

# 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  
 Check if different than previously reported. (ACC)  
DES MOINES IA 50392 0220

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 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 03 01 2007 through 03 31 2007

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 LOUISE BILLMEYER

Signature of Treasurer Electronically Filed by LOUISE BILLMEYER Date 04 12 2007

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**

FEC Form 3X (Rev. 02/2003)

Page 2

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	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand 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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		34451.04
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	26793.70									
(c) Total Receipts (from Line 19) .....	11739.71	34482.37								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	38533.41	68933.41								
7. Total Disbursements (from Line 31) .....	14500.00	44900.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	24033.41	24033.41								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on 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	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3330.56	5565.13
(i) Itemized (use Schedule A) .....	8409.15	28917.24
(ii) Unitemized .....	11739.71	34482.37
(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) .....	11739.71	34482.37
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)) .....	11739.71	34482.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11739.71	34482.37

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	42500.00
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	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	2400.00
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))..	14500.00	44900.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	14500.00	44900.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	11739.71	34482.37
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11739.71	34482.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**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 / 28
	<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) <b>A. LOUISE BILLMEYER</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.9021</b>
City State Zip Code Des Moines IA 50392-5880	Amount of Each Receipt this Period 39.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Principal Financial Group	Occupation VP - CIO Financials & Corp Sys	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>B. PATTI BLUMER</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.9044</b>
City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 44.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Principal Financial Group	Occupation Asst Fed Legis Dir	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. PATTI BLUMER</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.9043</b>
City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 44.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Principal Financial Group	Occupation Asst Fed Legis Dir	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 264.00	

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 7 / 28
	<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) <b>A. CHRISTOPHER BOWMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.9061</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 38.46
Name of Employer Principal Financial Group Occupation VP- Sales Engineering	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76

Full Name (Last, First, Middle Initial) <b>B. NED BURMEISTER</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.9124</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 50.00
Name of Employer Principal Financial Group Occupation Vice President- Trustar	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

Full Name (Last, First, Middle Initial) <b>C. NED BURMEISTER</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.9123</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 50.00
Name of Employer Principal Financial Group Occupation Vice President- Trustar	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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 / 28
	<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 / 23 / 2007

Transaction ID: SA11A1.9128

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 / 23 / 2007

Transaction ID: SA11A1.9147

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 / 23 / 2007

Transaction ID: SA11A1.9151

Amount of Each Receipt this Period  
38.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **115.42**

**TOTAL** 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 / 28
	<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) <b>A. BARRIE CHRISTMAN</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.9163</b>
City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 38.47	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Principal Financial Group	Occupation Pres & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.82	

Full Name (Last, First, Middle Initial) <b>B. RONALD DANILSON</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.9249</b>
City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Principal Financial Group	Occupation Sr VP Retirement & Invest Svc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. JAMES DEVRIES</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.9274</b>
City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 38.46	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Principal Financial Group	Occupation SVP - Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 28
	<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) <b>A. NORA EVERETT</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.9327</b>
City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 38.46	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Principal Financial Group	Occupation SVP & Deputy General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

Full Name (Last, First, Middle Initial) <b>B. MICHAEL GERSIE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.9422</b>
City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Principal Financial Group	Occupation Exec VP & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL GERSIE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.9423</b>
City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Principal Financial Group	Occupation Exec VP & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 28
	<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) <b>A. THOMAS GRAF</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.9452</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 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 ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. THOMAS GRAF</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.9453</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 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 ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>C. LYNN GRAVES</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.9459</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 35.00
Name of Employer Principal Financial Group	Occupation VP-Executive Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	335.00
<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 12 / 28
	<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)  
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 / 09 / 2007

Transaction ID: SA11A1.9465

Amount of Each Receipt this Period  
192.30

**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 ▼ 1153.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2007

Transaction ID: SA11A1.9464

Amount of Each Receipt this Period  
192.30

**C.** Full Name (Last, First, Middle Initial)  
JOYCE HOFFMAN

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 SVP & Corporate Secretary

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 / 23 / 2007

Transaction ID: SA11A1.9551

Amount of Each Receipt this Period  
38.46

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>423.06</b>
<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 13 / 28
	<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) <b>A. CAREY JURY</b>		Date of Receipt MM / DD / YYYY 03 / 09 / 2007
Mailing Address Principal Financial Group 711 High Street		Transaction ID: SA11A1.9625
City Des Moines State IA Zip Code 50392-6100	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 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 ▼ 375.00

Full Name (Last, First, Middle Initial) <b>B. CAREY JURY</b>		Date of Receipt MM / DD / YYYY 03 / 23 / 2007
Mailing Address Principal Financial Group 711 High Street		Transaction ID: SA11A1.9624
City Des Moines State IA Zip Code 50392-6100	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 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 ▼ 450.00

