

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 711 HIGH STREET GOVERNMENT RELATIONS DES MOINES IA 50392 0220 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00128918 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 03 01 2006 through 03 31 2006

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 LANG

Signature of Treasurer Electronically Filed by JAMES LANG Date 04 06 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 6 |  | 30840.82 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |          |
| 2   | 0                       | 0                                 | 6 |   |   |   |   |   |  |          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 48916.43                |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....   | 11653.93                | 35271.34                          |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 60570.36                | 66112.16                          |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....   | 21500.00                | 27041.80                          |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 39070.36                | 39070.36                          |   |   |   |   |   |   |  |          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |          |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |   |   |   |   |   |   |  |          |

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 3094.17                       | 5328.74                           |
| (i) Itemized (use Schedule A) .....  | 8559.76                       | 29942.60                          |
| (ii) Unitemized .....  | 11653.93                      | 35271.34                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 11653.93                      | 35271.34                          |
| 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.) (Carry Totals to Line 37, page 5) ..... | 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 Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 11653.93                      | 35271.34                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 11653.93                      | 35271.34                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| <b>II. DISBURSEMENTS</b>  | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</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                                  | 31.80                                     |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                           | 0.00                                  | 31.80                                     |
| 22. Transfers to Affiliated/Other Party Committees.....   | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....          | 21500.00                              | 27000.00                                  |
| 24. Independent Expenditure (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                                  | 10.00                                     |
| (b) Political Party Committees .....  | 0.00                                  | 0.00                                      |
| (c) Other Political Committees (such as PACs) .....   | 0.00                                  | 0.00                                      |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                            | 0.00                                  | 10.00                                     |
| 29. Other Disbursements.....  | 0.00                                  | 0.00                                      |
| 30. Federal Election Activity (2 U.S.C 431(20))   |                                       |   |
| (a) Shared Federal Election Activity (from Schedule H6)   |                                       |   |
| (i) Federal Share .....   | 0.00                                  | 0.00                                      |
| (ii) "Levin" Share .....  | 0.00                                  | 0.00                                      |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                            | 0.00                                  | 0.00                                      |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....               | 0.00                                  | 0.00                                      |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..        | 21500.00                              | 27041.80                                  |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 21500.00                              | 27041.80                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 11653.93                      | 35271.34                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 10.00                             |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 11653.93                      | 35261.34                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 31.80                             |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 0.00                          | 31.80                             |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 / 27                  |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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)  
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. LOUISE BILLMEYER</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 24 / 2006 |
| Mailing Address Principal Financial Group<br>711 High Street  |  | <b>Transaction ID: SA11A1.9085</b>                       |
| City State Zip Code<br>Des Moines IA 50392-0001   | Amount of Each Receipt this Period<br>39.00  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |
| Name of Employer<br>Principal Financial Group   | Occupation<br>VP - CIO Financials & Corp Sys |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>234.00           |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. PATTI BLUMER</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 10 / 2006 |
| Mailing Address Principal Financial Group<br>711 High Street  |   | <b>Transaction ID: SA11A1.9098</b>                       |
| City State Zip Code<br>Des Moines IA 50392-0001   | Amount of Each Receipt this Period<br>44.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>Principal Financial Group   | Occupation<br>Asst Fed Legis Dir            |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>220.00          |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. PATTI BLUMER</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 24 / 2006 |
| Mailing Address Principal Financial Group<br>711 High Street  |   | <b>Transaction ID: SA11A1.9099</b>                       |
| City State Zip Code<br>Des Moines IA 50392-0001   | Amount of Each Receipt this Period<br>44.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>Principal Financial Group   | Occupation<br>Asst Fed Legis Dir            |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>264.00          |  |

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| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 127.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|  |   |             |
|--|---|-------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br>(check only one) | PAGE 7 / 27 |
|  | <input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17  |             |

