Due On: Mar 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Convention (12C) Special (12G) Runoff (12R) July 31 Mid-Year Report (Nor-Alection Year Only) (MY) Election on In the State of Special (30G) Runoff (30R) Special (30S) Termination Report (TER) 10 0.1 20.10 through 11 22 20.10 5. Covering Period 10 0.1 20.10 through 11 22 20.10 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 Date 12 13 20.10 NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalities of 2 U.S.C 437g. FEC FORM 3X	2. FEC IDENTIFICAT	ION NUMBER	▼ _	CITY 🛋		S	STATE	ZIPCOE	DE 🔺
(Choose One) Report PE0.20 (Wz) May 20 (Ws) Adg 20 (Ws) (Won Rection Pace 20 (Mz) (a) Quarterly Reports: April 15 Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Due On: Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Due On: Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Due On: Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Due On: Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Due On: Due On: Mar 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) Quarterly Report(Q2) October 15 Quarterly Report(Q2) October 15 Report for the: Convention (12C) Special (12S) Runoff (12R) PRE-Election Report for the: Gonvention (12C) Special (30S) Runoff (30R) Special (30S) Report for the: In the State of CO July 31 Mid-Year Report (Mr) Year Only (MY) Termination Report In the State of CO Special (30S) Report for the: In the State of CO 5. Covering Period 10 01 2010 through 11 22	C00263723								
Election on II 02 2010 State of 5. Covering Period 10 01 2010 through 11 22 2010 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 Electronically Filed by Mr Robert Onstad Date 12 13 2010 NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. FEC FORM 3X Office Use Very 12/2004 Very 12/2004	(Choose One) (a) Quarterly Rep April 15 Quarterly July 15 Quarterly October Quarterly January : Quarterly July 31 M Report(N Year Onl	orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) Mid-Year on-election y) (MY)	(c) 12-Day PRE-Elect Report for (d) 30-Day Post -Elec	Mar 20 (M3 Apr 20 (M4 ion the:	Primary (12F Convention (Jun 20 (M6) Jul 20 (M7)) 12C)	General (Special (20 (M9) 20 (M10) 20 ((Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
J. Covering Period Indigit 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 Electronically Filed by Mr Robert Onstad NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office Use Use FEC FORM 3X	(1213)			Election on		02			CO
Type or Print Name of Treasurer Mr Robert Onstad Signature of Treasurer Electronically Filed by Mr Robert Onstad Date 1.2 1.3 2.0.1.0 NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. FEC FORM 3X Office Use Use 1.2 1.2 1.2	5. Covering Period	10	01 20	10	through	11	22	2010	
Office Use FEC FORM 3X	Type or Print Name of T Signature of Treasurer	reasurer <u>N</u> Ele <u>ctronically</u>	Mr Robert Onstad	pert Onstad		Da	ate 12		
	Office Use							FEC FOR	W 3X

Image# 10992488980

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

١	Write or Type Committee Name Great-West Life & Annuity Insurance Com	pany Political Action Committee	
F	Report Covering the Period: From:		To: M M D D Y Y Y Y 2 2 0 1 0
_	-	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 ^{Y Y Y}		120801.30
	(b) Cash on Hand at Begining of Reporting Period	132487.75	
	(c) Total Receipts (from Line 19)	1763.62	14450.07
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	134251.37	135251.37
7.	Total Disbursements (from Line 31)	11000.00	12000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	123251.37	123251.37
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X 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

Image# 10992488981

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Great-West Life & Annuity Insurance Company Political Action Committee

Report Covering the Period: From:	0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Го: М М 22 20
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		•
Than Political Committees (i) Itemized (use Schedule A)	1747.50	12902.50
(ii) Unitemized	15.00	1535.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) 🕨	1762.50	14437.50
(b) Political Party Committees	0.00	0.00
 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1762.50	14437.50
2. Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
 Loan Repayments Received Offsets To Operating Expenditures 	0.00	0.00
(Refunds, Rebates, etc.)(Carry Totals to Line 37, page 5)6. Refunds of Contributions Made	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	1.12	12.57
Transfers from Non-Federal and Levin Funds (a) Non-Federal Account		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	1763.62	14450.07
). Total Federal Receipts (subtract Line 18(c) from Line 19)	1763.62	14450.07

