



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

FBI
JAN 11 1994
OCT 17 12 52 PM '94

October 14, 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 October 15, 1994, Quarterly Report for the reporting period of July 1, 1994, through September 30, 1994.

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

Sincerely,

Janice Grace
Administrator - Law

/jsg

Enclosure

cc: Kay Williams
Campaign Financial Disclosure Commission
514 East Locust, Suite 104
Des Moines, IA 50309

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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 OR CANDIDATE

REGISTRATION NO. 05021

MICHAEL C. FITZGERALD
CENTRAL LIFE ASSURANCE CO. INC.
POLITICAL ACTION COMMITTEE
611 SEVEN AVENUE
DES MOINES IA 50319

FEDERAL ELECTION COMMISSION
ADMN
Oct 17 12 52 PM '94

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 the Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	7/1/94 through 9/30/94		
6. (a) Cash on Hand January 1, 1994			\$ 11,579.24
(b) Cash on Hand at Beginning of Reporting Period		\$ 10,563.13	
(c) Total Receipts (from Line 19)		\$ 1,619.03	\$ 5,002.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 12,182.16	\$ 16,582.16
7. Total Disbursements (from Line 20)		\$ 3,000.00	\$ 7,400.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 9,182.16	\$ 9,182.16
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
Michael C. Fitzgerald

Signature of Treasurer: *Michael C. Fitzgerald* Date: 10/14/94

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

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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

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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 #183 Des Moines, IA 50309	Central Life Assurance Company, 611 Fifth Des Moines, IA 50309	7/31/94 8/31/94 9/30/94	\$ 225.00 total (75.00 each)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman & CEO	Aggregate Year-to-Date > \$ 675.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Doan, DT 670 58th Street West Des Moines, IA 50266	Central Life Assurance Company, 611 Fifth Des Moines, IA 50309	7/31/94 8/31/94 9/30/94	225.00 total (75.00 each)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President - Insurance Operations	Aggregate Year-to-Date > \$ 675.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eldridge, George Box 65624 1615 S 43rd Street West Des Moines, IA 50265	Central Life Assurance Company, 611 Fifth Des Moines, IA 50309	7/31/94 8/31/94 9/30/94	120.00 total (40.00 each)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President - Corporate Services	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
Gunzenhauser, Keith 2649 360th Street Van Meter, IA 50261	Central Life Assurance Company, 611 Fifth Des Moines, IA 50309	7/31/94 8/31/94	80.00 total (40.00 each)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Vice-President - Finance	Aggregate Year-to-Date > \$ 320.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Moore, Alfred 4717 Brookview Drive West Des Moines, IA 50265	Central Resource Group, Inc., 611 Fifth Des Moines, IA 50309	7/31/94 8/31/94 9/30/94	125.01 total (41.67 each)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President - Central Resource Group	Aggregate Year-to-Date > \$ 375.03	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Syata, G. Joseph 3012 Mary Lynn Drive Urbandale, IA 50322	Central Life Assurance Company, 611 Fifth Ave. Des Moines, IA 50309	7/31/94 8/31/94 9/30/94	90.00 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 > \$ 270.00	
G. 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, 611 Fifth Ave. Des Moines, IA 50309	7/31/94 8/31/94 9/30/94	754.02
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,872.90	

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page the one number only)	\$ 1,619.03

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	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
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)

TOTAL This Period (last page this line number only)

\$3,000.00

**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.

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 and Registration

DATE OF RECEIPT

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 Records

DATE OF RECEIPT

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SKH
 PREPARER

10-17-94
 DATE PREPARED

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