



811 FIFTH AVENUE, BOX 1555
DES MOINES, IOWA 50306
515. 283-2371

RECEIVED
JUL 31 11 17 AM '93

July 26, 1993

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 July 31 Mid-Year Report for the reporting period of January 1, 1993, through June 30, 1993.

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

Sincerely,
Janice Grace
Janice Grace
Administrator - Law

/jsg

Enclosure

cc: Kay Williams
Campaign Financial Disclosure Commission
507 10th Street, 7th Floor
Des Moines, IA 50309

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEB 10 1993
JUL 31 11 17 AM '93

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Central Life Assurance Company Political Action Committee	2. FEC IDENTIFICATION NUMBER C00180901
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 611 Fifth Avenue	3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).
CITY, STATE and ZIP CODE Des Moines, IA 50309	

4. TYPE OF REPORT

- (a) April 15 Quarterly Report Monthly Report Due On:
- February 20 June 20 October 20
 July 15 Quarterly Report March 20 July 20 November 20
 October 15 Quarterly Report April 20 August 20 December 20
 January 31 Year End Report May 20 September 20 January 31
- July 31 Mid Year Report (Non election Year Only) Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Termination Report Thirtieth day report following the General Election on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

2 3 0 3 8 5 2 4 7 2 3

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>1/1/93</u> through <u>6/30/93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 7,758.66
(b) Cash on Hand at Beginning of Reporting Period	\$ 7,758.66	
(c) Total Receipts (from Line 19)	\$ 3,509.04	\$ 3,509.04
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 11,267.70	\$ 11,267.70
7. Total Disbursements (from Line 20)	\$ 3,000.00	\$ 3,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 8,267.70	\$ 8,267.70
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 20483 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 <i>Michael C. Fitzgerald / Jamie Grace</i>	Date 7/26/93

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

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

(revised 1-1-91)

NAME OF COMMITTEE Central Life Assurance Company Political Action Committee		REPORT COVERING PERIOD FROM 1/1/93 TO: 6/30/93	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
1. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		1,780.00	1,780.00
ii. Unitemized		179.04	179.04
iii. Total	(add i and ii) >	3,509.04	3,509.04
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contributions	(add a iii, b and c) >	3,509.04	3,509.04
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		0.00	0.00
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	3,509.04	3,509.04
20. Total Federal Receipts	(subtract line 18 from line 19) >	3,509.04	3,509.04
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
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, a ii, and b) >	0.00	0.00
22. Transfers to Affiliated/Other Party Committees		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		3,000.00	3,000.00
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		0.00	0.00
28. Refunds of Contributions To:			
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	0.00
29. Other Disbursements		0.00	0.00
30. Total Disbursements	(add 21a, 22, 23, 24, 25, 26, 27, 28d, and 29) >	3,000.00	3,000.00
31. Total Federal Disbursements	(subtract line 21 a i from line 30) >	3,000.00	3,000.00
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		3,509.04	3,509.04
33. Total Contribution Refunds (from line 28d)		0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)		3,509.04	3,509.04
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) >	0.00	0.00

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule si
for each category of the
Detailed Summary Page

PAGE OF
1 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 selling 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

23038524725

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, Box 183 Des Moines, IA 50309	Central Life Assurance Company, 611 Fifth Avenue Des Moines, IA 50309	01/31/93	300.00 total (50.00 each)
	Occupation Chairman & CEO	02/28/93	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00	03/31/93 04/30/93 05/31/93 06/30/93	
Doan, D T 1621 - 66th Street Des Moines, IA 50311	Central Life Assurance Company, 611 Fifth Avenue Des Moines, IA 50309	01/31/93	450.00 total (75.00 each)
	Occupation President - Insurance Operations	02/28/93	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 450.00	03/31/93 04/30/93 05/31/93 06/30/93	
Eldridge, George 1615 S. 43rd Street West Des Moines, IA 50265	Central Life Assurance Company, 611 Fifth Avenue Des Moines, IA 50309	01/31/93	240.00 total (40.00 each)
	Occupation Senior Vice President - Corporate Services	02/28/93	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00	03/31/93 04/30/93 05/31/93 06/30/93	
Gunzenhauser, Keith 2649 - 360th Street Van Meter, IA 50261	Central Life Assurance Company, 611 Fifth Avenue Des Moines, IA 50309	01/31/93	240.00 total (40.00 each)
	Occupation Executive Vice-President - Finance	02/28/93	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00	03/31/93 04/30/93 05/31/93 06/30/93	
Moore, Alfred P. 4717 Brookview Drive West Des Moines, IA 50265	Central Life Assurance Company, 611 Fifth Avenue Des Moines, IA 50309	01/31/93	250.02 total (41.67 each)
	Occupation President - Central Resource Group	02/28/93	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.02	03/31/93 04/30/93 05/31/93 06/30/93	
Powell, Kris R. 4316 Grand Avenue, Apt. 10 Des Moines, IA 50310	Central Life Assurance Company, 611 Fifth Avenue Des Moines, IA 50309	01/31/93	300.00 total (50.00 each)
	Occupation Senior Vice-President - Human Resources	02/28/93	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00	03/31/93 04/30/93 05/31/93 06/30/93	
Unitized	Central Life Assurance Company, 611 Fifth Avenue Des Moines, IA 50309	01/31/93	1,729.02 total
	Occupation	02/28/93	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,729.02	03/31/93 04/30/93 05/31/93 06/30/93	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

3,509.04

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

23038524726

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Council of Life Insurance PAC 1001 Pennsylvania Avenue NW Washington, DC 20004-2599	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/93	3,000.00
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)

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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Other (Specify): POSTMARKED
and/or DATE OF RECEIPT

M.S. 7-31-93
 PREPARER DATE PREPARED

73038524/21