Image# 10992488982

DETAILED SUMMARY PAGE

	II. DISBURSEMENTS	COLUMN A	COLUMN B
1	Operating Expenditures:	Total This Period	Calendar Year-to-Date
	(a) Shared 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	0.00	0.00
2.	Transfers to Affiliated/Other Party		
3.	Committees	0.00	0.00
4	Federal Candidates/Committeesand Other Political Committees	11000.00	12000.00
	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
8.	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
9.	Other Disbursements	0.00	0.00
	Federal Election Activity (2 U.S.C 431(20)) (a) Shared 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
81.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	11000.00	12000.00
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	11000.00	12000.00

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DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003) of Disbursements

5 / 11

	III. Net Contributions/Operating Expenditures				
33.	Total Contributions (other than loans) from Line 11(d), page 3)	1762.50	14437.50		
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	1762.50	14437.50		
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: PAGE 6 / 11 (check only one) (check only one) X 11a 11b 11c 12
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Great-West Life & Annuity Insurance C	company Po	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Mr. ROBERT ONSTAD			Date of Receipt
	Mailing Address 6328 Middleton Avenue	9		M M / D D / Y Y Y Y 11 1 22 2010
	City	State	Zip Code	Transaction ID: PR18884405310
	Castle Rock	CO	80104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Great-West Life & Annuity Insurance Co	Occupatio	n	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	420.00	P/R Deduction (\$20.00 Sem- i-Monthly)
В.	Full Name (Last, First, Middle Initial) Mr. JOSEPH P. KERRIGAN, Jr.			Date of Receipt
	Mailing Address 155 Lexington Ave.			M M / D D / Y Y Y Y 11 1 22 2 2010
	City	State	Zip Code	Transaction ID: PR18884465310
	Lovelana	OH	45140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Great-West Life & Annuity Insurance Co	Occupatio Vice Pre		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	4200.00	P/R Deduction (\$200.00 Se- mi-Monthly)
C.	Full Name (Last, First, Middle Initial) DEBRA MUHLHAUSER			Date of Receipt
	Mailing Address 45 South Harrison			M M / D D / Y Y Y Y 1 1 2 2 / 2 0 1 0
	City	State	Zip Code	Transaction ID: PR35664095310
	Denver	CO	80209-3101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer	Occupatio		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	525.00	P/R Deduction (\$25.00 Sem- i-Monthly)
	SUBTOTAL of Receipts This Page (optional)		••••••	735.00
	TOTAL This Period (last page this line number of	only)	Þ	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 7/11 (check only one) X 11a 11b 11c 12
		Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	Great-West Life & Annuity Insurance (Company Political Action Committee	
∠ A.	Full Name (Last, First, Middle Initial) Mr. DAVID MCLEOD		Date of Receipt
	Mailing Address 10280 Longview Drive		M M / D D / Y Y Y Y 11 1 22 2010
	City	State Zip Code	Transaction ID: PR6573865310
	Lone Tree	CO 80124-9774	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		60.00
	Name of Employer Great-West Life & Annuity Insurance Co	Occupation Vice President, Operations	
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General Other (specify) ▼	420.00	P/R Deduction (\$20.00 Sem- i-Monthly)
- B.	Full Name (Last, First, Middle Initial) Ms. ROBIN GUGEL		Date of Receipt
	Mailing Address 9693 Hemlock Ct.		M M / D D / Y Y Y Y 11 22 2010
	City	State Zip Code	Transaction ID: PR6573895310
	Highlands Ranch	CO 80130-4123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Great-West Life & Annuity Insurance Co	Occupation Manager	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	315.00	P/R Deduction (\$15.00 Sem- i-Monthly)
- C.	Full Name (Last, First, Middle Initial) Mr. CHARLES NELSON	I	Date of Receipt
	Mailing Address 1187 E. Jesse Ct.		1 1 2 2 2 0 1 0
	City	State Zip Code	Transaction ID: PR6573915310
	Highlands Ranch	CO 80126-4725	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	375.00
	Name of Employer Great-West Life & Annuity Insurance Co	Occupation Senior Vice President, Retirement Serv	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	2375.00	P/R Deduction (\$125.00 Se- mi-Monthly)
ſ	SUBTOTAL of Receipts This Page (optional)	I	480.00
┝	GODICIAL OF NECEIPIS THIS Fage (optional)	••••••••••••••••••••••••••••••••••••••	
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 11 (check only one) 11a X 11a 13 14 15 16 17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Great-West Life & Annuity Insurance (name and address of any political committee to s	olicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Mr. RON LAEYENDECKER Mailing Address 9521 S. Dolton Way		Date of Receipt
	City	State Zip Code	1 1 2 2 2 0 1 0 Transaction ID: PR6573995310
	Highlands Ranch	CO 80126-4925	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		90.00
	Name of Employer Great-West Life & Annuity Insurance Co Receipt For: Primary General Other (specify) ▼	Occupation Vice President, Life Insurance Markets Aggregate Year-to-Date ▼ 630.00	P/R Deduction (\$30.00 Sem- i-Monthly)
- В.	Full Name (Last, First, Middle Initial) Mr. DAVID ASPINWALL Mailing Address 4401 S. Vine Way		Date of Receipt
			11 22 2010
	City	State Zip Code	Transaction ID: PR6574015310
	Englewood	CO 80113-6029	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer Great-West Life & Annuity Insurance Co Receipt For: Primary General Other (specify) ▼	Occupation Vice President, Counsel & Chief Comp Aggregate Year-to-Date ▼ 1050.00	P/R Deduction (\$50.00 Sem- i-Monthly)
-	Full Name (Last, First, Middle Initial)	•	
C.	Mr. JAMES LOWERY Mailing Address 8781 S. Westwind Lan	le	Date of Receipt
	City	State Zip Code	Transaction ID: PR6574075310
	Littleton	CO 80126-2611	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	37.50
	Name of Employer Great-West Life & Annuity Insurance Co Receipt For: Primary General Other (specify)	Occupation Assistant Vice President, Investments Aggregate Year-to-Date ▼ 262.50	P/R Deduction (\$12.50 Sem- i-Monthly)
Γ			277.50
Ļ	SUBTOTAL of Receipts This Page (optional)	••••••	211.00
	TOTAL This Period (last page this line number	only)	