Full Name (Last, First, Middle Initial) <b>C. MONICA KIRGAN</b>		Date of Receipt MM / DD / YYYY 03 / 23 / 2007
Mailing Address Principal Financial Group 711 High Street		Transaction ID: SA11A1.9661
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 35.37
Name of Employer Principal Financial Group Occupation VP-Individual Investor Mkt Seg	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.88

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	185.37
<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 14 / 28
	<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) <b>A. ELLEN LAMALE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.9697</b>
City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Principal Financial Group	Occupation Sr VP & Chief Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. ELLEN LAMALE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.9698</b>
City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Principal Financial Group	Occupation Sr VP & Chief Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>C. JULIA LAWLER-JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.9712</b>
City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Principal Financial Group	Occupation Sr VP & Chief Inv Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 / 28
<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) <b>A. JULIA LAWLER-JOHNSON</b>		Date of Receipt MM / DD / YYYY 03 / 23 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.9711</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 50.00
Name of Employer Principal Financial Group	Occupation Sr VP & Chief Inv Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. RICHARD LAWSON</b>		Date of Receipt MM / DD / YYYY 03 / 23 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.9713</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 38.46
Name of Employer Principal Financial Group	Occupation VP-Federal Govt Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

Full Name (Last, First, Middle Initial) <b>C. DENNIS LONG</b>		Date of Receipt MM / DD / YYYY 03 / 23 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.9739</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 38.46
Name of Employer Principal Financial Group	Occupation Vice President-ESG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>126.92</b>
<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 16 / 28
	<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)  
JAMES MCCAUGHAN

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 President-Global Asset Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 09 / 2007

Transaction ID: SA11A1.9782

Amount of Each Receipt this Period  
115.38

**B.** Full Name (Last, First, Middle Initial)  
JAMES MCCAUGHAN

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 President-Global Asset Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 692.28

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2007

Transaction ID: SA11A1.9781

Amount of Each Receipt this Period  
115.38

**C.** Full Name (Last, First, Middle Initial)  
AMY MILLS

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 & Counsel

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 / 23 / 2007

Transaction ID: SA11A1.9819

Amount of Each Receipt this Period  
38.46

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 28
	<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) <b>A. LUIS NUNES</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.9884</b>
City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 38.46	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Principal Financial Group	Occupation VP Corp & Group Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

Full Name (Last, First, Middle Initial) <b>B. MARY O'KEEFE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.9895</b>
City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 38.46	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Principal Financial Group	Occupation SrVP & Chief Marketing Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

Full Name (Last, First, Middle Initial) <b>C. HUGH O'TOOLE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.9905</b>
City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Principal Financial Group	Occupation VP- Registered Product	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 28
	<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) <b>A. HUGH O'TOOLE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.9906</b>
City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Principal Financial Group	Occupation VP- Registered Product	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM PAPESH</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.9911</b>
City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Principal Financial Group	Occupation Chief Operations Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM PAPESH</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.9912</b>
City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Principal Financial Group	Occupation Chief Operations Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.32	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	216.66
<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 19 / 28
<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

<b>A.</b> Full Name (Last, First, Middle Initial) R LUCIA RIDDLE		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007	
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID:</b> SA11A1.10018	
City State Zip Code Des Moines IA 50392-0001		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Principal Financial Group		Occupation Vp-Govt Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) R LUCIA RIDDLE		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID:</b> SA11A1.10017	
City State Zip Code Des Moines IA 50392-0001		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Principal Financial Group		Occupation Vp-Govt Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) JOHN SCHMIDT		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID:</b> SA11A1.10091	
City State Zip Code Des Moines IA 50392-0001		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Principal Financial Group		Occupation VP & Sr. Tax Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	140.00
<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 20 / 28
	(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"/> 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) <b>A. GARY SCHOLTEN</b>		Date of Receipt MM / DD / YYYY 03 / 23 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.10096</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 40.00
Name of Employer Principal Financial Group	Occupation SR VP & CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. KAREN SHAFF</b>		Date of Receipt MM / DD / YYYY 03 / 09 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.10111</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 100.00
Name of Employer Principal Financial Group	Occupation Exec VP - General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. KAREN SHAFF</b>		Date of Receipt MM / DD / YYYY 03 / 23 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.10112</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 100.00
Name of Employer Principal Financial Group	Occupation Exec VP - General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	240.00
<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 21 / 28
	<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) <b>A. MARTHA SHEPARD</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.10114</b>
City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 38.46	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Principal Financial Group	Occupation VP & General Auditor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

Full Name (Last, First, Middle Initial) <b>B. MEG SKINNER</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.10127</b>
City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 57.69	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Principal Financial Group	Occupation SVP Life & Health Distribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.45	

Full Name (Last, First, Middle Initial) <b>C. MEG SKINNER</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.10126</b>
City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 57.69	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Principal Financial Group	Occupation SVP Life & Health Distribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	153.84
<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 22 / 28
	<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) <b>A. NORMAN SORENSEN</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.10139</b>
City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 76.92	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Principal Financial Group	Occupation Sr VP-Int'l Asset Accumulation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

