

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

DEC 9 1 06 PM '98

AMERUS
Group

December 2, 1998

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 (4/1/98 - 6/30/98)
- October 15 Quarterly Report (7/1/98 - 9/30/98)
- 12 Day Pre-General Report (10/1/98 - 10/14/98)

Each report has been amended to correct the entries made on Lines 23 and 29 in columns A and B of the Detailed Summary Page.

Also enclosed is the AmerUs Group Political Action Committee's 30-Day Post-Election Report for the reporting period of October 15, 1998 through November 23, 1998.

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

Sincerely,

Jeananne M. Celander

Jeananne Celander
Assistant Secretary

Enclosures - (4)

REPORT OF RECEIPTS NO DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION FILE 5067

TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
 000180901 060498 N 270
 JAMES A. SMALLENBERGER
 AMERUS GROUP POLITICAL ACTION
 COMMITTEE
 611 FIFTH AVENUE
 DES MOINES IA 50309

2. FEC IDENTIFICATION NUMBER
 00180901

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
- 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>04/01/98</u> through <u>06/30/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 22,963.39
(b) Cash on Hand at Beginning of Reporting Period	\$ 23,773.17	
(c) Total Receipts (from Line 19)	\$ 3,654.78	\$ 7,464.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 27,427.95	\$ 30,427.95
7. Total Disbursements (from Line 30)	\$ 4,450.00	\$ 7,450.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 22,977.95	\$ 22,977.95
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -	For further information contact: Federal Election Commission 899 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -	

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
 12/2/98

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

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 04/01/98	TO: 06/30/98	
I. Receipts	COLUMN A	COLUMN B	
	Total This Period	Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	2,430.03	4,035.03	11(e)(i)
ii. Unitemized	1,224.75	3,429.53	11(e)(ii)
iii. Total (add i and ii) >	3,654.78	7,464.56	11(a)(iii)
b. Political Party Committees	-	-	11(b)
c. Other Political Committees (such as PACs)	-	-	11(c)
d. Total Contributions (add a ii, b and c) >	3,654.78	7,464.56	11(d)
12. Transfers From Affiliated/Other Party Committees	-	-	12
13. All Loans Received	-	-	13
14. Loan Repayments Received	-	-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-	-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-	-	16
17. Other Federal Receipts (Dividends, Interest, etc.)	-	-	17
18. Transfers from Nonfederal Account for Joint Activity	-	-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	3,654.78	7,464.56	19
20. Total Federal Receipts (subtract line 18 from line 19) >	3,654.78	7,464.56	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-	-	21(a)(i)
ii. Non-Federal Share	-	-	21(b)
b. Other Federal Operating Expenditures	-	-	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >	-	-	22
22. Transfers to Affiliated/Other Party Committees	-	-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,700.00	5,700.00	23
24. Independent Expenditures (use Schedule E)	-	-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-	-	25
26. Loan Repayments Made	-	-	26
27. Loans Made	-	-	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	-	-	28(a)
b. Political Party Committees	-	-	28(b)
c. Other Political Committees (such as PACs)	-	-	28(c)
d. Total Contribution Refunds (add a, b and c) >	-	-	28(d)
28. Other Disbursements	1,750.00	1,750.00	28
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	4,450.00	7,450.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	4,450.00	7,450.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	3,654.78	7,464.56	32
33. Total Contribution Refunds (from line 28d)	-	-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	3,654.78	7,464.56	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	-	-	35
36. Offsets to Operating Expenditures (from line 15)	-	-	36
37. Net Operating Expenditures (subtract line 36 from 35) >	-	-	37

CHEDULE A

ITEMIZED RECEIPTS

Li- part(s) schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 2
FOR LINE NUMBER 11.a.i.

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)

