



611 FIFTH AVENUE, BOX 1555  
DES MOINES, IOWA 50306  
515/283-2371

RECEIVED  
FEDERAL ELECTION COMMISSION  
ADVIS  
Jul 22 11 24 AM '94

July 15, 1994

CERTIFIED MAIL/RETURN RECEIPT

Public Records Office  
Federal Election Commission  
999 E. Street, NW  
Washington, DC 20463

RE: Central Life Assurance Company  
Political Action Committee  
Identification No. C0018091

Dear Sir or Madam:

Enclosed is Central Life Assurance Company Political Action Committee's Amended April 15, 1994, Quarterly Report for the reporting period of January 1, 1994, through March 31, 1994. In reviewing our records, we note that we filed this report with an error on the second page. Previously we filed this report indicating that line No. 36 was \$1,709.86; however, this figures is in error and line No. 36 should read \$0.00. Thus, we are filing this Amended corrected report.

If you have any questions, please contact our office. Thank you.

Sincerely,

*Janice Grace*

Janice Grace  
Administrator - Law

/jsg

Enclosure

cc: Kay Williams  
Campaign Financial Disclosure Commission  
514 East Locust, Suite 104  
Des Moines, IA 50309

94039140178

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION COMMISSION  
JUL 22 11 20 AM '94

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

|   |  |
|---|--|
| 1. NAME OF COMMITTEE (in full)<br><b>Central Life Assurance Company<br/>Political Action Committee</b>                          | 2. FEC IDENTIFICATION NUMBER<br><b>C001B0901</b>   |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported<br><br><b>611 Fifth Avenue</b> | 3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) |
| CITY, STATE and ZIP CODE<br><br><b>Des Moines, IA 50309</b>   |  |

## 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:

|                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 5. Covering Period <u>1/1/94</u> through <u>3/31/94</u>  |                         |                                   |
| 6. (a) Cash on Hand January 1, 19 <u>94</u>  |                         | \$ 11,579.24                      |
| (b) Cash on Hand at Beginning of Reporting Period  | \$ 11,579.24            |                                   |
| (c) Total Receipts (from Line 19)  | \$ 1,709.86             | \$ 1,709.86                       |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and<br>Lines 6(a) and 6(c) for Column B)      | \$ 13,289.10            | \$ 13,289.10                      |
| 7. Total Disbursements (from Line 30)  | \$ 0.00                 | \$ 0.00                           |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                    | \$ 13,289.10            | \$ 13,289.10                      |
| 9. Debts and Obligations Owed TO the Committee<br>(Itemize all on Schedule C and/or Schedule D)  | \$ 0.00                 |                                   |
| 10. Debts and Obligations Owed BY the Committee<br>(Itemize all on Schedule C and/or Schedule D) | \$ 0.00                 |                                   |

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<br><b>Michael C. Fitzgerald</b>       |                        |
| Signature of Treasurer<br><i>Michael C. Fitzgerald by Joyce Grace</i> | Date<br><b>7/15/94</b> |

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE **Central Life Assurance Company  
Political Action Committee**

REPORT COVERING PERIOD

FROM **1/1/94** TO **3/31/94**

**I. Receipts**

|  | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year</b> |            |
|--|---------------------------------------|-----------------------------------|------------|
| 11. Contributions (other than loans) From:   |                                       |                                   |            |
| a. Individual/Persons Other Than Political Committees  |                                       |                                   |            |
| i. Itemized (use Schedule A) .....   | 450.00                                | 450.00                            | 11(a)(i)   |
| ii. Unitemized .....   | 1,259.86                              | 1,259.86                          | 11(a)(ii)  |
| iii. Total .....   | 1,709.86                              | 1,709.86                          | 11(a)(iii) |
| b. Political Party Committees .....  | 0.00                                  | 0.00                              | 11(b)      |
| c. Other Political Committees (such as PACs) .....   | 0.00                                  | 0.00                              | 11(c)      |
| d. Total Contributions .....   | 1,709.86                              | 1,709.86                          | 11(d)      |
| 12. Transfers From Affiliated/Other Party Committees .....                                   | 0.00                                  | 0.00                              | 12         |
| 13. All Loans Received .....   | 0.00                                  | 0.00                              | 13         |
| 14. Loan Repayments Received .....   | 0.00                                  | 0.00                              | 14         |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....                         | 0.00                                  | 0.00                              | 15         |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..... | 0.00                                  | 0.00                              | 16         |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....                                 | 0.00                                  | 0.00                              | 17         |
| 18. Transfers from Nonfederal Account for Joint Activity .....                               | 0.00                                  | 0.00                              | 18         |
| 19. Total Receipts .....   | 1,709.86                              | 1,709.86                          | 19         |
| 20. Total Federal Receipts .....   | 1,709.86                              | 1,709.86                          | 20         |

