

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

DEC 9 1 06 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)		681898 N 270	
COG180901	JAMES A. SMALLENBERGER	intd	
AMERUS GROUP POLITICAL ACTION COMMITTEE			
611 FIFTH AVENUE		1A 50309	
DES MOINES			
2. FEC IDENTIFICATION NUMBER		COG180901	
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 |
- 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 _____

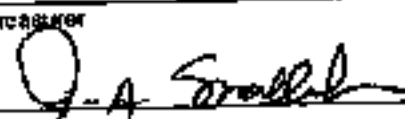
(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	07/01/98 through 09/30/98		
6. (a) Cash on Hand January 1, 1998			\$ 22,963.39
(b) Cash on Hand at Beginning of Reporting Period		\$ 22,977.95	
(c) Total Receipts (from Line 19)		\$ 3,382.28	\$ 10,846.84
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 26,360.23	\$ 33,810.23
7. Total Disbursements (from Line 30)		\$ 8,000.00	\$ 15,450.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 18,360.23	\$ 18,360.23
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ -	
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.

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-684-1100

Type or Print Name of Treasurer
James A. Smalленberger

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. 5437g.

TAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE

AmerUs Group Political Action Committee

REPORT COVERED PERIOD

FROM 07/01/98

TO: 09/30/98

		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individuals/Persons Other Than Political Committees	2,725.03	6,760.06	11(a)(i)
i.	Itemized (use Schedule A)	657.25	4,086.78	11(a)(ii)
ii.	Unitemized			11(a)(iii)
iii.	Total (add i and ii) >	3,382.28	10,846.84	11(b)
b.	Political Party Committees	-	-	11(c)
c.	Other Political Committees (such as PACs)	-	-	11(d)
d.	Total Contributions (add a iii, b and c) >	3,382.28	10,846.84	12
12.	Transfers From Affiliated/Other Party Committees	-	-	13
13.	All Loans Received	-	-	14
14.	Loan Repayments Received	-	-	15
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-	-	16
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	-	-	17
17.	Other Federal Receipts (Dividends, Interest, etc.)	-	-	18
18.	Transfers from Nonfederal Account for Joint Activity	-	-	19
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	3,382.28	10,846.84	20
20.	Total Federal Receipts (subtract line 15 from line 19) >	3,382.28	10,846.84	21
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i.	Federal Share	-	-	21(a)(ii)
ii.	Non-Federal Share	-	-	21(b)
b.	Other Federal Operating Expenditures	-	-	21(c)
c.	Total Operating Expenditures (add a ii, b and c) >	-	-	22
22.	Transfers to Affiliated/Other Party Committees	-	-	23
23.	Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	6,700.00	24
24.	Independent Expenditures (use Schedule E)	-	-	25
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 44(a)(d)) (use Schedule F)	-	-	26
26.	Loan Repayments Made	-	-	27
27.	Loans Made	-	-	28(a)
28.	Refunds of Contributions To:			28(b)
a.	Individuals/Persons Other Than Political Committees	-	-	28(c)
b.	Political Party Committees	-	-	28(d)
c.	Other Political Committees (such as PACs)	-	-	29
d.	Total Contribution Refunds (add a, b and c) >	2,000.00	8,750.00	30
29.	Other Disbursements	8,000.00	15,450.00	31
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	8,000.00	15,450.00	32
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >			33
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	3,382.28	10,846.84	34
33.	Total Contribution Refunds (from line 28d)	-	-	35
34.	Net Contributions (other than loans)(subtract line 33 from 32)	3,382.28	10,846.84	36
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	-	-	37
36.	Offsets to Operating Expenditures (from line 15)	-	-	
37.	Net Operating Expenditures (subtract line 36 from 35) >	-	-	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
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
Adkins, Pete 9445 Hammett Drive Des Moines, IA 50322	AmerUs Life Insurance 611 5th Street Des Moines, IA 50309	Payroll Deduction	\$75.00 (\$25 monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SVP	Aggregate Year-to-Date \$ 775.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bauer, Kathy Box 182 Melcher, IA 50163	AmerUs Life Insurance 611 5th Street Des Moines, IA 50309	Payroll Deduction	\$90.00 (\$30 monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date \$ 770.00	
C. 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 Street Des Moines, IA 50309	Payroll Deduction	\$450.00 (\$150.00 monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chairman, Pres. & CEO	Aggregate Year-to-Date \$ 1,350.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daley, Victor 4131 Plywood Drive West Des Moines, IA 50265	AmerUs Life Holdings, Inc. 699 Walnut Street 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 HR Officer	Aggregate Year-to-Date \$ 450.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paizer Michael G. 5566 Little Leaf Trail West Des Moines, IA 50266	AmerUs Life Holdings, Inc. 699 Walnut Street 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 \$ 375.03	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Godlesky, Thomas 1515 South 42nd Street West Des Moines, IA 50265	AmerUs Life Holdings, Inc. 699 Walnut Street 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: SVP & CTO	Aggregate Year-to-Date \$ 900.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Haggerty, Joseph K. 601 S. 33rd Street West Des Moines, IA 50265	AmerUs Life Holdings, Inc. 699 Walnut Street 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 \$ 715.03	