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NAME OF COMMITTEE (In Full)  
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. CHRISTOPHER BOWMAN</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 24 / 2006 |
| Mailing Address Principal Financial Group<br>711 High Street  |   | <b>Transaction ID: SA11A1.9128</b>                       |
| City State Zip Code<br>Des Moines IA 50392-0001   | Amount of Each Receipt this Period<br>38.46 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>Principal Financial Group   | Occupation<br>VP- Sales Engineering         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>230.76          |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. NED BURMEISTER</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 10 / 2006 |
| Mailing Address Principal Financial Group<br>711 High Street  |   | <b>Transaction ID: SA11A1.9190</b>                       |
| City State Zip Code<br>Des Moines IA 50392-0001   | Amount of Each Receipt this Period<br>50.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>Principal Financial Group   | Occupation<br>Vice President- Trustar       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00          |  |

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|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. NED BURMEISTER</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 24 / 2006 |
| Mailing Address Principal Financial Group<br>711 High Street  |   | <b>Transaction ID: SA11A1.9191</b>                       |
| City State Zip Code<br>Des Moines IA 50392-0001   | Amount of Each Receipt this Period<br>50.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>Principal Financial Group   | Occupation<br>Vice President- Trustar       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00          |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 138.46 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 / 27                  |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
GREGORY BURROWS

Mailing Address Principal Financial Group  
711 High Street

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Principal Financial Group Occupation VP- RIS Mktg & Strategy Dvlpmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2006

Transaction ID: SA11A1.9194

Amount of Each Receipt this Period  
38.46

**B.** Full Name (Last, First, Middle Initial)  
NICHOLAS CECERE

Mailing Address Principal Financial Group  
711 High Street

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Principal Financial Group Occupation VP-Proprietary Distribution

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2006

Transaction ID: SA11A1.9215

Amount of Each Receipt this Period  
38.46

**C.** Full Name (Last, First, Middle Initial)  
JAMES CHARLING

Mailing Address Principal Financial Group  
711 High Street

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Principal Financial Group Occupation VP-Natl Accts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2006

Transaction ID: SA11A1.9219

Amount of Each Receipt this Period  
38.50

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 115.42 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 / 27                  |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. BARRIE CHRISTMAN</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 24 / 2006 |
| Mailing Address Principal Financial Group<br>711 High Street  |   | <b>Transaction ID: SA11A1.9231</b>                       |
| City State Zip Code<br>Des Moines IA 50392-0001   | Amount of Each Receipt this Period<br>38.47 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>Principal Financial Group   | Occupation<br>Pres & CEO                    |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>230.82          |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. RONALD DANILSON</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 24 / 2006 |
| Mailing Address Principal Financial Group<br>711 High Street  |   | <b>Transaction ID: SA11A1.9316</b>                       |
| City State Zip Code<br>Des Moines IA 50392-0001   | Amount of Each Receipt this Period<br>40.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>Principal Financial Group   | Occupation<br>Sr VP Retirement & Invest Svc |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>240.00          |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. JAMES DEVRIES</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 24 / 2006 |
| Mailing Address Principal Financial Group<br>711 High Street  |   | <b>Transaction ID: SA11A1.9339</b>                       |
| City State Zip Code<br>Des Moines IA 50392-0001   | Amount of Each Receipt this Period<br>38.46 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>Principal Financial Group   | Occupation<br>SVP - Human Resources         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>230.76          |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 116.93 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 10 / 27                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. NORA EVERETT</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 24 / 2006 |
| Mailing Address Principal Financial Group<br>711 High Street  |   | <b>Transaction ID: SA11A1.9390</b>                       |
| City State Zip Code<br>Des Moines IA 50392-0001   | Amount of Each Receipt this Period<br>38.46 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>Principal Financial Group   | Occupation<br>SVP & Deputy General Counsel  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>230.76          |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MICHAEL GERSIE</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 10 / 2006 |
| Mailing Address Principal Financial Group<br>711 High Street  |   | <b>Transaction ID: SA11A1.9483</b>                       |
| City State Zip Code<br>Des Moines IA 50392-0001   | Amount of Each Receipt this Period<br>80.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>Principal Financial Group   | Occupation<br>Exec VP & CFO                 |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00          |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MICHAEL GERSIE</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 24 / 2006 |
| Mailing Address Principal Financial Group<br>711 High Street  |   | <b>Transaction ID: SA11A1.9482</b>                       |
| City State Zip Code<br>Des Moines IA 50392-0001   | Amount of Each Receipt this Period<br>80.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>Principal Financial Group   | Occupation<br>Exec VP & CFO                 |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>480.00          |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 198.46 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|  |   |              |
|--|---|--------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 11 / 27 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |              |
|  | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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)  
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. JAMES GILES</b>                |   | Date of Receipt<br>MM / DD / YYYY<br>03 / 24 / 2006 |
| Mailing Address Principal Financial Group<br>711 High Street                    |   | <b>Transaction ID: SA11A1.9490</b>                  |
| City Des Moines State IA Zip Code 50392-0001                                    | FEC ID number of contributing federal political committee. <b>C</b>   | Amount of Each Receipt this Period<br>40.00         |
| Name of Employer Principal Financial Group Occupation VP & Sr Insurance Counsel | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
|   | Aggregate Year-to-Date ▼<br>240.00  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. THOMAS GRAF</b>               |   | Date of Receipt<br>MM / DD / YYYY<br>03 / 10 / 2006 |
| Mailing Address Principal Financial Group<br>711 High Street                   |   | <b>Transaction ID: SA11A1.9519</b>                  |
| City Des Moines State IA Zip Code 50392-0001                                   | FEC ID number of contributing federal political committee. <b>C</b>   | Amount of Each Receipt this Period<br>150.00        |
| Name of Employer Principal Financial Group Occupation Sr VP-Investor Relations | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
|  | Aggregate Year-to-Date ▼<br>750.00  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. THOMAS GRAF</b>               |   | Date of Receipt<br>MM / DD / YYYY<br>03 / 24 / 2006 |
| Mailing Address Principal Financial Group<br>711 High Street                   |   | <b>Transaction ID: SA11A1.9518</b>                  |
| City Des Moines State IA Zip Code 50392-0001                                   | FEC ID number of contributing federal political committee. <b>C</b>   | Amount of Each Receipt this Period<br>150.00        |
| Name of Employer Principal Financial Group Occupation Sr VP-Investor Relations | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
|  | Aggregate Year-to-Date ▼<br>900.00  |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>340.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 12 / 27                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
LYNN GRAVES