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(SCHEDULE A (FEC Form 3X)		Use separate sche		FOR LINE NUMBER: PAGE 9 / 11 (check only one)
I	TEMIZED RECEIPTS		for each category c Detailed Summary		$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	Any information copied from such Reports and a or for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used b dress of any political co	y any person ommittee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Great-West Life & Annuity Insurance	Company Po	olitical Action Comr	nittee	
∡ A.	Full Name (Last, First, Middle Initial) Ms. SARA RICHMAN				Date of Receipt
	Mailing Address 9393 S. Wolfe St.				M M / D D / Y Y Y Y 111 22 2010
	City	State	Zip Code		Transaction ID: PR6574145310
	Highlands Ranch	CO	80129-5767		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			30.00
	Name of Employer Great-West Life & Annuity Insurance Co	Occupatio Assistan	ⁿ t Vice-President, Li	fe Insuran	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 2	10.00	P/R Deduction (\$10.00 Sem- i-Monthly)
- В.	Full Name (Last, First, Middle Initial) Mr. William Harmon				Date of Receipt
	Mailing Address 7050 S. Picadilly Stre	et			M M / D D / Y Y Y Y 11 22 2010
	City	State	Zip Code		Transaction ID: PR6574325310
	Aurora	CO	80016-2345		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			225.00
	Name of Employer Great-West Lifé & Annuity Insurance Co	Occupatio			
	Receipt For:	Aggregate	Year-to-Date 🔻		1
	Primary General Other (specify) ▼			75.00	P/R Deduction (\$0.00)

SUBTOTAL of Receipts This Page (optional)	►	255.00
TOTAL This Period (last page this line number only)	►	1747.50