SUBTOTAL of Receipts This Page (optional) 1,315.02

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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
Hanson, Marcia 760 Walnut Ridge Drive Waukee, IA 50263	AmerUs Group Co 699 Walnut Street Des Moines, IA 50309	Payroll Deduction	\$255.00 (\$85 monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EMP Aggregate Year-to-Date > \$ 765.00		
Holmes, Sandy 4651 Edn Street West Des Moines, IA 50265	AmerUs Life Insurance Co 611 5th Avenue Des Moines, IA 50309	Payroll Deduction	\$75.00 (\$25 monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SVP Aggregate Year-to-Date > \$ 225.00		
Kalainov, Sam 681 50th Street Des Moines, IA 50312	AmerUs Group Co. 699 Walnut Street Des Moines, IA 50309	Payroll Deduction	\$300.00 (\$100 monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman Aggregate Year-to-Date > \$ 900.00		
Lefebvre, Jenna 2011 Astworth Road West Des Moines, IA 50265	AmerUs Life Holdings, Inc 699 Walnut Street 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 Aggregate Year-to-Date > \$ 450.00		
O'Dell, Fred 3601 SW Court Ankeny, IA 50021	AmerUs Life Insurance 611 5th Avenue Des Moines, IA 50309	Payroll Deduction	\$50.00 (One @ \$50/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SVP Aggregate Year-to-Date > \$ 350.00		
Smallerbenger, James A. 12906 NW 107th Des Moines, IA 50325	AmerUs Life Holdings, Inc. 699 Walnut Street 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 & Secretary Aggregate Year-to-Date > \$ 375.03		
Sproule, Michael E. 100 37th Street Des Moines, IA 50312	AmerUs Life Holdings, Inc. 699 Walnut Street Des Moines, IA 50309	Payroll Deduction	\$200.00 (two @ \$100/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EMP & CEO Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

1,155.01

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

1 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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ten Braak, Richard 5724 Gallery Court West Des Moines, IA 50266 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	AmerUs Capital Mgmt 699 Walnut Street Des Moines, IA 50309 Occupation: SVP Aggregate Year-to-Date \$ 270.00	Payroll Deduction	\$90.00 (\$30 monthly)
B. Full Name, Mailing Address and ZIP Code Williams, Phyllis 9104 Indian Hills Drive Des Moines, IA 50325 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	AmerUs Life Insurance 611 5th Street Des Moines, IA 50309 Occupation: Financial Actuary Aggregate Year-to-Date \$ 270.00	Payroll Deduction	\$90.00 (\$30 monthly)
C. Full Name, Mailing Address and ZIP Code Wittenwyler, Ron 6030 N. Waterbury Road Des Moines, IA 50312 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	AmerUs Life Insurance 611 5th Street Des Moines, IA 50309 Occupation: Vice President Aggregate Year-to-Date \$ 225.00	Payroll Deduction	\$75.00 (\$25 monthly)
D. 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
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)	255.00
TOTAL This Period (last page this line number only)	\$2,725.03

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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 Each Disbursement This Period
McKibben for Senate Committee Security Bank 11 N. First Avenue Marshalltown, IA 50158	Contribution - Iowa 2,000.00 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	8/19/98	1,000.00
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)	1,000.00
TOTAL This Period (last page this line number only)	1,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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
Iowa Life Insurance Industry PAC c/o National Travelers Life Ins. Co. 5700 Westown Parkway West Des Moines, IA 50256	Contribution 4,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 Industry	7/10/98 9/30/98	3,000.00 1,000.00
B. Full Name, Mailing Address and ZIP Code Lightfoot for Governor 1116 Grand Avenue Des Moines, IA 50309	Purpose of Disbursement Contribution - Iowa 3,000.00 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	8/4/98	3,000.00
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) 7,000.00

TOTAL This Period (last page this line number only) 7,000.00

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.

Hand Delivered Date of Receipt

First Class Mail POSTMARKED

Registered/Certified Mail POSTMARKED
12/3/98

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

Electronic Filing


PREPARER


DATE PREPARED