

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION PLAIN ROOM

DEC 6 1 18 PM '98

1. NAME OF COMMITTEE (in full)
American United Life Insurance Company PAC

ADDRESS (number and street) Check if different than previously reported
One American Square
P.O. Box 368

CITY, STATE and ZIP CODE
Indianapolis, IN 46206-0368

2. FEC IDENTIFICATION NUMBER
C00143164

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:
 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
November 3, 1998 in the State of Indiana.
- (b) Is this Report an Amendment? Yes No

SUMMARY		COLUMN A	COLUMN B
6. Covering Period		This Period	Calendar Year-to-Date
Oct 1, 1998 through November 23, 1998			
6. (a)	Cash on Hand January 1, 1998		\$18,501.57
(b)	Cash on Hand at Beginning of Reporting Period	\$20,304.06	
(c)	Total Receipts (from Line 10)	\$7,030.41	\$23,685.40
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$27,334.47	\$40,186.97
7.	Total Disbursements (from Line 30)	\$23,350.00	\$36,202.50
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$3,984.47	\$3,984.47
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact Federal Election Commission 899 E. Street, NW Washington, D.C. 20463 Toll Free 800-424-6620 Local 202-319-3420
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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
James W. Murphy

Signature of Treasurer

James W. Murphy

Date

December 3, 1998

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 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE American United Life Insurance Company Political Action Committee	REPORT COVERING PERIOD	
	FROM: Oct 1, 1998	TO: Nov 23, 1998
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	4,185.90	10,879.58
ii. Unitemized	2,844.51	12,805.82
iii. Total (add i and ii) ➔	7,030.41	23,685.40
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b, and c) ➔	7,030.41	23,685.40
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➔	7,030.41	23,685.40
20. Total Federal Receipts (subtract line 18 from line 19) ➔	7,030.41	23,685.40
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) ➔		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	7,250.00	14,750.00
24. Independent Expenditures (Use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d) (use Sched F) ...		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b, and c) ➔		
29. Other Disbursements	16,100.00	21,452.50
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➔	23,350.00	36,202.50
31. Total Federal Disbursements (subtract line 21a ii from line 30) ➔	23,350.00	36,202.50
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	7,030.41	23,685.40
33. Total Contributions Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	7,030.41	23,685.40
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➔		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➔		