**II. Disbursements**

|   |      |      |           |
|---|------|------|-----------|
| 21. Operating Expenditures:   |      |      |           |
| a. Shared Federal/Non-Federal Activity (from Schedule H4)                                       |      |      |           |
| i. Federal Share .....  | 0.00 | 0.00 | 21(a)(i)  |
| ii. Non-Federal Share .....   | 0.00 | 0.00 | 21(a)(ii) |
| b. Other Federal Operating Expenditures .....   | 0.00 | 0.00 | 21(b)     |
| c. Total Operating Expenditures .....   | 0.00 | 0.00 | 21(c)     |
| 22. Transfers to Affiliated/Other Party Committees .....  | 0.00 | 0.00 | 22        |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees .....         | 0.00 | 0.00 | 23        |
| 24. Independent Expenditures (use Schedule E) .....   | 0.00 | 0.00 | 24        |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..... | 0.00 | 0.00 | 25        |
| 26. Loan Repayments Made .....  | 0.00 | 0.00 | 26        |
| 27. Loans Made .....  | 0.00 | 0.00 | 27        |
| 28. Refunds of Contributions To:  |      |      |           |
| a. Individual/Persons Other Than Political Committees .....                                     | 0.00 | 0.00 | 28(a)     |
| b. Political Party Committees .....   | 0.00 | 0.00 | 28(b)     |
| c. Other Political Committees (such as PACs) .....  | 0.00 | 0.00 | 28(c)     |
| d. Total Contribution Refunds .....   | 0.00 | 0.00 | 28(d)     |
| 29. Other Disbursements .....   | 0.00 | 0.00 | 29        |
| 30. Total Disbursements .....   | 0.00 | 0.00 | 30        |
| 31. Total Federal Disbursements .....   | 0.00 | 0.00 | 31        |

**III. Net Contributions/Operating Expenditures**

|   |          |          |    |
|---|----------|----------|----|
| 32. Total Contributions (other than loans) (from line 11a) .....          | 1,709.86 | 1,709.86 | 32 |
| 33. Total Contribution Refunds (from line 28d) .....                      | 0.00     | 0.00     | 33 |
| 34. Net Contributions (other than loans) (subtract line 33 from 32) ..... | 1,709.86 | 1,709.86 | 34 |
| 35. Total Federal Operating Expenditures .....                            | 0.00     | 0.00     | 35 |
| 36. Offsets to Operating Expenditures (from line 15) .....                | 0.00     | 0.00     | 36 |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11(a)(i) & (ii)

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)

Central Life Assurance Company Political Action Committee

94039140131

|   |  |   |  |   |
|---|--|---|--|---|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Brooks, Roger K.<br>300 Walnut, Box 183<br>Des Moines, IA 50309        |  | Name of Employer<br><b>Central Life Assurance Company</b> | Date (month, day, year)<br>1/31/94<br>2/28/94<br>3/31/94 | Amount of Each Receipt this Period<br>\$ 225.00 total<br>(\$75.00 each) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |  | Occupation<br><b>Chairman &amp; CEO</b>                   | Aggregate Year-to-Date > \$ 225.00                       |   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Doan, D T<br>1621 66th Street<br>Des Moines, IA 50311                  |  | Name of Employer<br><b>Central Life Assurance Company</b> | Date (month, day, year)<br>1/31/94<br>2/28/94<br>3/31/94 | Amount of Each Receipt this Period<br>\$ 225.00 total<br>(\$75.00 each) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |  | Occupation<br><b>President Insurance Operations</b>       | Aggregate Year-to-Date > \$ 225.00                       |   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Unitemized   |  | Name of Employer  | Date (month, day, year)<br>1/31/94<br>2/28/94<br>3/31/94 | Amount of Each Receipt this Period<br>\$1,259.86 total                  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |  | Occupation  | Aggregate Year-to-Date > \$ 1,259.86                     |   |
| <b>D. Full Name, Mailing Address and ZIP Code</b>   |  | Name of Employer  | Date (month, day, year)                                  | Amount of Each Receipt this Period                                      |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |  | Occupation  | Aggregate Year-to-Date > \$                              |   |
| <b>E. Full Name, Mailing Address and ZIP Code</b>   |  | Name of Employer  | Date (month, day, year)                                  | Amount of Each Receipt this Period                                      |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |  | Occupation  | Aggregate Year-to-Date > \$                              |   |
| <b>F. Full Name, Mailing Address and ZIP Code</b>   |  | Name of Employer  | Date (month, day, year)                                  | Amount of Each Receipt this Period                                      |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |  | Occupation  | Aggregate Year-to-Date > \$                              |   |
| <b>G. Full Name, Mailing Address and ZIP Code</b>   |  | Name of Employer  | Date (month, day, year)                                  | Amount of Each Receipt this Period                                      |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |  | Occupation  | Aggregate Year-to-Date > \$                              |   |

SUBTOTAL of Receipts This Page (optional) .....

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

\$1,709.86

**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

*7-18-94*

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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

*JMH*

PREPARER

*7-22-94*

DATE PREPARED

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