REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full)
GuideOneMut.Insur.Co.&GuideOneSpec.Mut.Insur.Co.Fe-d.PAC(GuideOne Insurance Federal PAC)

ADDRESS (number and street) ☐ Check if different than previously reported
1111 Ashworth Road

2. FEC IDENTIFICATION NUMBER
C00348011

CITY, STATE, and ZIP CODE
West Des Moines IA 50265

3. ☐ This committee has qualified as a multi-candidate 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 _____ (election type)
election on _____ in the State of _____

☐ Thirtieth day report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment ☒ YES ☐ NO

SUMMARY 5. Covering Period 07/01/1999 through 12/31/1999	**COLUMN A** **This Period**	**COLUMN B** **Calendar Year-to-Date**
6. (a) Cash on Hand, January 1, 1999		0.00
(b) Cash on Hand at Beginning of Reporting Period	0.00	
(c) Total Receipts (from line 19)	10900.00	10900.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	10900.00	10900.00
7. Total Disbursements (from line 30)	4055.25	4055.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6844.75	6844.75
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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

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
Electronically Filed by Ms Diane Duffy

Signature of Treasurer

Date
01/28/2000

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 9/98)

4-00173

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
(PAGE 2, FEC FORM 3X) (revised 1/1/91)

NAME OF COMMITTEE
GuideOneMut.Insur.Co.&GuideOneSpec.Mut.Insur.Co.Fe-d.PAC(GuideOne Insurance Federal PAC)

REPORT COVERING PERIOD
FROM 07/01/1999 TO: 12/31/1999

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	9100.00	9100.00	11.a.i.
ii. Unitemized	1800.00	1800.00	11.a.ii.
iii. Total (add i and ii)»	10900.00	10900.00	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)»	10900.00	10900.00	11.d.
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)»	10900.00	10900.00	19.
20. Total Federal Receipts (subtract line 18 from line 19)»	10900.00	10900.00	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	55.25	55.25	21.b.
c. Total Operating Expenditures (add a i, a ii, and b)»	55.25	55.25	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	4000.00	4000.00	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 Sch. 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. Individuals/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 Contributions Refunds (add a, b, and c)»	0.00	0.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)»	4055.25	4055.25	30.
31. Total Federal Disbursements (subtract line 21 a ii from line 30)»	4055.25	4055.25	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	10900.00	10900.00	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	10900.00	10900.00	34.
35. Total Federal Operating Expenditures (add 21 a i and 21 b)»	55.25	55.25	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures (subtract line 36 from 35)»	55.25	55.25	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 7 FOR LINE NUMBER 11A1

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)
GuideOneMut.Insur.Co.&GuideOneSpec.Mut.Insur.Co.Fed.PAC(GuideOne Insurance Federal PAC)

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Darryl D. Hansen 2065 South 4th Street West Des Moines IA 50265 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	GuideOne Insurance Occupation: CEO Aggregate Year-to-Date > $ 1000.00	09/27/1999	1000.00
Mr. William S. Gates 3505 Ashwood Urbandale IA 50322 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	GuideOne Insurance Occupation: VP Life Systems Aggregate Year-to-Date > $ 300.00	09/29/1999	300.00
Mr. H. James McCafferty 15130 Holcomb Avenue Clive IA 50325 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	GuideOne Insurance Occupation: AVP Product Mgmt. Aggregate Year-to-Date > $ 250.00	09/29/1999	250.00
Mr. Robert A. Crane 5518 Little Leaf Trail West Des Moines IA 50266-6814 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	GuideOne Insurance Occupation: Chief Information Officer Aggregate Year-to-Date > $ 400.00	09/30/1999	400.00
Mr. John C. Roberts 1480 Country Club Blvd. Clive IA 50325-8810 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	GuideOne Insurance Occupation: Sr. VP Human Resources Aggregate Year-to-Date > $ 400.00	09/30/1999	400.00
Mr. Lynn K. Vorbrich P.O. Box 248 Rapids City IL 61278-0248 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Retired Occupation: Board Member of GuideOne Insurance Aggregate Year-to-Date > $ 500.00	10/04/1999	500.00
Ms Janice K. Beckstrom 15237 Woodcrest Drive Clive IA 50325 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	GuideOne Insurance Occupation: President - Commercial Services Aggregate Year-to-Date > $ 400.00	10/06/1999	400.00

SUBTOTALS of Receipts This Page (Optional) .....

TOTALS This Period (last page this line number only) .....