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page	Of
		1
		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)
AMERICAN UNITED LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code Jerry D. Semler 7732 Conifer Court Indianapolis, IN 46250 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): Not Applicable	Name of Employer American United Life Insurance Company Occupation G.E.O./President	Date (month, day, year) Payroll Deduction Aggregate Year-to-Date: \$2,437.50	Amount of Each Receipt this Period \$650.00 \$162.50(4) semimonthly
	Name of Employer American United Life Insurance Company Occupation Executive Vice President	Date (month, day, year) Payroll Deduction Aggregate Year-to-Date: \$1,093.80	Amount of Each Receipt this Period \$291.68 \$72.92(4) semimonthly
B. Full Name, Mailing Address and ZIP Code R. Stephen Radcliffe 77 Highland Manor Court Indianapolis, IN 46208 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): Not Applicable	Name of Employer American United Life Insurance Company Occupation Sr. Vice President	Date (month, day, year) Payroll Deduction Aggregate Year-to-Date: \$861.30	Amount of Each Receipt this Period \$228.68 \$57.42(4) semimonthly
	Name of Employer American United Life Insurance Company Occupation Sr. Vice President	Date (month, day, year) Payroll Deduction Aggregate Year-to-Date: \$788.30	Amount of Each Receipt this Period \$204.88 \$51.22(4) semimonthly
C. Full Name, Mailing Address and ZIP Code George D. Sapp 7349 West Ivy Lane New Palestine, IN 46163 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): Not Applicable	Name of Employer American United Life Insurance Company Occupation Sr. Vice President	Date (month, day, year) Payroll Deduction Aggregate Year-to-Date: \$716.68	Amount of Each Receipt this Period \$191.10 \$95.55(2) monthly
	Name of Employer American United Life Insurance Company Occupation Sr. Vice President	Date (month, day, year) Payroll Deduction Aggregate Year-to-Date: \$647.70	Amount of Each Receipt this Period \$172.72 \$86.36(2) monthly
C. Full Name, Mailing Address and ZIP Code John H. Barbre 6249 Mosswood Dr. Indianapolis, IN 46254 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): Not Applicable	Name of Employer American United Life Insurance Company Occupation Sr. Vice President	Date (month, day, year) Payroll Deduction Aggregate Year-to-Date: \$637.35	Amount of Each Receipt this Period \$169.98 \$42.49(4) semimonthly
	Name of Employer American United Life Insurance Company Occupation Sr. Vice President	Date (month, day, year) Payroll Deduction Aggregate Year-to-Date: \$537.35	Amount of Each Receipt this Period \$169.98 \$42.49(4) semimonthly
D. Full Name, Mailing Address and ZIP Code Charles D. Lineback 4805 Roscommon Court Indianapolis, IN 46254 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): Not Applicable	Name of Employer American United Life Insurance Company Occupation Sr. Vice President	Date (month, day, year) Payroll Deduction Aggregate Year-to-Date: \$537.35	Amount of Each Receipt this Period \$169.98 \$42.49(4) semimonthly
	Name of Employer American United Life Insurance Company Occupation Sr. Vice President	Date (month, day, year) Payroll Deduction Aggregate Year-to-Date: \$537.35	Amount of Each Receipt this Period \$169.98 \$42.49(4) semimonthly
E. Full Name, Mailing Address and ZIP Code Jerry L. Plummer 3525 Rolling Springs Drive Carmel, IN 46032 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): Not Applicable	Name of Employer American United Life Insurance Company Occupation Sr. Vice President	Date (month, day, year) Payroll Deduction Aggregate Year-to-Date: \$537.35	Amount of Each Receipt this Period \$169.98 \$42.49(4) semimonthly
	Name of Employer American United Life Insurance Company Occupation Sr. Vice President	Date (month, day, year) Payroll Deduction Aggregate Year-to-Date: \$537.35	Amount of Each Receipt this Period \$169.98 \$42.49(4) semimonthly

SUBTOTAL of Receipts This Page (optional) \$1,910.02

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	Page	Of
	2	5
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)

AMERICAN UNITED LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code William R. Brown 1751 Pathway Drive Greenwood, IN 46143	Name of Employer American United Life Insurance Company Occupation General Counsel/Sec.	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period \$160.80 \$40.20(4) semimonthly
G. Full Name, Mailing Address and ZIP Code James C. Harris 8621 Match Point Court Indianapolis, IN 46256	Name of Employer American United Life Insurance Company Occupation Vice President	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period \$122.92 \$30.48(3) and \$31.48(1) semimonthly
C. Full Name, Mailing Address and ZIP Code Gerald T. Walker 3852-4 Reflections Lane Indianapolis, IN 46214	Name of Employer American United Life Insurance Company Occupation Sr. Vice President	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period \$63.73 \$20.56(1) and \$14.39(3) semimonthly
D. Full Name, Mailing Address and ZIP Code William L. Tindall 5880 Sunset Lane Indianapolis, IN 46228	Name of Employer American United Life Insurance Company Occupation Sr. Vice President	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period \$213.58 \$53.39(4) semimonthly
B. Full Name, Mailing Address and ZIP Code Kathryn E. Hudspeth 5508 Indian Cove Road Indianapolis, IN 46268	Name of Employer American United Life Insurance Company Occupation Vice President	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period \$116.76 \$29.19(4) semimonthly
F. Full Name, Mailing Address and ZIP Code Catherine B. Husman 1411 N Claridge Way Carmel, IN 46032	Name of Employer American United Life Insurance Company Occupation Vice President	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period \$105.00 \$25.25(4) semimonthly
Q. Full Name, Mailing Address and ZIP Code Dayton H. Molendorp 6507 Castle Knoll Court Indianapolis, IN 46250	Name of Employer American United Life Insurance Company Occupation Vice President	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period \$139.32 \$34.83(4) semimonthly

