



611 FIFTH AVENUE, BOX 1566
DES MOINES, IOWA 50306
515/283 2371

November 8, 1994

Stephen Cohen
Reports Analyst, Reports Analysis Division
Federal Election Commission
Washington, D.C. 20463

RE: Identification No. C00180901
October Quarterly Report (7/1/94-9/30/94)

Dear Mr. Cohen:

This is in response to your letter of November 2, 1994, (received November 7, 1994) regarding the errors in the above report. We have corrected this information and as such are providing you with an Amended report. The specific changes we have made are as follows:

- 1) Detailed Summary Page
Column A Line 29 includes non-federal contributions of \$500; Line 30 reflects the total Disbursements of \$3,000; and
Column B Line 23 includes only non-federal contributions for the year of \$6,900; Line 29 includes non-federal contributions for the year of \$500.
- 2) Schedule B
One Schedule B is submitted for Line 23 that includes the \$2,500 federal contribution; and
One Schedule B is submitted for Line 29 that includes the \$500 non-federal contribution.

In reviewing your letter, we believe that this Amended Report corrects the errors outlined. If not, however, please contact us directly regarding any additional corrections that need to be made. We will also note in our records your comments so that all future reports are prepared correctly concerning federal and non-federal election contributions.

Thank you for your cooperation in this matter.

Sincerely,

Janice Grace
Administrator - Law

Enclosure

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REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE
 000180901 090294 R 247
 MICHAEL C FITZGERALD
 CENTRAL LIFE ASSURANCE COMPANY
 POLITICAL ACTION COMMITTEE
 611 FIFTH AVENUE
 DES MOINES IA 50309

2. FEC IDENTIFICATION NUMBER

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

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>7/1/94</u> through <u>9/30/94</u>		\$ 11,579.24
6. (a) Cash on Hand January 1, 19 <u>94</u>	\$ 10,563.13	
(b) Cash on Hand at Beginning of Reporting Period	\$ 1,619.03	\$ 5,002.92
(c) Total Receipts (from Line 19)	\$ 12,182.16	\$ 16,582.16
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 3,000.00	\$ 7,400.00
7. Total Disbursements (from Line 30)	\$ 9,182.16	\$ 9,182.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 0.00	
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	

For further information contact:
 Federal Election Commission
 999 E Street, NW
 Washington, DC 20463
 Toll Free 800-424-9530
 Local 202-219-3420

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

Date
 11/8/94

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 Political Action Committee		FROM 7/1/94	TO: 9/30/94
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11.	Contributions (other than loans) From:	865.01	2,130.02
a.	Individuals/Persons Other Than Political Committees		
i.	Itemized (use Schedule A)	754.02	2,872.90
ii.	Unitemized		
	(add i and ii) >	1,619.03	5,002.92
b.	Political Party Committees	0.00	0.00
c.	Other Political Committees (such as PACs)	0.00	0.00
d.	Total Contributions (add a iii, b and c) >	1,619.03	5,002.92
12.	Transfers From Affiliated/Other Party Committees	0	0
13.	All Loans Received	0	0
14.	Loan Repayments Received	0	0
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17.	Other Federal Receipts (Dividends, Interest, etc.)	0	0
18.	Transfers from Nonfederal Account for Joint Activity	0	0
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		
20.	Total Federal Receipts (subtract line 16 from line 19) >	1,619.03	5,002.92
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)	0	0
i.	Federal Share	0	0
ii.	Non-Federal Share	0	0
b.	Other Federal Operating Expenditures	0	0
c.	Total Operating Expenditures (add a i, a ii, and b) >	0	0
22.	Transfers to Affiliated/Other Party Committees	2,500.00	6,999.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees	0	0
24.	Independent Expenditures (use Schedule E)	0	0
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441s(d)) (use Schedule F)	0	0
26.	Loan Repayments Made	0	0
27.	Loans Made	0	0
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees	0	0
b.	Political Party Committees	0	0
c.	Other Political Committees (such as PACs)	0	0
d.	Total Contribution Refunds (add a, b and c) >	0	0
29.	Other Disbursements	500.00	500.00
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	3,000.00	7,400.00
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	3,000.00	7,400.00
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans) (from line 11d)	1,619.03	5,002.92
33.	Total Contribution Refunds (from line 28d)	0	0
34.	Net Contributions (other than loans) (subtract line 33 from line 32)	1,619.03	5,002.92
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0
36.	Offsets to Operating Expenditures (from line 15)	0	0
37.		0	0

