

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

FEDERAL
ELECTION
COMMISSION

OCT 19 12 25 PM '98

October 14, 1998

AMERUS
Group

CERTIFIED MAIL/RETURN RECEIPT

Public Records Office
Federal Election Commission
999 E. Street, NW
Washington, DC 20463

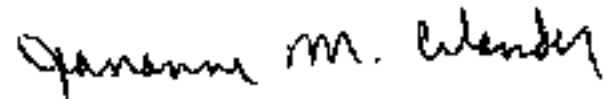
RE: AmerUs Group Political Action Committee
Identification No. C00180901

Dear Sir or Madam:

Enclosed is the AmerUs Group Political Action Committee's October 15
Quarterly Report for the period July 1, 1998 through September 30, 1998.

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

Sincerely,



Jeananne M. Celander
Assistant Secretary

Enclosure

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

OCT 19 12 26 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

| | | |
|--|--|--|
| 1. NAME OF COMMITTEE (in full) 000180901 081898 N 270 JAMES A SMALLENBERGER AMERUS GROUP POLITICAL ACTION COMMITTEE 611 FIFTH AVENUE DES MOINES IA 50309 | | 2. FEC IDENTIFICATION NUMBER |
| | | 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:

- 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 _____
 80-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

| SUMMARY | | COLUMN A | COLUMN B |
|--|---|--------------|---|
| 5. Covering Period 07/01/98 through 09/30/98 | | This Period | Calendar Year-to-Date |
| 6. (a) | Cash on Hand January 1, 19 98 | | \$ 22,963.39 |
| (b) | Cash on Hand at Beginning of Reporting Period | \$ 22,977.95 | |
| (c) | Total Receipts (from Line 1a) | \$ 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 3a) | \$ 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) | \$ - | For further information contact: Federal Election Commission 999 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. Smullenberger

Signature of Treasurer

J. A. Smullenberger

Date
10/13/98

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

FEC FORM 3X

(revised 8/93)

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 07/01/98 | TO: 09/30/98 | |
| | COLUMN A Total This Period | COLUMN B Calendar Year | |
| I. Receipts | | | |
| 11. Contributions (other than loans) From: | | | |
| a. Individual/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, 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 18 from line 19) > | 3,382.28 | 10,846.84 | |
| 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(a)(ii) |
| b. Other Federal Operating Expenditures | - | - | 21(b) |
| c. Total Operating Expenditures (add a, b, and c) > | - | - | 21(c) |
| 22. Transfers to Affiliated/Other Party Committees | - | - | 22 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 4,000.00 | 11,450.00 | 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) > | 4,000.00 | 4,000.00 | 28(d) |
| 29. Other Disbursements | 8,000.00 | 15,450.00 | 29 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) > | 8,000.00 | 15,450.00 | 30 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) > | 8,000.00 | 15,450.00 | 31 |
| III. Net Contributions/Operating Expenditures | | | |
| 32. Total Contributions (other than loans)(from line 11d) | 3,382.28 | 10,846.84 | 32 |
| 33. Total Contribution Refunds (from line 28d) | - | - | 33 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | 3,382.28 | 10,846.84 | 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 |

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)(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 Hamontree Drive Des Moines, IA 50322 | AmerUs Life Insurance 611 5th Street Des Moines, IA 50309 Occupation: SVP | Payroll Deduction | \$75.00 (\$25 monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 225.00 | |
| 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 Occupation: Vice President | Payroll Deduction | \$90.00 (\$30 monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 270.00 | |
| 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 Occupation: Chairman, Pres. & CEO | Payroll Deduction | \$450.00 (\$150.00 monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 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 Elmwood Drive West Des Moines, IA 50265 | AmerUs Life Holdings, Inc. 699 Walnut Street Des Moines, IA 50309 Occupation: SVP & Chief HR Officer | Payroll Deduction | \$150.00 (\$50 monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 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 |
| Praizer Michael G. 5566 Little Leaf Trail West Des Moines, IA 50266 | AmerUs Life Holdings, Inc. 699 Walnut Street Des Moines, IA 50309 Occupation: SVP Controller/Treasurer | Payroll Deduction | \$125.01 (\$41.67 monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 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 |
| Godlasky, Thomas 1515 South 42nd Street West Des Moines, IA 50265 | AmerUs Life Holdings, Inc. 699 Walnut Street Des Moines, IA 50309 Occupation: SVP & CFO | Payroll Deduction | \$300.00 (\$100.00 monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 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 Occupation: SVP & General Counsel | Payroll Deduction | \$125.01 (\$41.67 monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 375.03 | |