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
Brooks, Roger K. 300 Walnut, #183 Des Moines, IA 50309	AmerUs Life Holdings, Inc. 699 Walnut St, Suite 2000 Des Moines, IA 50309	Payroll Deduction	\$450.00 (\$150 monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chair, President & CEO	Aggregate Year-to-Date > \$	900.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daley, Victor N. 4131 Plumwood Drive West Des Moines, IA 50265	AmerUs Life Holdings, Inc. 699 Walnut St., suite 2000 Des Moines, IA 50309	Payroll Deduction	\$150.00 (\$50 monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SVP, Chief Admin & HR Officer	Aggregate Year-to-Date > \$	300.00
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	AmerUs Life Holdings, Inc. 699 Walnut St., Suite 2000 Des Moines, IA 50309	Payroll Deduction	\$125.01 (\$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 > \$	250.02
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Griffasky, Thomas C. 1516 South 42nd Street West Des Moines, IA 50265	AmerUs Life Holdings, Inc. 699 Walnut St., Suite 2000 Des Moines, IA 50309	Payroll Deduction	\$300.00 (\$100.00 monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EVP & Chief Invest. Officer	Aggregate Year-to-Date > \$	600.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Haggerty, Joseph K. 601 South 33rd Street West Des Moines, IA 50265	AmerUs Life Holdings, Inc. 699 Walnut St., Suite 2000 Des Moines, IA 50309	Payroll Deduction	\$125.01 (\$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 > \$	250.02
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hanson, Marcia S. 13080 Cedarcrest Lane Clive, IA 50325	AmerUs Bank 418 Sixth Ave Des Moines, IA 50309	Payroll Deduction	\$36 monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President & CEO	Aggregate Year-to-Date > \$	510.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kalainov, Sam C. 681 50th Street Des Moines, IA 50312	AmerUs Group Co. 699 Walnut St., Suite 2000 Des Moines, IA 50309	Payroll Deduction	\$300.00 (\$100.00 monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman	Aggregate Year-to-Date > \$	600.00

SUBTOTAL of Receipts This Page (optional) \$1,705.02

TOTAL This Period (last page this line number only)

ITEMIZED RECEIPTS

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

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)
Aneris 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
La Toure, Jenna M. 2011 Ashworth Road West Des Moines, IA 50265	Aneris Direct 418 Sixth Avenue Des Moines, IA 50309	Payroll Deduction	\$150.00 (\$50.00 monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President Aggregate Year-to-Date \$ 300.00	Date (month, day, year)	Amount of Each Receipt This Period
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
O'Dell, Fred 3001 SW Court Ankeny, IA 50021	Aneris Life Insurance Co. 611 Fifth Ave Des Moines, IA 50309	Payroll Deduction	\$150.00 (\$50.00 monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Strategic Project Mgmt. Aggregate Year-to-Date \$ 300.00	Date (month, day, year)	Amount of Each Receipt This Period
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stallenberger, James A. 12906 NW 127th Court Des Moines, IA 50325	Aneris Life Holdings, Inc. 699 Walnut St., Suite 2000 Des Moines, IA 50309	Payroll Deduction	\$125.01 (\$41.67 monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SVP & Corporate Secretary Aggregate Year-to-Date \$ 250.00	Date (month, day, year)	Amount of Each Receipt This Period
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sproule, Michael E. 100 37th Street Des Moines, IA 50312	Aneris Life Holdings, Inc. 699 Walnut St., Suite 2000 Des Moines, IA 50309	Payroll Deduction	\$300.00 (\$100.00 monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EVP & CEO Aggregate Year-to-Date \$ 600.00	Date (month, day, year)	Amount of Each Receipt This Period
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 \$ 0	Date (month, day, year)	Amount of Each Receipt This Period
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 \$ 0	Date (month, day, year)	Amount of Each Receipt This Period
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 \$ 0	Date (month, day, year)	Amount of Each Receipt This Period
SUBTOTAL of Receipts This Page (optional)			\$725.01
TOTAL This Period (last page this line number only)			\$2,430.03

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)
 AmerUs 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
Grassley Committee Box 6193 Alexandria, VA 22306-0193	Contribution Iowa Senate- \$1,700	4/16/98	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/23/98	700.00
B. Full Name, Mailing Address and ZIP Code McKibben to Congress PO Box 308 Marshalltown, IA 50158	Contribution - Iowa 3rd District \$1,000	5/13/98	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

\$2,700.00

TOTAL This Period (last page this line number only)

\$2,700.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

AmerUs Group Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Cash Disbursement This Period
McCormick for Governor 2911 Ingersoll Avenue Des Moines, IA 50312	Contribution - Iowa \$1,000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	5/28/98	\$1,000.00
Committee to Elect Metcalf 12954 NW 29th Drive Des Moines, IA 50325	Contribution - IA Delegation \$250 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	5/28/98	\$250.00
Blount for Governor 2821 Eastern Boulevard Montgomery, AL 36116	Contribution - Alabama \$500 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	6/22/98	\$500.00
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)

\$1,750.00


TOTAL This Period (last page this line number only)

\$1,750.00

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 type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 11/3/98
<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	12/9/98 DATE PREPARED