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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

Brooks, Roger K.
300 Walnut Street #183
Des Moines, IA 50309

Name of Employer
Central Life Assurance
Company, 611 Fifth
Des Moines, IA 50309

Date (month,
day, year)
7/31/94
8/31/94
9/30/94

Amount of Each
Receipt this Period
\$ 225.00 total
(75.00 each)

Occupation Chairman &
CEO

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$ 675.00

B. Full Name, Mailing Address and ZIP Code

Doan, DT
670 58th Street
West Des Moines, IA 50266

Name of Employer
Central Life Assurance
Company, 611 Fifth
Des Moines, IA 50309

Date (month,
day, year)
7/31/94
8/31/94
9/30/94

Amount of Each
Receipt this Period
225.00 total
(75.00 each)

Occupation President - Insur-
ance Operations

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$ 675.00

C. Full Name, Mailing Address and ZIP Code

Eldridge, George
Box 65624
1615 S 43rd Street
West Des Moines, IA 52065

Name of Employer
Central Life Assurance
Company, 611 Fifth
Des Moines, IA 50309

Date (month,
day, year)
7/31/94
8/31/94
9/30/94

Amount of Each
Receipt this Period
120.00 total
(40.00 each)

Occupation Senior Vice Pres-
ident Corporate Services

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$ 360.00

D. Full Name, Mailing Address and ZIP Code

Gunzenhauser, Keith
2649 360th Street
Van Meter, IA 50261

Name of Employer
Central Life Assurance
Company, 611 Fifth
Des Moines, IA 50309

Date (month,
day, year)
7/31/94
8/31/94

Amount of Each
Receipt this Period
80.00 total
(40.00 each)

Occupation Executive Vice-
President - Finance

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$ 320.00

E. Full Name, Mailing Address and ZIP Code

Moore, Alfred
4717 Brookview Drive
West Des Moines, IA 50265

Name of Employer
Central Resource Group,
Inc., 611 Fifth
Des Moines, IA 50309

Date (month,
day, year)
7/31/94
8/31/94
9/30/94

Amount of Each
Receipt this Period
125.01 total
(41.67 each)

Occupation President-Centra-
l Resource Group

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$ 375.03

F. Full Name, Mailing Address and ZIP Code

Syata, C. Joseph
3012 Mary Lynn Drive
Urbandale, IA 50322

Name of Employer
Central Life Assurance
Company, 611 Fifth Ave.
Des Moines, IA 50309

Date (month,
day, year)
7/31/94
8/31/94
9/30/94

Amount of Each
Receipt this Period
90.00 total
(30.00 each)

Occupation Vice President-
Mortgage Loans

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$ 270.00

G. Full Name, Mailing Address and ZIP Code

Unitemized

Name of Employer
Central Life Assurance
Company, 611 Fifth Ave.
Des Moines, IA 50309

Date (month,
day, year)
7/31/94
8/31/94
9/30/94

Amount of Each
Receipt this Period
754.02

Occupation

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$ 2,872.90

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$ 1,619.03

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Governor Brandstad Committee 2209 Grand Avenue Des Moines, IA 50312	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/15/94	\$2,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	\$2,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gunderson for Attorney General 6100 Pleasant Drive Des Moines, IA 50312	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/15/94	\$500.00
B. 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
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)	
TOTAL This Period (last page this line number only)	\$500.00

**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.

Hand Delivered DATE OF RECEIPT

First Class Mail POSTMARKED
11-8-94

Registered/Certified Mail POSTMARKED

No Postmark

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

MMR
PREPARER

11-14-94
DATE PREPARED

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