SUBTOTAL of Receipts This Page (optional) 1,315.02

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 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, Merida 760 Walnut Ridge Drive Waukee, IA 50263 | AmerUs Group Co 699 Walnut Street Des Moines, IA 50309 Occupation EMP | Payroll Deduction | \$255.00 (\$85 monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 765.00 | |
| Holmes, Sandy 4651 Elm Street West Des Moines, IA 50265 | AmerUs Life Insurance Co 611 5th Avenue Des Moines, IA 50309 Occupation SVP | Payroll Deduction | \$75.00 (\$25 monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 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 Occupation Chairman | Payroll Deduction | \$300.00 (\$100 monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 900.00 | |
| Lafraire, Jenna 2011 Ashworth Road West Des Moines, IA 50265 | AmerUs Life Holdings, Inc 699 Walnut Street Des Moines, IA 50309 Occupation SVP | Payroll Deduction | \$150.00 (\$50 monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 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 Occupation SVP | Payroll Deduction | \$50.00 (One @ \$50/month) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 350.00 | |
| Shallenberger, James A. 12906 NW 107th Des Moines, IA 50325 | AmerUs Life Holdings, Inc. 699 Walnut Street Des Moines, IA 50309 Occupation SVP & Secretary | Payroll Deduction | \$125.01 (\$41.67 monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 375.03 | |
| Spruille, Michael E. 100 37th Street Des Moines, IA 50312 | AmerUs Life Holdings, Inc. 699 Walnut Street Des Moines, IA 50309 Occupation EMP & CFO | Payroll Deduction | \$200.00 (two @ \$100/month) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 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

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

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

| | |
|---|-------------------|
| <p>SUBTOTAL of Receipts This Page (optional)</p> | <p>255.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p>\$2,725.03</p> |

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)

ArenUs 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 |
|--|--|-------------------------|---|
| Lightfoot for Governor 1116 Grand Avenue Des Moines, IA 50309 | Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 8/4/98 | \$3,000.00 |
| B. Full Name, Mailing Address and ZIP Code McKibben for Senate Committee Security Bank 11 N. First Avenue Marshalltown, IA 50158 | Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 8/19/98 | \$1,000.00 |
| 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)

\$4,000.00

TOTAL This Period (last page this line number only)

\$4,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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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 |
|--|--|-------------------------|---|
| Iowa Life Insurance Industry PAC c/o National Travelers Life Ins. Co 5700 Westown Parkway West Des Moines, IA 50266 | Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/10/98 | \$3,000.00 |
| B. Full Name, Mailing Address and ZIP Code Iowa Life Insurance Industry PAC c/o National Travelers Life Ins. Co 5700 Westown Parkway West Des Moines, IA 50266 | Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 9/30/98 | \$1,000.00 |
| 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) | \$4,000.00 |
| TOTAL This Period (last page this line number only) | \$4,000.00 |

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.

| | |
|---|--------------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> First Class Mail | POSTMARKED |
| <input checked="" type="checkbox"/> Registered/Certified Mail | POSTMARKED <i>10-15-94</i> |
| <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 | |
| <i>Jm</i> PREPARER | <i>10-19-94</i> DATE PREPARED |