Mailing Address Principal Financial Group  
711 High Street

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Principal Financial Group Occupation VP-Executive Operations

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2006

Transaction ID: SA11A1.9525

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
J BARRY GRISWELL

Mailing Address Principal Financial Group  
711 High Street

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Principal Financial Group Occupation Chairman-President & CEO

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 961.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2006

Transaction ID: SA11A1.9533

Amount of Each Receipt this Period  
192.30

**C.** Full Name (Last, First, Middle Initial)  
J BARRY GRISWELL

Mailing Address Principal Financial Group  
711 High Street

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Principal Financial Group Occupation Chairman-President & CEO

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1153.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2006

Transaction ID: SA11A1.9532

Amount of Each Receipt this Period  
192.30

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>419.60</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|  |   |              |
|--|---|--------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 13 / 27 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |              |
|  | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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NAME OF COMMITTEE (In Full)  
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. JOYCE HOFFMAN</b>              |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 24 / 2006 |
| Mailing Address Principal Financial Group<br>711 High Street                    |   | <b>Transaction ID: SA11A1.9628</b>                         |
| City Des Moines State IA Zip Code 50392-0001                                    | FEC ID number of contributing federal political committee. <b>C</b>   | Amount of Each Receipt this Period<br>38.46                |
| Name of Employer Principal Financial Group Occupation SVP & Corporate Secretary | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>230.76                         |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. CAREY JURY</b>             |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 10 / 2006 |
| Mailing Address Principal Financial Group<br>711 High Street                |   | <b>Transaction ID: SA11A1.9704</b>                         |
| City Des Moines State IA Zip Code 50392-0001                                | FEC ID number of contributing federal political committee. <b>C</b>   | Amount of Each Receipt this Period<br>75.00                |
| Name of Employer Principal Financial Group Occupation VP-Group Underwriting | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>375.00                         |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. CAREY JURY</b>             |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 24 / 2006 |
| Mailing Address Principal Financial Group<br>711 High Street                |   | <b>Transaction ID: SA11A1.9705</b>                         |
| City Des Moines State IA Zip Code 50392-0001                                | FEC ID number of contributing federal political committee. <b>C</b>   | Amount of Each Receipt this Period<br>75.00                |
| Name of Employer Principal Financial Group Occupation VP-Group Underwriting | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>450.00                         |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 188.46 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|  |   |              |
|--|---|--------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 14 / 27 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |              |
|  | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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NAME OF COMMITTEE (In Full)  
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. ELLEN LAMALE</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 10 / 2006 |
| Mailing Address Principal Financial Group<br>711 High Street  |   | <b>Transaction ID: SA11A1.9770</b>                       |
| City State Zip Code<br>Des Moines IA 50392-0001   | Amount of Each Receipt this Period<br>70.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>Principal Financial Group   | Occupation<br>Sr VP & Chief Actuary         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00          |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. ELLEN LAMALE</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 24 / 2006 |
| Mailing Address Principal Financial Group<br>711 High Street  |   | <b>Transaction ID: SA11A1.9769</b>                       |
| City State Zip Code<br>Des Moines IA 50392-0001   | Amount of Each Receipt this Period<br>70.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>Principal Financial Group   | Occupation<br>Sr VP & Chief Actuary         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>420.00          |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. JULIA LAWLER-JOHNSON</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 10 / 2006 |
| Mailing Address Principal Financial Group<br>711 High Street  |   | <b>Transaction ID: SA11A1.9781</b>                       |
| City State Zip Code<br>Des Moines IA 50392-0001   | Amount of Each Receipt this Period<br>50.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>Principal Financial Group   | Occupation<br>Sr VP & Chief Inv Officer     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00          |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 190.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|  |   |              |
