



611 FIFTH AVENUE, BOX 1555  
DES MOINES, IOWA 50306  
515 283 2571

JAN 21 1 53 PM '94

January 17, 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 January 31 Mid-Year Report for the reporting period of July 1, 1993, through December 31, 1993.

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

34003700002

# 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 (in full) Central Life Assurance Company Political Action Committee	Jan 24 1 05 PM '94
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported  611 Fifth Avenue CITY, STATE AND ZIP CODE  Des Moines, IA 50309	2. FEC IDENTIFICATION NUMBER C00180901
3. <input checked="" type="checkbox"/> 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:

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <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 This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>1/1/93</u> through <u>12/31/93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 7,758.66
(b) Cash on Hand at Beginning of Reporting Period	\$ 8,267.70	
(c) Total Receipts (from Line 1B)	\$ 3,311.54	\$ 6,870.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 11,579.24	\$ 11,579.24
7. Total Disbursements (from Line 3C)	\$ 0.00	\$ 3,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 11,579.24	\$ 11,579.24
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 888 E Street, NW Washington, DC 20463 Toll Free 800-424-8630 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 	Date 1/19/94

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





**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 2  
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
Powell, Kris R. 4316 Grand Avenue Apt. 10 Des Moines, IA 50310	Central Life Assurance Company	7/31/93 8/31/93 9/30/93 10/31/93 11/30/93 12/31/93	300.00 total  ( 50.00 each)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice Pres Human Resources Aggregate Year-to-Date > \$ 600.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Smullenberger, James A. 12906 NW 127th Court Des Moines, IA 50325	Central Life Assurance Company	7/31/93 8/31/93 9/30/93 10/31/93 11/30/93 12/31/93	120.00 total  ( 20.00 each)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation General Counsel & Vice President Aggregate Year-to-Date > \$ 240.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Syata, C. Joseph, Jr. 3012 Mary Lynn Drive Urbandale, IA 50322	Central Life Assurance Company	7/31/93 8/31/93 9/30/93 10/31/93 11/30/93 12/31/93	180.00 total  ( 30.00 each)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President-Mortgage Loans Aggregate Year-to-Date > \$ 360.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Unitemized	Central Life Assurance Company	7/31/93 8/31/93 9/30/93 10/31/93 11/30/93 12/31/93	1,031.52 total
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 2760.56		
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) ..... 1,631.52

**TOTAL** This Period (last page this line number only) ..... 3,311.54

2025 RELEASE UNDER E.O. 14176

**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  
1-18-94

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

  
 PREPARER

1-24-94  
 DATE PREPARED

34019749507