

American Mutual Life Insurance Company

FEB 3 12 05 PM '95

January 26, 1995

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 Year-End Report for the reporting period of November 29, 1994, through December 31, 1994.

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

Sincerely,

Janice Grace

Janice Grace
Administrator - Law

Enclosure

9 5 0 3 9 6 3 4 6 7 8

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
MAIL ROOM

FEB 3 12 05 PM '95

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
 CEN100981 121094 n 247
 MICHAEL C FITZGERALD
 CENTRAL LIFE ASSURANCE COMPANY
 POLITICAL ACTION COMMITTEE
 611 FIFTH AVENUE
 DES MOINES IA 50309

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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <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 |
- 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 this Report an Amendment? YES NO

SUMMARY	11/29/94	through	12/31/94	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	11/29/94	through	12/31/94		
6. (a) Cash on Hand January 1, 1994					\$ 11,579.24
(b) Cash on Hand at Beginning of Reporting Period				\$ 2,195.17	
(c) Total Receipts (from Line 1B)				\$ 956.02	\$ 6,471.95
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)				\$ 3,151.19	\$ 18,051.19
7. Total Disbursements (from Line 3C)				\$ 0.00	\$ 14,900.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))				\$ 3,151.19	\$ 3,151.19
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)				\$ 0.00	Per further information contact: Federal Election Commission 900 E Street, NW Washington, DC 20433 Toll Free 800-424-9630 Local 202-218-3420
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 by Janice Grace

Date
1/25/95

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

FEC FORM 3X
(revised 9/88)

9 5 0 3 9 6 3 4 6 7 9

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
CENTRAL Life Assurance Company Political Action Committee		FROM 11/29/94	TO 12/31/94
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees	\$ 603.34	\$ 3,035.03
i.	Itemized (Use Schedule A)	352.68	3,436.92
ii.	Unitemized	956.02	6,471.95
iii.	Total (add i and ii) >	0.00	0.00
b.	Political Party Committees	0.00	0.00
c.	Other Political Committees (such as PACs)	956.02	6,471.95
d.	Total Contributions (add a ii, b and c) >	0.00	0.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
14.	Loan Repayments Received	0.00	0.00
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Nonfederal Account for Joint Activity	956.02	6,471.95
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	956.02	6,471.95
20.	Total Federal Receipts (subtract line 18 from line 19) >		
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
i.	Federal Share	0.00	0.00
ii.	Non-Federal Share	0.00	0.00
b.	Other Federal Operating Expenditures	0.00	0.00
c.	Total Operating Expenditures (add a i, ii, and b) >	0.00	0.00
22.	Transfers to Affiliated/Other Party Committees	0.00	13,400.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24.	Independent Expenditures (Use Schedule E)	0.00	0.00
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (Use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
27.	Loans Made		
28.	Refunds of Contributions To:	0.00	0.00
a.	Individuals/Persons Other Than Political Committees	0.00	0.00
b.	Political Party Committees	0.00	0.00
c.	Other Political Committees (such as PACs)	0.00	0.00
d.	Total Contribution Refunds (add a, b and c) >	0.00	1,500.00
29.	Other Disbursements	0.00	14,900.00
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	0.00	13,400.00
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >		
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans) (from line 11d)	956.02	6,471.95
33.	Total Contribution Refunds (from line 28d)	0.00	0.00
34.	Net Contributions (other than loans) (subtract line 33 from 32)	956.02	6,471.95
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	0.00
36.	Offsets to Operating Expenditures (from line 15)	0.00	0.00
37.	Net Operating Expenditures (subtract line 36 from 35) >		

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2

FOR LINE NUMBER 11(a)(1)

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

95039634681

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brooks, Roger 300 Walnut Street, #183 Des Moines, IA 50309	Central Life Assurance Company, 611 Fifth Ave. Des Moines, IA 50309	11/30/94 12/31/94	\$150.00 (\$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 > \$ 900.00		
B. Full Name, Mailing Address and ZIP Code Down, DI 670 58th Street West Des Moines, IA 50266	Central Life Assurance Company, 611 Fifth Ave. Des Moines, IA 50309	11/30/94 12/31/94	\$150.00 (\$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 > \$ 900.00		
C. Full Name, Mailing Address and ZIP Code Eldridge, George Box 65629, 1615 S. 43rd Street West Des Moines, IA 50265	Central Life Assurance Company, 611 Fifth Ave. Des Moines, IA 50309	11/30/94 12/31/94	\$ 80.00 (\$ 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 > \$ 480.00		
D. Full Name, Mailing Address and ZIP Code Moore, Alfred 4717 Brookview Drive West Des Moines, IA 50265	Central Resource Group, Inc., 611 Fifth Ave. Des Moines, IA 50309	11/30/94 12/31/94	\$ 83.34 (\$ 41.67 each)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President, Central Resource Group, Inc. Aggregate Year-to-Date > \$ 500.04		
E. Full Name, Mailing Address and ZIP Code Nelson, Lance 6413 Harbor Oaks Drive, Box 265 Johnston, IA 50131	Central Life Assurance Company, 611 Fifth Ave. Des Moines, IA 50309	11/30/94 12/31/94	\$ 40.00 (\$ 20.00 each)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President - Securities Aggregate Year-to-Date > \$ 240.00		
F. Full Name, Mailing Address and ZIP Code Smallenberger, James A. 12906 N.W. 127th Court Des Moines, IA 50325	Central Life Assurance Company, 611 Fifth Ave. Des Moines, IA 50309	11/30/94 12/31/94	\$ 40.00 (\$ 20.00 each)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President Aggregate Year-to-Date > \$ 240.00		
G. Full Name, Mailing Address and ZIP Code Syata, G. Joseph, Jr. 3012 Mary Lynn Drive Urbandale, IA 50322	Central Life Assurance Company, 611 Fifth Ave. Des Moines, IA 50309	11/30/94 12/31/94	\$ 60.00 (\$ 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 > \$ 360.00		

SUBTOTAL of Receipts This Page (optional)

\$603.34

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 11(a)(11)

PAGE 2 OF 2
FOR LINE NUMBER and 11(a)(11)

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NAME OF COMMITTEE (In Full)

Central Life Assurance Company Political Action Committee

95039634682

A. Full Name, Mailing Address and ZIP Code Unitemized	Name of Employer Central Life Assurance Company, 611 Fifth Ave. Des Moines, IA 50309 Occupation Aggregate Year-to-Date > \$ 3,436.92	Date (month, day, year) 11/30/94 12/31/94	Amount of Each Receipt this Period \$352.68
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	\$352.68
TOTAL This Period (last page this line number only)	\$956.02

**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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 PREPARER DATE PREPARED

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