|--|---|--------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 15 / 27 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |              |
|  | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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NAME OF COMMITTEE (In Full)  
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
JULIA LAWLER-JOHNSON

Mailing Address Principal Financial Group  
711 High Street

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Principal Financial Group Occupation Sr VP & Chief Inv Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2006

Transaction ID: SA11A1.9782

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
RICHARD LAWSON

Mailing Address Principal Financial Group  
711 High Street

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Principal Financial Group Occupation VP-Federal Govt Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2006

Transaction ID: SA11A1.9783

Amount of Each Receipt this Period  
38.46

**C.** Full Name (Last, First, Middle Initial)  
DENNIS LONG

Mailing Address Principal Financial Group  
711 High Street

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Principal Financial Group Occupation Vice President-ESG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2006

Transaction ID: SA11A1.9813

Amount of Each Receipt this Period  
38.46

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 126.92 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|  |  |              |
|--|--|--------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 16 / 27 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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NAME OF COMMITTEE (In Full)  
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. JAMES MCCAUGHAN</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 10 / 2006 |
| Mailing Address Principal Financial Group<br>711 High Street  |  | <b>Transaction ID: SA11A1.9858</b>                       |
| City State Zip Code<br>Des Moines IA 50392-0001   | Amount of Each Receipt this Period<br>115.38 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |
| Name of Employer<br>Principal Financial Group   | Occupation<br>President-Global Asset Mgmt    |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>576.90           |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. JAMES MCCAUGHAN</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 24 / 2006 |
| Mailing Address Principal Financial Group<br>711 High Street  |  | <b>Transaction ID: SA11A1.9859</b>                       |
| City State Zip Code<br>Des Moines IA 50392-0001   | Amount of Each Receipt this Period<br>115.38 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |
| Name of Employer<br>Principal Financial Group   | Occupation<br>President-Global Asset Mgmt    |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>692.28           |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. AMY MILLS</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 24 / 2006 |
| Mailing Address Principal Financial Group<br>711 High Street  |   | <b>Transaction ID: SA11A1.9905</b>                       |
| City State Zip Code<br>Des Moines IA 50392-0001   | Amount of Each Receipt this Period<br>38.46 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>Principal Financial Group   | Occupation<br>VP & Counsel                  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>230.76          |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 269.22 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|  |   |              |
|--|---|--------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 17 / 27 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |              |
|  | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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NAME OF COMMITTEE (In Full)  
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MARK MOVIC</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 24 / 2006 |  |
| Mailing Address Principal Financial Group<br>711 High Street  |   | <b>Transaction ID: SA11A1.9938</b>                       |  |
| City State Zip Code<br>Des Moines IA 50392-0001   | Amount of Each Receipt this Period<br>38.47 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>Principal Financial Group   | Occupation<br>VP-Insured Medical Products   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>230.82          |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. LUIS NUNES</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 24 / 2006 |  |
| Mailing Address Principal Financial Group<br>711 High Street  |   | <b>Transaction ID: SA11A1.9973</b>                       |  |
| City State Zip Code<br>Des Moines IA 50392-0001   | Amount of Each Receipt this Period<br>38.46 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>Principal Financial Group   | Occupation<br>VP Corp & Group Operations    |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>230.76          |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MARY O'KEEFE</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 24 / 2006 |  |
| Mailing Address Principal Financial Group<br>711 High Street  |  | <b>Transaction ID: SA11A1.9985</b>                       |  |
| City State Zip Code<br>Des Moines IA 50392-0001   | Amount of Each Receipt this Period<br>38.46  |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer<br>Principal Financial Group   | Occupation<br>SrVP & Chief Marketing Officer |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>230.76           |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 115.39 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 / 27                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
HUGH O'TOOLE

