

AmerUs Group
699 Walnut Street
Des Moines, IA 50309-3948
Mailing Address:
P.O. Box 1555
Des Moines, IA 50306-1555
515/362-3600

AmerUs Group
Political Action Committee

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 3 12 11 PM '98

January 29, 1998

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 is the AmerUs Group Political Action Committee's December 31, 1997 year end report for the reporting period of July 1, 1997 through December 31, 1997.

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

Sincerely,

Jeananne M. Celander

Jeananne M. Celander
Assistant Secretary

Enclosure

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 3 12 11 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

000180701	120597	N 201
JAMES A SMALLENBERGER		
AMERUS GROUP 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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <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 |
- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election 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>07/01/97</u> through <u>12/31/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 11,590.46
(b) Cash on Hand at Beginning of Reporting Period	\$ 17,542.83	
(c) Total Receipts (from Line 19)	\$ 8,420.56	\$ 16,872.93
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 25,963.39	\$ 28,463.39
7. Total Disbursements (from Line 30)	\$ 3,000.00	\$ 5,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 22,963.39	\$ 22,963.39
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: 

Date: 01/30/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §497g.

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FEC FORM 3X
(revised 8/95)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
AmerUs Group Political Action Committee	FROM 07/01/97	TO 12/31/97	
Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	6,850.06	12,450.12	11(a)
ii. Unitemized	1,570.50	4,422.81	11(b)
iii. Total (add i and ii) >	8,420.56	16,872.93	11(c)
b. Political Party Committees	0.00	0.00	11(d)
c. Other Political Committees (such as PACs)	0.00	0.00	11(e)
d. Total Contributions (add a iii, b and c) >	8,420.56	16,872.93	11(f)
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 (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	8,420.56	16,872.93	19
20. Total Federal Receipts (subtract line 18 from line 19) >	8,420.56	16,872.93	20
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(b)
b. Other Federal Operating Expenditures	0.00	0.00	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	0.00	21(d)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	2,500.00	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(d)
29. Other Disbursements	3,000.00	3,000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	3,000.00	5,500.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	3,000.00	5,500.00	31
Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	8,420.56	16,872.93	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	8,420.56	16,872.93	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 3
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)
AterUs Group 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 Des Moines, IA 50309	AterUs Life Holdings, Inc. 699 Walnut Street Des Moines, IA 50309	Payroll Deduction	\$900.00 (\$150.00 monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman, President, & CEO	Aggregate Year-to-Date > \$ 1,800.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Daley, Victor 4131 Plumwood Dr West Des Moines, IA 50265	AterUs Life Holdings, Inc. 699 Walnut Street Des Moines, IA 50309	Payroll Deduction	\$300.00 (\$50 monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SVP-Chief HR Officer	Aggregate Year-to-Date > \$ 600.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Fraizer, Michael G. 5566 Little Leaf Trail West Des Moines, IA 50266	AterUs Life Holdings, Inc. 699 Walnut Street Des Moines, IA 50309	Payroll Deduction	\$250.02 (\$41.67 monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SVP-Controller/Treasurer	Aggregate Year-to-Date > \$ 500.04	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Haggarty, Joseph 601 S. 33rd Street West Des Moines, IA 50265	AterUs Life Holdings, Inc. 699 Walnut Street Des Moines, IA 50309	Payroll Deduction	\$250.02 (\$41.67 monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SVP-General Counsel	Aggregate Year-to-Date > \$ 500.04	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Hanson, Marcia 760 Walnut Ridge Dr Waukee, IA 50263	AterUs Bank 418 Sixth Avenue Des Moines, IA 50309	Payroll Deduction	\$510.00 (\$85 monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President & CFO	Aggregate Year-to-Date > \$ 1,020.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kalainov, Sam 681 50th Des Moines, IA 50312	AterUs Group, Co. 699 Walnut Street Des Moines, IA 50309	Payroll Deduction	\$600.00 (\$100 monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman	Aggregate Year-to-Date > \$ 1,200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Talburt, Jenna 2011 Ashworth Road West Des Moines, IA 50265	AterUs Direct 418 Sixth Avenue Des Moines, IA 50309	Payroll Deduction	\$300.00 (\$50 monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SVP-Marketing	Aggregate Year-to-Date > \$ 600.00	