SUBTOTAL of Receipts This Page (optional) \$922.09

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	Page	Of
	3	5
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)

AMERICAN UNITED LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

<p>A. Full Name, Mailing Address and ZIP Code Larry Sweany 10401 Forest Creek Drive Indianapolis, IN 48239</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): Not Applicable</p>	<p>Name of Employer American United Life Insurance Company</p> <p>Occupation Controller</p> <p>Aggregate Year-to-Date: \$375.36</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period \$100.84 \$25.16(4) semimonthly</p>
<p>B. Full Name, Mailing Address and ZIP Code C. Dewayne Wilson 704 Masten Street Plainfield, IN 46168</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): Not Applicable</p>	<p>Name of Employer American United Life Insurance Company</p> <p>Occupation Vice President</p> <p>Aggregate Year-to-Date: \$335.29</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period \$120.61 \$28.17(1) and \$30.48(3) semimonthly</p>
<p>C. Full Name, Mailing Address and ZIP Code Jim R. Long 604 W. 72nd Street Indianapolis, IN 46260</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): Not Applicable</p>	<p>Name of Employer American United Life Insurance Company</p> <p>Occupation Assoc. General Counsel</p> <p>Aggregate Year-to-Date: \$309.92</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period \$83.32 \$20.83(4) semimonthly</p>
<p>D. Full Name, Mailing Address and ZIP Code Scott A. Kincaid 6954 Riverside Way Fishers, IN 46038</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): Not Applicable</p>	<p>Name of Employer American United Life Insurance Company</p> <p>Occupation Vice President</p> <p>Aggregate Year-to-Date: \$301.76</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period \$112.62 \$28.13(4) semimonthly</p>
<p>E. Full Name, Mailing Address and ZIP Code John K. Boyd 430 Indiana Avenue #104 Indianapolis, IN 46202</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): Not Applicable</p>	<p>Name of Employer American United Life Insurance Company</p> <p>Occupation Vice President</p> <p>Aggregate Year-to-Date: \$300.00</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period \$150.00 \$37.50(4) semimonthly</p>
<p>F. Full Name, Mailing Address and ZIP Code Daniel A. Hunsinger 5722 N Red Oak Drive Greenfield, IN 46140</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): Not Applicable</p>	<p>Name of Employer American United Life Insurance Company</p> <p>Occupation Ass. Vice President</p> <p>Aggregate Year-to-Date: \$296.44</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period \$79.76 \$19.94(4) semimonthly</p>
<p>G. Full Name, Mailing Address and ZIP Code James A. Suiter 150 Carmel View Drive Carmel, IN 46032</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): Not Applicable</p>	<p>Name of Employer American United Life Insurance Company</p> <p>Occupation Vice President</p> <p>Aggregate Year-to-Date: \$295.45</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period \$80.55 \$19.53(1) and \$20.34(3) semimonthly</p>