Mailing Address Principal Financial Group  
711 High Street

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Principal Financial Group Occupation VP- Registered Product

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2006

Transaction ID: SA11A1.9996

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
HUGH O'TOOLE

Mailing Address Principal Financial Group  
711 High Street

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Principal Financial Group Occupation VP- Registered Product

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2006

Transaction ID: SA11A1.9995

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
CHRISTOPHER REDDY

Mailing Address Principal Financial Group  
711 High Street

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Principal Financial Group Occupation 2nd VP (Pen Admin)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 218.30

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2006

Transaction ID: SA11A1.10091

Amount of Each Receipt this Period  
22.17

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 122.17 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 19 / 27                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. JOHN SCHMIDT</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 3 / 2 4 / 2 0 0 6 |
| Mailing Address Principal Financial Group<br>711 High Street  |                                    | Transaction ID: SA11A1.10194                                    |
| City Des Moines   | State IA                           | Zip Code 50392-0001   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>40.00                     |
| Name of Employer<br>Principal Financial Group   | Occupation<br>VP & Sr. Tax Counsel |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>240.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. GARY SCHOLTEN</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 3 / 2 4 / 2 0 0 6 |
| Mailing Address Principal Financial Group<br>711 High Street  |                                    | Transaction ID: SA11A1.10199                                    |
| City Des Moines   | State IA                           | Zip Code 50392-0001   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>40.00                     |
| Name of Employer<br>Principal Financial Group   | Occupation<br>SR VP & CIO          |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>240.00 |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. KAREN SHAFF</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 3 / 1 0 / 2 0 0 6 |
| Mailing Address Principal Financial Group<br>711 High Street  |   | Transaction ID: SA11A1.10219                                    |
| City Des Moines   | State IA                                | Zip Code 50392-0001   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period<br>100.00                    |
| Name of Employer<br>Principal Financial Group   | Occupation<br>Exec VP - General Counsel |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00      |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 180.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 20 / 27                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. KAREN SHAFF</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 24 / 2006 |  |
| Mailing Address Principal Financial Group<br>711 High Street  |  | <b>Transaction ID: SA11A1.10220</b>                        |  |
| City State Zip Code<br>Des Moines IA 50392-0001   | Amount of Each Receipt this Period<br>100.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer<br>Principal Financial Group   | Occupation<br>Exec VP - General Counsel      |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>600.00           |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MARTHA SHEPARD</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 24 / 2006 |  |
| Mailing Address Principal Financial Group<br>711 High Street  |   | <b>Transaction ID: SA11A1.10221</b>                        |  |
| City State Zip Code<br>Des Moines IA 50392-0001   | Amount of Each Receipt this Period<br>38.46 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>Principal Financial Group   | Occupation<br>VP & General Auditor          |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>230.76          |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MEG SKINNER</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 10 / 2006 |  |
| Mailing Address Principal Financial Group<br>711 High Street  |  | <b>Transaction ID: SA11A1.10234</b>                        |  |
| City State Zip Code<br>Des Moines IA 50392-0001   | Amount of Each Receipt this Period<br>57.69  |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer<br>Principal Financial Group   | Occupation<br>SVP Distribution-Ins & Fin Svc |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>288.45           |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 196.15 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|  |   |              |
|--|---|--------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 21 / 27 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |              |
|  | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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NAME OF COMMITTEE (In Full)  
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MEG SKINNER</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 24 / 2006 |  |
| Mailing Address Principal Financial Group<br>711 High Street  |  | <b>Transaction ID: SA11A1.10233</b>                      |  |
| City State Zip Code<br>Des Moines IA 50392-0001   | Amount of Each Receipt this Period<br>57.69  |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer<br>Principal Financial Group   | Occupation<br>SVP Distribution-Ins & Fin Svc |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>346.14           |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. NORMAN SORENSEN</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 10 / 2006 |  |
| Mailing Address Principal Financial Group<br>711 High Street  |  | <b>Transaction ID: SA11A1.10245</b>                      |  |
| City State Zip Code<br>Des Moines IA 50392-0001   | Amount of Each Receipt this Period<br>76.92  |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer<br>Principal Financial Group   | Occupation<br>Sr VP-Int'l Asset Accumulation |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>384.60           |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. NORMAN SORENSEN</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 24 / 2006 |  |
| Mailing Address Principal Financial Group<br>711 High Street  |  | <b>Transaction ID: SA11A1.10246</b>                      |  |
| City State Zip Code<br>Des Moines IA 50392-0001   | Amount of Each Receipt this Period<br>76.92  |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer<br>Principal Financial Group   | Occupation<br>Sr VP-Int'l Asset Accumulation |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>461.52           |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 211.53 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|  |                              |                              |                             |                             |
|--|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 22 / 27                |                             |
|  | (check only one)             |                              |                             |                             |
| <input checked="" type="checkbox"/> 11a                                | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
WILLIAM WORKMAN