SUBTOTAL of Receipts This Page (optional) 3,110.04

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3
FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (In Full)
AmerUs Group Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Godlasky, Thomas 1516 S. 42nd St West Des Moines, IA 50265	AmerUs Life Holdings, Inc. 699 Walnut Street Des Moines, IA 50309	Payroll Deduction	\$600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EMP & CIO	Aggregate Year-to-Date > \$	(\$100.00 monthly)
		1,200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <th>Amount of Each Receipt This Period</th>	Amount of Each Receipt This Period
Shallenberger, James A. 12906 NW 127th Court Clive, IA 50325	AmerUs Life Holdings, Inc. 699 Walnut Street Des Moines, IA 50309	Payroll Deduction	\$250.02
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SVP, Secretary	Aggregate Year-to-Date > \$	(\$41.67 monthly)
		500.04	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <th>Amount of Each Receipt This Period</th>	Amount of Each Receipt This Period
Sproule, Michael E. 10037th Street Des Moines, IA 50312	AmerUs Life Holdings, Inc. 699 Walnut Street Des Moines, IA 50309	Payroll Deduction	\$600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EMP & CFO	Aggregate Year-to-Date > \$	(\$100.00 monthly)
		1,200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <th>Amount of Each Receipt This Period</th>	Amount of Each Receipt This Period
Doan, D T 670 58th Place West Des Moines, IA 50266	AmerUs Life Insurance 611 Fifth Avenue Des Moines, IA 50309	Payroll Deduction	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retiree	Aggregate Year-to-Date > \$	(5 months @ \$125/mo 1 month @ \$375/mo)
		1,500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <th>Amount of Each Receipt This Period</th>	Amount of Each Receipt This Period
Ten Brink, d. Richard 5724 Gallery Court West Des Moines, IA 50266	AmerUs Bank 418 Sixth Avenue Des Moines, IA 50309	Payroll Deduction	\$180.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SVP	Aggregate Year-to-Date > \$	(\$30 monthly)
		360.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <th>Amount of Each Receipt This Period</th>	Amount of Each Receipt This Period
O'Hall, Fred 3601 SW Court Ankeny, IA 50021	AmerUs Life Insurance 611 Fifth Avenue Des Moines, IA 50309	Payroll Deduction	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SVP-Technology & Operations	Aggregate Year-to-Date > \$	(\$50.00 monthly)
		600.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <th>Amount of Each Receipt This Period</th>	Amount of Each Receipt This Period
Adkins, Dempsey 9445 Hammonree Dr. Des Moines, IA 50322	AmerUs Life Insurance 611 Fifth Avenue Des Moines, IA 50309	Payroll Deduction	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SVP-Career Agency	Aggregate Year-to-Date > \$	(\$25 monthly)
		300.00	

SUBTOTAL of Receipts This Page (optional)

3,080.02

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3
FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (In Full)

AmerUs Group Political Action Committee

A. Full Name, Mailing Address and ZIP Code Bauer, Kathy Box 182 Melcher, IA 50163 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AmerUs Life Insurance 611 Fifth Avenue Des Moines, IA 50309 Occupation VP-Human Resources Aggregate Year-to-Date > \$ 360.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt This Period \$180.00 (\$30 monthly)
B. Full Name, Mailing Address and ZIP Code Halmes, Sandy 4651 Elm Street West Des Moines, IA 50265 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AmerUs Life Insurance 611 Fifth Avenue Des Moines, IA 50309 Occupation SVP-Individual Admin. Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt This Period \$150.00 (\$25 monthly)
C. Full Name, Mailing Address and ZIP Code Williams, Phyllis 9104 Indian Hills Dr Clive, IA 50325 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AmerUs Life Insurance 611 Fifth Avenue Des Moines, IA 50309 Occupation Financial Actuary Aggregate Year-to-Date > \$ 360.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt This Period \$180.00 (\$30 monthly)
D. Full Name, Mailing Address and ZIP Code Witterwyler, Ron 6030 N. Waterbury Road Des Moines, IA 50312 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AmerUs Life Insurance 611 Fifth Avenue Des Moines, IA 50309 Occupation Vice President - Finance Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt This Period \$150.00 (\$25 monthly)
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
SUBTOTAL of Receipts This Page (optional)			660.00
TOTAL This Period (last page this line number only)			6,850.06

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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)


Alexis Group Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LifePAC 1001 Pennsylvania Avenue, N.W. Washington, DC 20004-2599	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/14/97	\$3,000.00
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)	\$3,000.00
TOTAL This Period (last page this line number only)	\$3,000.00

**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 type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 11/30/98
<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 and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	11/30/98 DATE PREPARED