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only										
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30									
ny Information copied from such Reports and Statem r for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) Great-West Life & Annuity Insurance Com	e and address of any political co	ommittee to soli	or the purpose of soliciting contributions									
Full Name (Last, First, Middle Initial)	Full Name (Last, First, Middle Initial)											
Grassley Committee Inc	Grassley Committee Inc											
Mailing Address PO Box 1000		$\frac{1}{10} \frac{1}{22} \frac{1}{22} \frac{1}{22} \frac{1}{2010} \frac{1}{10} \frac{1}{10}$										
	State Zip Code IA 50304		Amount of Each Disbursement this Period									
Purpose of Disbursement		011	2000.00									
Candidate Name Sen. Charles E. Grassley	1	Category/ Type										
Office Sought: House Disburse X Senate President State: IA District:	ement For: 2010 Primary X General Other (specify) ▼											
Full Name (Last, First, Middle Initial) Buck For Colorado		Transaction ID: 6409103 Date of Disbursement										
Mailing Address PO Box 101465		$10^{\text{M}} 22^{\text{D}} 2010^{\text{Y}}$										
City	State Zip Code		Amount of Each Disbursement this Period									
Denver	CO 80250		2000.00									
Purpose of Disbursement		011	2000.00									
Candidate Name Mr. Kenneth Buck		Category/ Type										
Office Sought: House Disburse X Senate President State: CO District:	ement For: 2010 Primary X General Other (specify) ▼											
Full Name (Last, First, Middle Initial) Bennet For Colorado			Transaction ID: 6409106 Date of Disbursement									
Mailing Address PO Box 3078			$\begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$									
,	State Zip Code CO 80201		Amount of Each Disbursement this Period									
Purpose of Disbursement	1	011	2000.00									
Candidate Name Mr. Michael Bennet		Category/ Type										
Office Sought: House Disburse X Senate President State: CO District:	ment For: 2010 Primary X General Other (specify) ▼											
SUBTOTAL of Disbursements This Page (optional) .		►	6000.00									
TOTAL This Period (last page this line number only) E6AN026		►	FEC Schedule B (Form 3X) (Revised									

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	Τ		-	LINE k only		BEF	{ :				Р	AGE	1	1 / 1	1		
TEMIZED DISBURSEMENTS Disbursements Disbursements Instruction copied from such Reports and Statements may not be sold or user for each category of the Detailed Summary Page Instruction copied from such Reports and Statements may not be sold or user for commercial purposes, other than using the name and address of any political Action Co NAME OF COMMITTEE (In Full) Great-West Life & Annuity Insurance Company Political Action Co Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress Mailing Address Post Office Box 9336 City State Zip Code Fargo ND 58106 Purpose of Disbursement Disbursement For: 2010 Office Sought: X House Disbursement For: 2010 State: ND District: 01 Primary X General Full Name (Last, First, Middle Initial) Kline For Congress Mailing Address 101 W Burnsville Pkwy Suite 104 Mailing Address 101 W Burnsville Pkwy Suite 104 2ip Code			_	ıb [22 28a		Х	23 28			24 28c	F	2					
or for commercial purposes, other than using the nam	ne and address of any political c	om	ım	ittee														
Earl Pomeroy For Congress	Earl Pomeroy For Congress								Transaction ID: 6409107 Date of Disbursement									
Fargo						Am	oun	it of	Ē	ach	Di	sburs		nt th 000	-	eriod		
Candidate Name Rep. Earl Pomeroy		Ca		11 gory pe	/									000	.00			
State: ND District: 01	Primary X General																	
Kline For Congress Mailing Address 101 W Burnsville Pkwy Suite 104						Tra Dat 1	e of ™	f Di			em				ľ0	Y		
City Burnsville	State Zip Code MN 55337						Amount of Each Disbursement t									eriod		
Purpose of Disbursement Candidate Name Rep. John Kline	Candidate Name Cate													000	.00			
Office Sought: X House Disburs Senate President State: MN District: 02	ement For: 2010 Primary X General Other (specify)																	
Full Name (Last, First, Middle Initial) Richard E Neal For Congress Committee							e of	f Di		urse	em				M	Y		
Mailing Address 76 Magnolia Terrace						^м				□2	2		T	20	ľ0	Ť		
City Springfield Purpose of Disbursement	pringfield MA 01108								fΕ	ach	Di	sburs		nt th 000		eriod		
Candidate Name 011 Candidate Name Category/ Rep. Richard Neal Type											-							
Office Sought: X House Disburs Senate President State: MA District: 02	eement For: 2010 Primary X General Other (specify) ▼		-															
SUBTOTAL of Disbursements This Page (optional)	·				•								50	000	.00			

FEC Schedule B (Form 3X) (Revised 02/2003)