Mailing Address Principal Financial Group  
711 High Street

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Principal Financial Group VP-IT Life & Disability

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.76

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2006

Transaction ID: SA11A1.10458

Amount of Each Receipt this Period  
38.46

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 38.46   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 3094.17 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 27

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. AHIP PAC</b>   |  | <b>Transaction ID: SB23.8975</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 8 / 2 0 0 6 |
| Mailing Address 601 Pennsylvania Avenue, NW<br>South Building, Suite 500  |  | Amount of Each Disbursement this Period<br>5000.00   |
| City Washington State DC Zip Code 20004   | Purpose of Disbursement<br>PAC to PAC<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Ben Nelson for U.S. Senate Committee</b>  |  | <b>Transaction ID: SB23.8973</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 8 / 2 0 0 6 |
| Mailing Address 420 C Street NE  |  | Amount of Each Disbursement this Period<br>1000.00   |
| City Washington State DC Zip Code 20002  | Purpose of Disbursement<br>Contribution<br>Candidate Name<br>Ben Nelson<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: NE District: 1 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Blue Dog PAC</b>  |  | <b>Transaction ID: SB23.8965</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 6 |
| Mailing Address 236 Massachusetts Avenue, NE<br>Suite 508  |  | Amount of Each Disbursement this Period<br>1000.00   |
| City Washington State DC Zip Code 20002  | Purpose of Disbursement<br>PAC to PAC<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 7000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 27

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Boswell for Congress Committee</b>  |  | <b>Transaction ID: SB23.8978</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 0 / 2 0 0 6 |
| Mailing Address 301 4th Street, NE<br>Suite 202  |  | Amount of Each Disbursement this Period<br>1000.00   |
| City Washington State DC Zip Code 20002  | Purpose of Disbursement<br>Contribution<br>Candidate Name<br>Leonard Boswell<br>Category/<br>Type  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: IA District: 3 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Citizens for Harkin</b>   |  | <b>Transaction ID: SB23.8967</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 6 |
| Mailing Address P.O. Box 811   |  | Amount of Each Disbursement this Period<br>1000.00   |
| City Des Moines State IA Zip Code 50304  | Purpose of Disbursement<br>Contribution<br>Candidate Name<br>Tom Harkin<br>Category/<br>Type   |  |
| Office Sought: <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: IA District: 4 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Earl Pomeroy for Congress</b>   |  | <b>Transaction ID: SB23.8970</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 8 / 2 0 0 6 |
| Mailing Address P.O. Box 75214   |  | Amount of Each Disbursement this Period<br>1000.00   |
| City Washington State DC Zip Code 20013-5214   | Purpose of Disbursement<br>Contribution<br>Candidate Name<br>Earl Pomeroy<br>Category/<br>Type   |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: ND District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 27

