

AmerUs Group
418 6th Avenue
Mailing Address:
611 5th Avenue
Des Moines, IA 50309
515/283-3281
515/283-3286 Fax

AmerUs Group
Political Action Committee

RECEIVED
FEDERAL ELECTION
COMMISSION

AUG 0 1 40 PM '97

August 4, 1997

AMERUS
Group

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

RE: AmerUs Group Political Action Committee
Identification No. C00180901

Dear Sir or Madam:

Enclosed are the following amended reports for the AmerUs Group Political Action Committee:

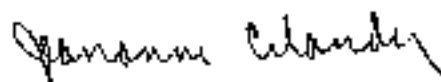
- July 15 Quarterly Report (4/1/96 - 6/30/96)
- October 15 Quarterly Report (7/1/96 - 9/30/96)
- 12 Day Pre-General Report (10/1/96 - 10/16/96)
- 30 Day Post-General Report (10/17/96 - 11/25/96)
- January 31 Year End Report (11/26/96 - 12/31/96)

Each report has been amended to correct the entries made on Lines 11(a)(i) and 11(a)(ii), Column B of the Detailed Summary Page. Also, please note, that I have corrected the entries on Lines 32 and 34, Columns A and B of the Detailed Summary Page on both the 30 Day Post-General Report and the January 31 Year End Report.

For future reporting purposes, I understand that I need to report contributions to federal candidates/committees and non-federal candidates/committees on separate itemized Schedule B's supporting Lines 23 and 29, respectively, on the detailed summary page. I will also make the suggested adjustments to Schedule A supporting Line 11(a)(i) in subsequent reports.

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

Sincerely,



Jeananne Celander
Research Associate
Corporate Finance

Enclosures - (5)

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

AUG 3 1 40 PM '97

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) C00180901 052996 n 261 JAMES A SMALLENBERGER AMERICAN MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMM 611 FIFTH AVENUE DES MOINES IA 50309		2. FEC IDENTIFICATION NUMBER C00180901
		3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 144)

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 <u>04/01/96</u> through <u>06/30/96</u>			
6.	(a) Cash on Hand January 1, 19 <u>96</u>		\$ 6,961.21
	(b) Cash on Hand at Beginning of Reporting Period	\$ 8,177.56	
	(c) Total Receipts (from Line 19)	\$ 6,320.40	\$ 7,536.75
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 14,497.96	\$ 14,497.96
7.	Total Disbursements (from Line 30)	\$ 700.00	\$ 700.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 13,797.96	\$ 13,797.96
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	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)	\$ 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
JAMES A. SMALLENBERGER

Signature of Treasurer

J. A. Smallenberger

Date

8-4-97

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

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE **AMERICAN MUTUAL LIFE INSURANCE COMPANY
POLITICAL ACTION COMMITTEE**

REPORT COVERING PERIOD

FROM **04/01/96**

TO: **06/30/96**

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	2,895.00	3,495.00	11(a)
ii. Unitemized	2,447.34	3,063.69	11(a)
iii. Total (add i and ii) >	5,342.34	6,558.69	11(a)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	978.06	978.06	11(c)
d. Total Contributions (add a iii, b and c) >	6,320.40	7,536.75	11(c)
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, Rebores, 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 (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	6,320.40	7,536.75	19
20. Total Federal Receipts (subtract line 18 from line 19) >	6,320.40	7,536.75	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)
ii. Non-Federal Share	0.00	0.00	21(a)
b. Other Federal Operating Expenditures	0.00	0.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	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	700.00	700.00	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 (add a, b and c) >	0.00	0.00	28(c)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	700.00	700.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	700.00	700.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	6,320.40	7,536.75	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	6,320.40	7,536.75	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35)	0.00	0.00	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11(a)(1)

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)