SUBTOTAL of Receipts This Page (optional) \$727.40

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	Page	Of
	4	6
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)
AMERICAN UNITED LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code Michael O. Khalil 592 E. Vermont Street Indianapolis, IN 46202 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): Not Applicable	Name of Employer American United Life Insurance Company	Date (month, day, year) Payroll	Amount of Each Receipt this Period \$23.91
	Occupation Vice President Aggregate Year-to-Date: \$283.28	Deduction \$23.91(1) semimonthly	
D. Full Name, Mailing Address and ZIP Code Christopher D. Pahke 10244 Valley Ridge Circle Fishers, IN 46038 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): Not Applicable	Name of Employer American United Life Insurance Company	Date (month, day, year) Payroll	Amount of Each Receipt this Period \$50.00
	Occupation Vice President Aggregate Year-to-Date: \$275.00	Deduction \$12.50(4) semimonthly	
E. Full Name, Mailing Address and ZIP Code Jack E. Hufford 215 Shoshone Drive Carmel, IN 46032 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): Not Applicable	Name of Employer American United Life Insurance Company	Date (month, day, year) Payroll	Amount of Each Receipt this Period \$45.28
	Occupation Treasurer Aggregate Year-to-Date: \$246.74	Deduction \$11.32(4) semimonthly	
F. Full Name, Mailing Address and ZIP Code James C. Shields 515 Morse Landing Drive Cicero, IN 46034 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): Not Applicable	Name of Employer American United Life Insurance Company	Date (month, day, year) Payroll	Amount of Each Receipt this Period \$66.84
	Occupation Asst. Treasurer Aggregate Year-to-Date: \$245.96	Deduction \$18.29(1) and \$16.85(3) semimonthly	
G. Full Name, Mailing Address and ZIP Code Ellen S. Sughrue 8117 Castle Cove Road Indianapolis, IN 46256 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): Not Applicable	Name of Employer American United Life Insurance Company	Date (month, day, year) Payroll	Amount of Each Receipt this Period \$42.00
	Occupation Vice President Aggregate Year-to-Date: \$231.00	Deduction \$21.00(2) monthly	
H. Full Name, Mailing Address and ZIP Code Gary G. Taylor 734 N Graham Ave Indianapolis, IN 46219 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): Not Applicable	Name of Employer American United Life Insurance Company	Date (month, day, year) Payroll	Amount of Each Receipt this Period \$40.42
	Occupation Assoc. General Counsel Aggregate Year-to-Date: \$218.66	Deduction \$20.21(2) monthly	
B. Full Name, Mailing Address and ZIP Code Steven T. Holland 451 Morningbird Court Carmel, IN 46032 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): Not Applicable	Name of Employer American United Life Insurance Company	Date (month, day, year) Payroll	Amount of Each Receipt this Period \$108.32
	Occupation Vice President Aggregate Year-to-Date: \$216.64	Deduction \$27.08(4) semimonthly	

SUBTOTAL of Receipts This Page (optional) \$376.77

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	6	OF	5
	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)
AMERICAN UNITED LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code Michael L. Baldwin 13887 Stonemill Circle E Carmel, IN 46032	Name of Employer American United Life Insurance Company	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period \$56.82 \$14.23(4) semimonthly
	Receipt for: Primary General Other (specify): Not Applicable Regional Vice President Aggregate Year-to-Date: \$213.52	Occupation Occupation	
B. Full Name, Mailing Address and ZIP Code Thomas C. Blanchar 1638 Ridge Hill Avenue Indianapolis, IN 46217	Name of Employer American United Life Insurance Company	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period \$37.50 \$18.75(2) monthly
	Receipt for: Primary General Other (specify): Not Applicable Director Grp T&A Mktg. Aggregate Year-to-Date: \$206.25	Occupation Occupation	
C. Full Name, Mailing Address and ZIP Code Sandra K. Felty 300 Nixon Street Noblesville, IN 46060	Name of Employer American United Life Insurance Company	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period \$55.20 \$13.80(4) semimonthly
	Receipt for: Primary General Other (specify): Not Applicable Grp Prod. Develop. Dir. Aggregate Year-to-Date: \$204.48	Occupation Occupation	
D. Full Name, Mailing Address and ZIP Code Douglas J. Lalama 11427 Burkwood Drive Carmel, IN 46033	Name of Employer American United Life Insurance Company	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period \$100.00 \$25.00(4) semimonthly
	Receipt for: Primary General Other (specify): Not Applicable Vice President Aggregate Year-to-Date: \$200.00	Occupation Occupation	
E. Full Name, Mailing Address and ZIP Code _____ _____ _____	Name of Employer American United Life Insurance Company	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period _____
	Receipt for: Primary General Other (specify): Not Applicable _____ Aggregate Year-to-Date: _____	Occupation Occupation	
F. Full Name, Mailing Address and ZIP Code _____ _____ _____	Name of Employer American United Life Insurance Company	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period _____
	Receipt for: Primary General Other (specify): Not Applicable _____ Aggregate Year-to-Date: _____	Occupation Occupation	
G. Full Name, Mailing Address and ZIP Code _____ _____ _____	Name of Employer American United Life Insurance Company	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period _____
	Receipt for: Primary General Other (specify): Not Applicable _____ Aggregate Year-to-Date: _____	Occupation Occupation	