Full Name (Last, First, Middle Initial) <b>B. NORMAN SORENSEN</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.10138</b>
City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 76.92	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Principal Financial Group	Occupation Sr VP-Int'l Asset Accumulation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	

Full Name (Last, First, Middle Initial) <b>C. DEANNA STRABLE-SOETHOUT</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Principal Financial Group 711 High Street		<b>Transaction ID: SA11A1.10171</b>
City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Principal Financial Group	Occupation VP-Specialty Benefits Div	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	188.84
<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 23 / 28	
	(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 / 23 / 2007

Transaction ID: SA11A1.10353

Amount of Each Receipt this Period  
38.46

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>38.46</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>3330.56</b>

**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 / 28

<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) <b>A. Andrews for Congress</b>		<b>Transaction ID: SB23.8914</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address P.O. Box 295		Amount of Each Disbursement this Period 1000.00
City Oaklyn State NJ Zip Code 08107		
Purpose of Disbursement Contribution Candidate Name Robert Andrews Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 1		
Category/Type		

Full Name (Last, First, Middle Initial) <b>B. Cathy McMorris for Congress</b>		<b>Transaction ID: SB23.8913</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address P.O. Box 137		Amount of Each Disbursement this Period 1000.00
City Spokane State WA Zip Code 99210		
Purpose of Disbursement Contribution Candidate Name Cathy McMorris Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District: 5		
Category/Type		

Full Name (Last, First, Middle Initial) <b>C. Dave Camp for Congress</b>		<b>Transaction ID: SB23.8912</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 2501 Wisconsin Avenue, NW Number 304		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20007		
Purpose of Disbursement Contribution Candidate Name Dave Camp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 4		
Category/Type		

<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 / 28

<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) <b>A. Earl Pomeroy for Congress</b>		Transaction ID: SB23.8908 Date of Disbursement 03 / 26 / 2007
Mailing Address P.O. Box 75214		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20013-5214		
Purpose of Disbursement Contribution		
Candidate Name Earl Pomeroy		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND District:		

Full Name (Last, First, Middle Initial) <b>B. Friends for Gregory Meeks</b>		Transaction ID: SB23.8900 Date of Disbursement 03 / 16 / 2007
Mailing Address 322 Massachusetts Avenue NE		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20002		
Purpose of Disbursement Contribution		
Candidate Name Gregory Meeks		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 6		

Full Name (Last, First, Middle Initial) <b>C. Friends of John Boehner</b>		Transaction ID: SB23.8909 Date of Disbursement 03 / 26 / 2007
Mailing Address 7908 Cincinnati-Dayton Road		Amount of Each Disbursement this Period 2000.00
City West Chester	State OH	
Zip Code 45069		
Purpose of Disbursement Contribution		
Candidate Name John Boehner		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 8		

<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 / 28

<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) <b>A. Hagel for Senate</b>		<b>Transaction ID: SB23.8915</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 1310 G Street, NW Suite 600		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20005	Purpose of Disbursement Contribution Category/ Type	
Candidate Name Chuck Hagel		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District:		

Full Name (Last, First, Middle Initial) <b>B. Judy Biggert for Congress</b>		<b>Transaction ID: SB23.8910</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address P.O. Box 637		Amount of Each Disbursement this Period 1000.00
City Hinsdale State IL Zip Code 60522	Purpose of Disbursement Contribution Category/ Type	
Candidate Name Judy Biggert		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 13		

Full Name (Last, First, Middle Initial) <b>C. King for Congress</b>		<b>Transaction ID: SB23.8916</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 406 First Street, SE Suite 300		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Contribution Category/ Type	
Candidate Name Steve King		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 5		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<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 / 28

<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) <b>A. Latham for Congress</b>		<b>Transaction ID:</b> SB23.8897 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address P.O. Box 71		Amount of Each Disbursement this Period 1000.00
City Clarion State IA Zip Code 50525		
Purpose of Disbursement Contribution Candidate Name Tom Latham Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		

Full Name (Last, First, Middle Initial) <b>B. Latham for Congress</b>		<b>Transaction ID:</b> SB23.8898 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address P.O. Box 71		Amount of Each Disbursement this Period 1000.00
City Clarion State IA Zip Code 50525		
Purpose of Disbursement Contribution Candidate Name Tom Latham Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		

Full Name (Last, First, Middle Initial) <b>C. Loeb sack for Congress</b>		<b>Transaction ID:</b> SB23.8911 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 301 4th Street, NE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement Contribution Candidate Name Dave Loeb sack Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		

<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 28 / 28

<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)

**A.** McConnell Senate Committee '08

Mailing Address 400 North Capitol Street, NW  
Suite 585

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Contribution

Candidate Name  
Mitch McConnell

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: KY District:

Transaction ID: SB23.8901

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

14500.00