AMERICAN MUTUAL LIFE 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
BROOKS, ROGER K. 300 WALNUT STREET # 183 DES MOINES, IA 50309	AmerUs Life Insurance Co. 418 SIXTH AVENUE DES MOINES, IA 50309	04/30/96 05/31/96 06/30/96	\$150.00 \$150.00 \$150.00
	Occupation CEO		
	Aggregate Year-to-Date >	\$ 675.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code BOTTORF, DIANE 14 NE 70th Place ANBENCY, IA 50021	AmerUs Bank 418 SIXTH AVENUE DES MOINES, IA 50309	06/23/96	\$200.00
	Occupation SVP-OPERATIONS		
	Aggregate Year-to-Date >	\$ 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code DOAN, D I 670 58th PLACE WEST DES MOINES, IA 50266	AmerUs Life Insurance Co. 611 Fifth Avenue DES MOINES, IA 50309	04/30/96 05/31/96 06/30/96	\$125.00 \$125.00 \$125.00
	Occupation VICE CHAIRMAN		
	Aggregate Year-to-Date >	\$ 750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code ELDRIDGE, GEORGE 1615 S. 43rd STREET WEST DES MOINES, IA 50265	AmerUs Life Insurance Co. 611 FIFTH AVENUE DES MOINES, IA 50309	04/30/96 05/31/96 06/30/96	\$40.00 \$40.00 \$40.00
	Occupation SVP-CORPORATE SERVICES		
	Aggregate Year-to-Date >	\$ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code GODLASKY, THOMAS C. 1516 S. 42nd STREET WEST DES MOINES, IA 50265	AmerUs Life Insurance Co. 418 SIXTH AVENUE DES MOINES, IA 50309	05/31/96 06/30/96	\$100.00 \$100.00
	Occupation EVP & Chief Investment Officer		
	Aggregate Year-to-Date >	\$ 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code KALALROY, SAM 681 50th DES MOINES, IA 50312	AmerUs Life Insurance Co. 418 SIXTH AVENUE DES MOINES, IA 50309	04/16/96 04/30/96 05/31/96 06/30/96	\$500.00 \$100.00 \$100.00 \$100.00
	Occupation Chairman		
	Aggregate Year-to-Date >	\$ 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code SPROULE, MICHAEL E. 100 37th STREET DES MOINES, IA 50312	AmerUs Life Insurance Co. 418 SIXTH AVENUE DES MOINES, IA 50309	04/30/96 05/31/96 06/30/96	\$100.00 \$100.00 \$100.00
	Occupation EVP & CFO		
	Aggregate Year-to-Date >	\$ 312.51	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

\$2,445.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

AMERICAN MUTUAL LIFE 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
LANGFALL, ROGER 14162 LAKE POINTE DRIVE CLIVE, IA 50325	AmerUs Properties 4949 WESTOWN PKWY, STE 245 WEST DES MOINES, IA 50366	04/29/96	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP-REAL ESTATE MGMT	Aggregate Year-to-Date	\$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KNAPP II, WILLIAM C. 5221 NW 70th Place JOHNSTON, IA 50131	AmerUs Properties 4949 WESTOWN PKWY, STE 245 WEST DES MOINES, IA 50266	04/30/96	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT & CEO	Aggregate Year-to-Date	\$200.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$

SUBTOTAL of Receipts This Page (optional)

\$450.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 11 (c)

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)

AMERICAN MUTUAL LIFE 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
AmeriUs Bank Political Action Committee 418 SIXTH AVENUE DES MOINES, IA 50309	NA	05/14/96	\$978.06
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation NA	Aggregate Year-to-Date > \$ 978.06	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

978.06

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER
23

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)
AMERICAN MUTUAL LIFE 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
EARL POMEROY FOR CONGRESS PO BOX 746 BISMARCK, ND 58502	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/02/96	\$200.00
B. Full Name, Mailing Address and ZIP Code GANSKE FOR CONGRESS COMMITTEE 521 E. LOCUST, 2nd FLOOR DES MOINES, IA 50309	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/26/96	\$500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$700.00

\$700.00

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.

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>8-4-97</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED <hr/> and/or DATE OF RECEIPT
<i>SLS</i>	<i>8-8-97</i>
PREPARER	DATE PREPARED