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Hawkeye PAC</b>   |  | <b>Transaction ID: SB23.8972</b><br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 08 / 2006 |
| Mailing Address c/o Senator Charles Grassley<br>P.O. Box 7255  |  | Amount of Each Disbursement this Period<br>2000.00   |
| City Des Moines State IA Zip Code 50309  | Purpose of Disbursement<br>PAC to PAC<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/<br>Type  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Johnson for Congress Committee</b>  |  | <b>Transaction ID: SB23.8974</b><br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 08 / 2006 |
| Mailing Address 2875 Towerview Road<br>Suite 1000  |  | Amount of Each Disbursement this Period<br>1000.00   |
| City Herndon State VA Zip Code 20171   | Purpose of Disbursement<br>Contribution<br>Candidate Name<br>Nancy Johnson   |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CT District: 5 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/<br>Type  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. King for Congress</b>   |  | <b>Transaction ID: SB23.8971</b><br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 08 / 2006 |
| Mailing Address 10582 Canterbury Road<br>Suite 350   |  | Amount of Each Disbursement this Period<br>1000.00   |
| City Fairfax State VA Zip Code 22039   | Purpose of Disbursement<br>Contribution<br>Candidate Name<br>Steve King  |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IA District: 5 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/<br>Type  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 4000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 27

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Latham for Congress</b>   |  | <b>Transaction ID: SB23.8968</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 6 |
| Mailing Address P.O. Box 71  |  | Amount of Each Disbursement this Period<br>1000.00   |
| City Clarion State IA Zip Code 50525   | Purpose of Disbursement Contribution<br>Candidate Name Tom Latham<br>Category/Type   |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: IA District: 4 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Latham for Congress</b>   |  | <b>Transaction ID: SB23.8976</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 2 / 2 0 0 6 |
| Mailing Address P.O. Box 71  |  | Amount of Each Disbursement this Period<br>1000.00   |
| City Clarion State IA Zip Code 50525   | Purpose of Disbursement Contribution<br>Candidate Name Tom Latham<br>Category/Type   |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: IA District: 4 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Linder for Congress</b>   |  | <b>Transaction ID: SB23.8969</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 8 / 2 0 0 6 |
| Mailing Address P.O. Box 4026  |  | Amount of Each Disbursement this Period<br>1000.00   |
| City Duluth State GA Zip Code 30096-0030   | Purpose of Disbursement Contribution<br>Candidate Name John Linder<br>Category/Type  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: GA District: 7 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 27

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Pryce for Congress</b>   |  | <b>Transaction ID:</b> SB23.8966<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 6 |
| Mailing Address 145 E. Rich Street  |  | Amount of Each Disbursement this Period<br>1000.00  |
| City Columbus State OH Zip Code 43215   |  |   |
| Purpose of Disbursement<br>Contribution   | Category/<br>Type  |   |
| Candidate Name<br>Deborah Pryce   |  |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: OH District: 15 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Real Estate Roundtable PAC - REALPAC</b>  |  | <b>Transaction ID:</b> SB23.8977<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 2 2 / 2 0 0 6 |
| Mailing Address 1420 New York Avenue, NW Suite 1100  |  | Amount of Each Disbursement this Period<br>2500.00  |
| City Washington State DC Zip Code 20005  |  |   |
| Purpose of Disbursement<br>PAC to PAC  | Category/<br>Type  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Stephanie Tubbs Jones for U.S. Congress</b>  |  | <b>Transaction ID:</b> SB23.8979<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 3 0 / 2 0 0 6 |
| Mailing Address 3645 Warrensville Center Road Suite 323   |  | Amount of Each Disbursement this Period<br>1000.00  |
| City Shaker Heights State OH Zip Code 44122   |  |   |
| Purpose of Disbursement<br>Contribution   | Category/<br>Type  |   |
| Candidate Name<br>Stephanie Tubbs Jones   |  |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: OH District: 11 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 4500.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | 21500.00 |