



611 FIFTH AVENUE, BOX 1655  
DES MOINES, IOWA 50306  
515/283-2371

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
ADMINISTRATIVE DIVISION  
Apr 25 11 20 AM '94

April 19, 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 April 15, 1994, Quarterly Report for the reporting period of January 1, 1994, through March 31, 1994.

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  
507 10th Street, 7th Floor  
Des Moines, IA 50309

940331355313

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
ADMINISTRATIVE DIVISION

APR 25 11 20 AM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

|  |   |
|--|---|
| <b>1. NAME OF COMMITTEE (In full)</b><br>Central Life Assurance Company<br>Political Action Committee                    | <b>2. FEC IDENTIFICATION NUMBER</b><br>C00180901  |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported<br><br>611 Fifth Avenue | <b>3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)</b> |
| CITY, STATE and ZIP CODE<br><br>Des Moines, IA 50309   |   |

## 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 checked="" 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>                                       |                         | \$ 11,579.24  |
| 6. (a) Cash on Hand January 1, 19 <u>94</u>   | \$ 11,579.24            |   |
| (b) Cash on Hand at Beginning of Reporting Period   | \$ 1,709.86             | \$ 1,709.86   |
| (c) Total Receipts (from Line 1b)   | \$ 13,289.10            | \$ 13,289.10  |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)      | \$ 0.00                 | \$ 0.00   |
| 7. Total Disbursements (from Line 3b)   | \$ 13,289.10            | \$ 13,289.10  |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                 | \$ 0.00                 | \$ 0.00   |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)  | \$ 0.00                 | For further information contact:<br>Federal Election Commission<br>999 E Street, NW<br>Washington, DC 20463<br>Toll Free 800-424-9630<br>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  
**Michael C. Fitzgerald**

Signature of Treasurer  
*Michael C. Fitzgerald / by Janice Grace*

Date  
4/18/94

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

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# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

| NAME OF COMMITTEE  |  | REPORT COVERING PERIOD        |                           |
|--|--|-------------------------------|---------------------------|
| Central Life Assurance Company<br>Political Action Committee |  | FROM 1/1/94                   | TO 3/31/94                |
|  |  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year |
| <b>I. Receipts</b>   |  |                               |                           |
| 11.  | Contributions (other than loans) From:   |                               |                           |
| a.   | Individual/Persons Other Than Political Committees                                   | 450.00                        | 450.00                    |
|  | I. Itemized (use Schedule A)   | 1,259.86                      | 1,259.86                  |
|  | II. Unitemized   | 1,709.86                      | 1,709.86                  |
|  | III. Total (add I and II) >  | 0.00                          | 0.00                      |
| b.   | Political Party Committees   | 0.00                          | 0.00                      |
| c.   | Other Political Committees (such as PACs)  | 1,709.86                      | 1,709.86                  |
| d.   | Total Contributions (add a II, b and c) >  | 0.00                          | 0.00                      |
| 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.)                           | 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.)                                   | 0.00                          | 0.00                      |
| 18.  | Transfers from Nonfederal Account for Joint Activity                                 | 1,709.86                      | 1,709.86                  |
| 19.  | Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >                           | 1,709.86                      | 1,709.86                  |
| 20.  | Total Federal Receipts (subtract line 18 from line 19) >                             |                               |                           |
| <b>II. Disbursements</b>                                     |  |                               |                           |
| 21.  | Operating Expenditures:  |                               |                           |
| a.   | Shared Federal/Non-Federal Activity (from Schedule H4)                               | 0.00                          | 0.00                      |
|  | I. Federal Share   | 0.00                          | 0.00                      |
|  | II. Non-Federal Share  | 0.00                          | 0.00                      |
| b.   | Other Federal Operating Expenditures (add a I, a II, and b) >                        | 0.00                          | 0.00                      |
| c.   | Total Operating Expenditures   | 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        | 0.00                          | 0.00                      |
| 24.  | Independent Expenditures (use Schedule E)  | 0.00                          | 0.00                      |
| 25.  | Coordinated Expenditure Made by Party Committees (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:   | 0.00                          | 0.00                      |
|  | a. Individual/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 a, b and c) >                                     | 0.00                          | 0.00                      |
| 29.  | Other Disbursements  | 0.00                          | 0.00                      |
| 30.  | Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >                 | 0.00                          | 0.00                      |
| 31.  | Total Federal Disbursements (subtract line 21 a II from line 30) >                   |                               |                           |
| <b>III. Net Contributions/Operating Expenditures</b>         |  |                               |                           |
| 32.  | Total Contributions (other than loans)(from line 11d)                                | 1,709.86                      | 1,709.86                  |
| 33.  | Total Contribution Refunds (from line 28d)   | 0.00                          | 0.00                      |
| 34.  | Net Contributions (other than loans)(subtract line 33 from 32)                       | 1,709.86                      | 1,709.86                  |
| 35.  | Total Federal Operating Expenditures (add 21 a I and 21 b) >                         | 0.00                          | 0.00                      |
| 36.  | Offsets to Operating Expenditures (from line 15)                                     | 0.00                          | 0.00                      |
| 37.  | Net Operating Expenditures (subtract line 36 from 35) >                              | 1,709.86                      | 1,709.86                  |

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**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**

| A. Full Name, Mailing Address and ZIP Code  | Name of Employer   | Date (month, day, year)       | Amount of Each Receipt this Period |
|---|--|-------------------------------|------------------------------------|
| Brooks, Roger K.<br>300 Walnut, Box 183<br>Des Moines, IA 50309   | Central Life Assurance Company   | 1/31/94<br>2/28/94<br>3/31/94 | \$ 225.00 total<br>(\$75.00 each)  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: Chairman & CEO<br>Aggregate Year-to-Date > \$ 225.00                 |                               |                                    |
| B. Full Name, Mailing Address and ZIP Code  | Name of Employer   | Date (month, day, year)       | Amount of Each Receipt this Period |
| Doan, D T<br>1621 65th Street<br>Des Moines, IA 50311   | Central Life Assurance Company   | 1/31/94<br>2/28/94<br>3/31/94 | \$ 225.00 total<br>(\$75.00 each)  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation: President Insurance Operations<br>Aggregate Year-to-Date > \$ 225.00 |                               |                                    |
| C. Full Name, Mailing Address and ZIP Code  | Name of Employer   | Date (month, day, year)       | Amount of Each Receipt this Period |
| Unitemized  |  | 1/31/94<br>2/28/94<br>3/31/94 | \$1,259.86 total                   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation:<br>Aggregate Year-to-Date > \$ 1,259.86                              |                               |                                    |
| 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<br><input type="checkbox"/> Other (specify): | Occupation:<br>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<br><input type="checkbox"/> Other (specify): | Occupation:<br>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<br><input type="checkbox"/> Other (specify): | Occupation:<br>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<br><input type="checkbox"/> Other (specify): | Occupation:<br>Aggregate Year-to-Date > \$                                       |                               |                                    |

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

TOTAL This Period (last page this line number only) ..... **\$1,709.86**

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**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

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4-19-94

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Received from the Senate Office of Public Records DATE OF RECEIPT

Other (Specify): POSTMARKED  
and/or DATE OF RECEIPT

*Seb.* 4-25-94

PREPARED DATE PREPARED

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