

American Mutual Life Insurance Company

OFFICE OF THE
COMMISSIONER
OF INSURANCE
STATE OF IOWA

APR 14 11 10 AM '95

April 10, 1995

Stephen Cohen
Reports Analyst
Reports Analysis Division
Federal Election Commission
Washington, DC 20463

RE: 30 Day Post-General Report (10/20/94-11/28/94)
Identification Number C00180901

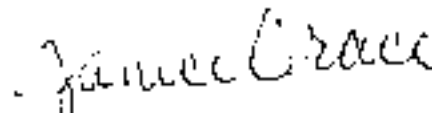
Dear Mr. Cohen:

This is in response to your letter dated March 29, 1995. Enclosed is an Amended 30 Day Post-General Report for the above noted political action committee. We apologize for the error in our original filing.

Also, for your reference, our company and political action committee have changed names; however, this occurred after the dates included on this report. Thus, I have filed the amended version under the name of political action committee as of November 28, 1994. If this is incorrect, please notify me and we will resubmit our amended version under the new name which is American Mutual Life Insurance Company Political Action Committee.

Thank you for your cooperation in this matter.

Sincerely,



Janice Grace
Administrator - Law

Enclosure

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REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEB 14 11 20 AM '95

Apr 14 11 20 AM '95

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. C00180901 MICHAEL C FITZGERALD CENTRAL LIFE ASSURANCE COMPANY POLITICAL ACTION COMMITTEE 611 FIFTH AVENUE DES MOINES IA 50309	110394 n 249	2. FEC IDENTIFICATION NUMBER
		3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(*) 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 _____
(Type of Election)
election on _____ in the State of _____

Thirtieth day report following the General Election on
Nov. 8, 1994 in the State of Iowa

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/20/94</u> through <u>11/28/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 11,579.24
(b) Cash on Hand at Beginning of Reporting Period	\$ 9,182.16	
(c) Total Receipts (from Line 19)	\$ 513.01	\$ 5,515.93
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 9,695.17	\$ 17,095.17
7. Total Disbursements (from Line 30)	\$ 7,500.00	\$ 14,900.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 2,195.17	\$ 2,195.17
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 20463 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 <u>Michael C. Fitzgerald</u>	Date <u>4/10/95</u>
Signature of Treasurer <u>Michael C. Fitzgerald by James Grace</u>	

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

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 committees.

NAME OF COMMITTEE (In Full)

Central Life Assurance Company Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (In Period)
Brooks, Roger K. 300 Walnut Street, # 183 Des Moines, IA 50309	Central Life Assurance Company, 611 5th Avenue, Des Moines, IA 50309 Occupation: Chairman & CEO	10/31/94	\$75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$750.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Doan, D T 670 - 58th Street West Des Moines, IA 50266	Central Life Assurance Company, 611 5th Avenue, Des Moines, IA 50309 Occupation: President - Insurance Operations	10/31/94	\$75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 750.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eldridge, George Box 65629, 1615 S. 43rd Street West Des Moines, IA 50265	Central Life Assurance Company, 611 5th Avenue, Des Moines, IA 50309 Occupation: Senior Vice President - Corporate Services	10/31/94	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Moore, Alfred 4717 Brookview Drive West Des Moines, IA 50265	Central Resource Group, Inc., 611 5th Avenue, Des Moines, IA 50309 Occupation: President - Central Resource Group, Inc.	10/31/94	\$41.67
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$416.70		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nelson, Lance 6413 Harbor Oaks Drive Box 265 Johnston, IA 50131	Central Life Assurance Company, 611 5th Avenue, Des Moines, IA 50309 Occupation: Vice President - Securities	10/31/94	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$200.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Smellenberger, James A. 12206 NW 127th Court Des Moines, IA 50325	Central Life Assurance Company, 611 5th Avenue, Des Moines, IA 50309 Occupation: Senior Vice President	10/31/94	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$200.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Syata, G. Joseph 3042 Mary Lynn Drive Urbandale, IA 50322	Central Life Assurance Company, 611 5th Avenue, Des Moines, IA 50309 Occupation: Vice President - Mortgage Loans	10/31/94	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		

SUBTOTAL of Receipts This Page (optional)

301.67

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Central Life Assurance Company Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Unitemized	Central Life Assurance Company, 611 5th Avenue, Des Moines, IA 50309	10/31/94	\$211.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	\$ 3,084.24
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	\$
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	\$
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	\$
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	\$
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	\$
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	\$

SUBTOTAL of Receipts This Page (optional)	211.34
TOTAL This Period (last page this line number only)	513.01

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
Central Life Assurance Company Political Action Committee

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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/94	\$3,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Neil Smith Committee Box 4865 Des Moines, IA 50306	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/94	\$500.00
C. Full Name, Mailing Address and ZIP Code Nussef for Congress Committee P. O. Box 2128 Waterloo, IA 50704-2128	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/94	\$500.00
D. Full Name, Mailing Address and ZIP Code Latham for Congress P. O. Box 117 Orange City, IA 51041	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/94	\$500.00
E. Full Name, Mailing Address and ZIP Code People for Lightfoot P. O. Box 1994 Shenandoah, IA 51601	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/94	\$500.00
F. Full Name, Mailing Address and ZIP Code The Governor Brandstad Committee 2020 Ingersoll Avenue Des Moines, IA 50312	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/94	\$500.00
G. Full Name, Mailing Address and ZIP Code Alan Borlaugh for Senate R.R. #2, Box 122 Waucoma, IA 52171	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/94	\$250.00
H. Full Name, Mailing Address and ZIP Code Douglas for Senate 4 Sunset Circle Adel, IA 50003	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/94	\$250.00
I. Full Name, Mailing Address and ZIP Code The Governor Brandstad Committee 2020 Ingersoll Avenue Des Moines, IA 50312	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/94	\$500.00

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	6,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Central Life Assurance Company Political Action Committee

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Halverson for State Representative 609 S. Main Street, P. O. Box 627 Monmouth, IA 52159	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/94	\$250.00
B. Full Name, Mailing Address and ZIP Code Jacobs Committee 808 - 58th Street West Des Moines, IA 50266	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/94	\$250.00
C. Full Name, Mailing Address and ZIP Code Tom Miller for Attorney General P. O. Box 93303 Des Moines, IA 50393	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/04/94	\$500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution 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 Contribution 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 Contribution 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 Contribution 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 Contribution 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 Contribution 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)	1,000.00

**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

4-10-95

Registered/Certified Mail

POSTMARKED

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

SSG

PREPARER

4-15-95

DATE PREPARED

9 5 0 3 9 7 2 2 8 1 2