SUBTOTAL of Receipts This Page (optional) \$249.62

TOTAL This Period (last page this line number only) \$4,185.90

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page	OF
	1	2
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)

AMERICAN UNITED LIFE INSURANCE 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
Indiana Business for Responsible Government 115 West Washington Street Suite 850S Indianapolis, IN 46204-3407	Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-2-98	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Evan Bayh Committee One North Capitol Avenue #200 Indianapolis, IN 46204	Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-22-98	\$2,500.00
C. Full Name, Mailing Address and ZIP Code Carson for Congress One North Capitol Avenue Indianapolis, IN 46204	Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-22-98	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Ed Pease for Congress 320 First Street S.E. Washington, D.C. 20003	Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-22-98	\$250.00
E. Full Name, Mailing Address and ZIP Code National Republican Campaign Committee 320 First Street S.E. Washington, D.C. 20003	Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-22-98	\$1,000.00
F. Full Name, Mailing Address and ZIP Code Gail Riekan for Congress P.O. Box 3897 Evansville, IN 47737	Contribution Disbursement for: General Other	10-22-98	\$250.00
G. Full Name, Mailing Address and ZIP Code Pete Visclosky for Congress 838 West 67th Lane Merrillville, IN 46410	Contribution Disbursement for: General Other	10-22-98	\$250.00
H. Full Name, Mailing Address and ZIP Code Dan Burton for Congress P.O. Box 50593 Indianapolis, IN 46250	Contribution Disbursement for: General Other	10-22-98	\$250.00
I. Full Name, Mailing Address and ZIP Code Buyer for Congress 100A North Main Street Monticello, IN 46711	Contribution Disbursement for: General Other	10-22-98	\$250.00

SUBTOTAL of Disbursements This Page (optional)

\$6,750.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 2	Of 2
	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)

AMERICAN UNITED LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code Paul Helmke for United States Senator 916 South Calhoun Street Fort Wayne, IN 46802	Purpose of Disbursement Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	Date (month, day, year) 10-22-98	Amount of Each Disbursement This Period \$250.00
B. Full Name, Mailing Address and ZIP Code Jean Leising for United States Congress P.O. Box 53 Batesville, IN 47006	Purpose of Disbursement Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	Date (month, day, year) 10-22-98	Amount of Each Disbursement This Period \$250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	day, year)	Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	day, year)	Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$500.00

TOTAL This Period (last page this line number only)

\$7,250.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page	Of
	1	5
For Line Number		29

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)

