



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

Dec 8 12 23 PM '94

December 1, 1994

**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 Post-General Election Report for the reporting period of October 20, 1994, through November 28, 1994.

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

Sincerely,

Janice Grace  
Administrator - Law

Enclosure

9 4 0 3 9 4 7 3 3 5 9

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. 000100700 110117 11 29 MICHAEL C. FITZGERALD CENTRAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE 311 FIFTH AVENUE 358 HOBOKEN IA 50411	Dec 8 12 58 PM '94 2. FEC IDENTIFICATION NUMBER 3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
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## 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 \_\_\_\_\_ (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 18)	\$ 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
Signature of Treasurer <i>Michael C. Fitzgerald by Susan [unclear]</i>	<u>12/01/94</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.

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# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

9 4 0 3 9 4 7 3 3 6 1

NAME OF COMMITTEE Central Life Assurance Company Political Action Committee	REPORT COVERING PERIOD FROM 10/20/94 TO: 11/28/94	
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	301.67	2,431.69
ii. Unitemized	211.34	3,084.24
iii. Total (add i and ii) >	513.01	5,515.93
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) >	513.01	5,515.93
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) >	513.01	5,515.93
20. Total Federal Receipts (subtract line 18 from line 19) >	513.01	5,515.93
<b>II. Disbursements</b>		
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	6,500.00	13,400.00
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. Individual/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	1,000.00	1,500.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	7,500.00	14,900.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	6,500.00	13,400.00
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d)	513.01	5,515.93
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	513.01	5,515.93
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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 2  
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)**

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
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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$750.00		
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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 750.00		
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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$416.70		
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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$200.00		
Smallenberger, James A. 12906 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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$200.00		
Syala, G. Joseph 3012 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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	301.67
<b>TOTAL</b> This Period (last page this line number only) .....	

9 4 0 3 9 4 7 3 3 3 3

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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

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**NAME OF COMMITTEE (in Full)**

Central Life Assurance Company Political Action Committee

94039473953

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	211.34
<b>TOTAL</b> This Period (last page this line number only) .....	513.01

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (In Full)**

Central Life Assurance Company Political Action Committee

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4  
0  
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9  
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4

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 Nussel 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 Burlough for Senate R.R. #2, Box 122 Wanona, 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**

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)**

Central Life Assurance Company Political Action Committee

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 Monona, IA 52155	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	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Jacobs Committee 808 - 58th Street West Des Moines, IA 50266	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	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Tom Miller for Attorney General P. O. Box 93303 Des Moines, IA 50393	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	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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**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

Registered/Certified Mail POSTMARKED  
12/5/94

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

E.S.  
PREPARER

12/8/94  
DATE PREPARED

94039073966