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 7 FOR LINE NUMBER 11A1

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)
GuideOneMut.Insur.Co.&GuideOneSpec.Mut.Insur.Co.Fed.PAC(GuideOne Insurance Federal PAC)

Full Name, Mailing Address, and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Donald E. Page 757 Village Green Drive De Soto TX 75115 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer: GuideOne Insurance Occupation: Regional VP Sales Aggregate Year-to-Date > $ 300.00	10/06/1999	300.00
Mr. Robert D. Meyer 13563 Village Court Clive IA 50325 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer: Retired Occupation: Board Member of GuideOne Insurance Aggregate Year-to-Date > $ 400.00	10/06/1999	400.00
Ms Judith A. Brannon 3510 SW 27th Street Des Moines IA 50321 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer: GuideOne Insurance Occupation: VP Information Technology Aggregate Year-to-Date > $ 300.00	10/11/1999	300.00
Mr. Gregory H. Ellison 1536 NW 97th Street Clive IA 50325 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer: GuideOne Insurance Occupation: VP Commercial Aggregate Year-to-Date > $ 300.00	10/11/1999	300.00
Mr. Thomas C. Farr 606 46th Street Des Moines IA 50312 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer: GuideOne Insurance Occupation: Sr. VP and General Counsel Aggregate Year-to-Date > $ 400.00	10/12/1999	400.00
Mr. Larry D. Morris 1641 Burr Oaks Drive West Des Moines IA 50266 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer: GuideOne Insurance Occupation: Sr. VP Claims Aggregate Year-to-Date > $ 400.00	10/13/1999	400.00
Mr. James W. Kelm 7123 Creekwood Estates Brownsburg IN 46112 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer: GuideOne Insurance Occupation: Regional VP Sales Aggregate Year-to-Date > $ 300.00	10/15/1999	300.00

SUBTOTALS of Receipts This Page (Optional) .....

TOTALS This Period (last page this line number only) .....

SCHEDULE A — ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11A1

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)
GuideOneMut.Insur.Co.&GuideOneSpec.Mut.Insur.Co.Fed.PAC(GuideOne Insurance Federal PAC)

Full Name, Mailing Address, and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. K. Wayne Cobb 638 Chanterelle Road, SW Lilburn GA 30047-6567 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer: GuideOne Insurance Occupation: Regional VP Sales Aggregate Year-to-Date > $ 300.00	10/20/1999	300.00
Mr. Brian J. Hughes 5621 Pommel Place West Des Moines IA 50266 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer: GuideOne Insurance Occupation: VP Investments Aggregate Year-to-Date > $ 250.00	10/25/1999	250.00
Mr. Lee B. McClain 1313 Ritchie Court, #2401 Chicago IL 60610 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer: Wildman, Harrold, Allen & Dixon Occupation: Partner (Board Member of GuideOne Ins) Aggregate Year-to-Date > $ 400.00	10/25/1999	400.00
Mr. William S. Workman 217 Tonewanda Drive Des Moines IA 50312-2827 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer: GuideOne Insurance Occupation: VP Information Technology Aggregate Year-to-Date > $ 300.00	10/25/1999	300.00
Ms Palma Farr 7408 Bybrook Lane Chevy Chase MD 20815 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer: The Cabot Advisory Group Occupation: President (Board Mem. of GuideOne Ins) Aggregate Year-to-Date > $ 500.00	10/26/1999	500.00
Mr. Douglas K. Howell 13501 South Shore Drive Clive IA 50325 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer: GuideOne Insurance Occupation: Sr. VP and CFO Aggregate Year-to-Date > $ 400.00	10/26/1999	400.00
Mr. Robert M. Plunk 2105 Cedar Lane Grove OK 74344 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Name of Employer: Retired Occupation: Board Member of GuideOne Insurance Aggregate Year-to-Date > $ 400.00	11/02/1999	400.00

SUBTOTALS of Receipts This Page (Optional) .....

TOTALS This Period (last page this line number only) .....

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	6 / 7 FOR LINE NUMBER 11A1

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)
GuideOneMut.Insur.Co.&GuideOneSpec.Mut.Insur.Co.Fed.PAC(GuideOne Insurance Federal PAC)

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Robert E. Wood 1035 32nd Street West Des Moines IA 50266-2160 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Drake University Occupation: Ass. Prof. (Board Mem. of GuideOne In) Aggregate Year-to-Date > $ 400.00	11/08/1999	400.00
Mr. Frank T. Harrison 4612 Aspen Drive West Des Moines IA 50265 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Hopkins & Huebner Occupation: Atty & Partner (Board Mem.of GuideOne) Aggregate Year-to-Date > $ 500.00	11/10/1999	500.00

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	**9100.00**

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	7 / 7 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)
GuideOneMut.Insur.Co.&GuideOneSpec.Mut.Insur.Co.Fed.PAC(GuideOne Insurance Federal PAC)

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NATIONAL ASSOCIATION OF INDEPENDENT INSURERS POLITICAL ACTION COMMITTEE 2600 RIVER RD. DES PLAINES IL 60016	Disbursement for: ☐ Primary ☐ General ☐ Other (specify) :	10/26/1999	4000.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	**4000.00**