AMERICAN UNITED LIFE INSURANCE 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
Candy Marandt for State Representative 6721 Latona Drive Indianapolis, IN 46278	Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-20-98	\$500.00
B. Full Name, Mailing Address and ZIP Code Committee to Elect Tim Fesko 1121 Holly Lane Munster, IN 46321	Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-20-98	\$500.00
C. Full Name, Mailing Address and ZIP Code House Republican Caucus P.O. Box 44054 Indianapolis, IN 46244	Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-21-98	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Paul Manweiler Committee P.O. Box 44054 Indianapolis, IN 46244	Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-21-98	\$500.00
E. Full Name, Mailing Address and ZIP Code House Democratic Caucus One North Capitol #200 Indianapolis, IN 46204	Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-21-98	\$1,000.00
F. Full Name, Mailing Address and ZIP Code Citizens for John Gregg Committee R.R. 1, Box 51 Sandborn, IN 47578	Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-21-98	\$500.00
G. Full Name, Mailing Address and ZIP Code John Espich for Representative Box 158 1250 West Hancock Street Uniondale, IN	Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-21-98	\$500.00
H. Full Name, Mailing Address and ZIP Code Representative Jerry Danbo Committee P.O. Box 177 French Lick, IN 47432	Contribution Disbursement for: General Other	10-21-98	\$250.00
I. Full Name, Mailing Address and ZIP Code Mike Smith for State Representative P.O. Box 1 Rensselaer, IN 47978	Contribution Disbursement for: Primary General Other	10-21-98	\$250.00
SUBTOTAL of Disbursements This Page (optional)			\$5,000.00
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page	Of
		2
For Line Number		29

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)

AMERICAN UNITED LIFE INSURANCE 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
Pat Bauer for State Representative 1307 Sunnymeade South Bend, IN 46815	Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-21-98	\$500.00
B. Full Name, Mailing Address and ZIP Code Committee to Reelect Brian Bosma 9052 Nautical Watch Drive Indianapolis, IN 46236	Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-21-98	\$250.00
C. Full Name, Mailing Address and ZIP Code Sue W. Scholer for State Representative P.O. Box 2344 W. Lafayette, IN 47906	Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-21-98	\$250.00
D. Full Name, Mailing Address and ZIP Code Win Moses for State Representative Committee 2020 Forest Park Boulevard Fort Wayne, IN 46805	Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-21-98	\$250.00
E. Full Name, Mailing Address and ZIP Code Kenley for State Senate 102 Harbour Trees Lane Noblesville, IN 46060-9079	Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-21-98	\$250.00
F. Full Name, Mailing Address and ZIP Code Lawrence M. Borst, DVM for State Senate 1725 Remington Drive Indianapolis, IN 46227-8307	Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-21-98	\$250.00
G. Full Name, Mailing Address and ZIP Code Mills for State Senate 7148 West Thompson Road Indianapolis, IN 46241-9514	Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-21-98	\$250.00
H. Full Name, Mailing Address and ZIP Code J. Murray Clark Committee One Indiana Square Suite 2200 Indianapolis, IN 46204	Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-21-98	\$500.00
I. Full Name, Mailing Address and ZIP Code Johnny Nugent for State Senator 920 Pribble Circle Lawrenceburg, IN 47025	Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-21-98	\$250.00

SUBTOTAL of Disbursements This Page (optional)

\$2,750.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page	OF
	3	5
For Line Number 29		

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)

AMERICAN UNITED LIFE INSURANCE 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
Meeks for State Senate 5840 East 25 North LaGrange, IN 46761	Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-21-98	\$250.00
B. Full Name, Mailing Address and ZIP Code Weatherwax for State Senator 3012 Woodland Drive Logansport, IN 46947-1357	Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-21-98	\$250.00
C. Full Name, Mailing Address and ZIP Code Indiana Senate Democrats Committee 1 North Capitol Avenue #200 Indianapolis, IN 46204	Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-21-98	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Senate Majority Committee P.O. Box 2182 Indianapolis, IN 46206	Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-21-98	\$1,000.00
E. Full Name, Mailing Address and ZIP Code Friends for Frenz P.O. Box B Vincennes, IN 47591	Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-22-98	\$250.00
F. Full Name, Mailing Address and ZIP Code Dave Crooks for State Representative 1205 Winbrook Lane Washington, IN 47501	Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-22-98	\$250.00
G. Full Name, Mailing Address and ZIP Code William A. Crawford Committee P.O. Box 18446 Indianapolis, IN 46218	Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-22-98	\$250.00
H. Full Name, Mailing Address and ZIP Code Vanessa J. Summers for State Representative P.O. Box 88060 Indianapolis, IN 46208	Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-22-98	\$250.00
I. Full Name, Mailing Address and ZIP Code Vern Tischer for State Representative P.O. Box 158 Riley, IN 47871	Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-22-98	\$250.00

SUBTOTAL of Disbursements This Page (optional)	\$3,750.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 4	Of 5
For Line Number 29		

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)

AMERICAN UNITED LIFE INSURANCE 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
Dickinson for State Representative 5455 Arlington Avenue Indianapolis, IN 46219	Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-22-98	\$250.00
B. Full Name, Mailing Address and ZIP Code Citizens for John Day 54 Monument Circle Suite 600 Indianapolis, IN 46204	Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-22-98	\$250.00
C. Full Name, Mailing Address and ZIP Code Ed Mahern for State Representative Committee 711 East 65th Street Indianapolis, IN 46220	Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-22-98	\$250.00
D. Full Name, Mailing Address and ZIP Code Citizens for Mike Jeffers 225 East North Street #804 Indianapolis, IN 46204	Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-22-98	\$100.00
E. Full Name, Mailing Address and ZIP Code Buell for State Representative 1217 North Harbison Avenue Indianapolis, IN 46219	Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-22-98	\$250.00
F. Full Name, Mailing Address and ZIP Code Committee to Elect Jeff Linder P.O. Box 718 Shelbyville, IN 46176	Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-22-98	\$250.00
G. Full Name, Mailing Address and ZIP Code David L. Lohr for State Representative Committ P.O. Box 2940 Terre Haute, IN 47802	Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-22-98	\$250.00
H. Full Name, Mailing Address and ZIP Code John Becker for State Representative 3010 Andra Lane Fort Wayne, IN 46806	Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-22-98	\$250.00
I. Full Name, Mailing Address and ZIP Code Citizens for Buck 4407 McKibben Drive Kokomo, IN 46902	Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-22-98	\$250.00

SUBTOTAL of Disbursements This Page (optional)

\$2,100.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page	Of
		5
For Line Number		29

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)

AMERICAN UNITED LIFE INSURANCE 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
Citizens for Tim Brown P.O. Box 861 Crawfordsville, IN 47933	Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	10-22-98	\$250.00
B. Full Name, Mailing Address and ZIP Code Committee to Elect Bob Hill Auditor of State One North Capitol Avenue Suite 200 Indianapolis, IN 46204	Purpose of Disbursement Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	Date (month, day, year) 10-22-98	Amount of Each Disbursement This Period \$250.00
C. Full Name, Mailing Address and ZIP Code Washington for State Treasurer One North Capitol Avenue Suite 200 Indianapolis, IN 46204	Purpose of Disbursement Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	day, year) 10-22-98	Disbursement This Period \$250.00
D. Full Name, Mailing Address and ZIP Code Connie Naas for State Auditor 213 Second Street P.O. Box 35 Huntingburg, IN 46542	Purpose of Disbursement Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	day, year) 10-22-98	Disbursement This Period \$250.00
E. Full Name, Mailing Address and ZIP Code Tim Berry for State Treasurer 135 West Main Street Fort Wayne, IN 46802	Purpose of Disbursement Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	Date (month, day, year) 10-22-98	Amount of Each Disbursement This Period \$250.00
F. Full Name, Mailing Address and ZIP Code Committee to Elect Jim Atterholt 7920 Evanston Road Indianapolis, IN 46240	Purpose of Disbursement Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	Date (month, day, year) 10-22-98	Amount of Each Disbursement This Period \$250.00
G. Full Name, Mailing Address and ZIP Code Greater Indianapolis Republican Finance Comm. 12 North Delaware Street Indianapolis, IN 46204	Purpose of Disbursement Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	Date (month, day, year) 11-13-98	Amount of Each Disbursement This Period \$1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: General Other Undesignated <input checked="" type="checkbox"/>	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$2,500.00

TOTAL This Period (last page this line number only)

\$16,100.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED <i>12-3-98</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>[Signature]</i> PREPARER	<i>12-6-98</i> DATE PREPARED