



**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:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		112164.20
(b) Cash on Hand at Beginning of Reporting Period.....	57810.97	
(c) Total Receipts (from Line 19) .....	18147.97	183044.74
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	75958.94	295208.94
7. Total Disbursements (from Line 31).....	45250.00	264500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	30708.94	30708.94
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:  /  /  To:  /  /

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		
(i) Itemized (use Schedule A).....	11389.54	86212.09
(ii) Unitemized .....	6758.43	96832.65
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	18147.97	183044.74
(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) .....	18147.97	183044.74
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 Transfers (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))..... ▶	18147.97	183044.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18147.97	183044.74

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	17500.00	162500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	27750.00	102000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	45250.00	264500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45250.00	264500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	18147.97	183044.74
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18147.97	183044.74
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Noel John Anderson</b>		Date of Receipt 09 / 12 / 2014 <b>Transaction ID : 201410075817-1272</b>
Mailing Address 201 Jones Rd Principal Financial Grp		Amount of Each Receipt this Period 20.00
City Waltham	State MA	
Zip Code 02451-1600		Aggregate Year-to-Date ▼ 400.00
FEC ID number of contributing federal political committee. C		
Name of Employer Principal Life Ins Co.	Occupation Reg VP - Nonqualified Plans	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Noel John Anderson</b>		Date of Receipt 09 / 26 / 2014 <b>Transaction ID : 201410075817-1273</b>
Mailing Address 201 Jones Rd Principal Financial Grp		Amount of Each Receipt this Period 20.00
City Waltham	State MA	
Zip Code 02451-1600		Aggregate Year-to-Date ▼ 400.00
FEC ID number of contributing federal political committee. C		
Name of Employer Principal Life Ins Co.	Occupation Reg VP - Nonqualified Plans	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Matthew Douglas Annenberg</b>		Date of Receipt 09 / 12 / 2014 <b>Transaction ID : 201410075817-1138</b>
Mailing Address 888 7th Ave FI 25		Amount of Each Receipt this Period 42.30
City New York	State NY	
Zip Code 10106-2599		Aggregate Year-to-Date ▼ 846.00
FEC ID number of contributing federal political committee. C		
Name of Employer Principal Life Ins Co.	Occupation Mng Director, Asset Allocation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	82.30
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 117
<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. Randall J. Bachman</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014 <b>Transaction ID : 201410075817-1357</b>
Mailing Address 711 High St		Amount of Each Receipt this Period 22.00
City Des Moines	State IA	Zip Code 50392-0001
FEC ID number of contributing federal political committee. C	Name of Employer Principal Life Ins Co.	Occupation AVP-Life & SBD Marketing
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>B. Randall J. Bachman</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014 <b>Transaction ID : 201410075817-1358</b>
Mailing Address 711 High St		Amount of Each Receipt this Period 22.00
City Des Moines	State IA	Zip Code 50392-0001
FEC ID number of contributing federal political committee. C	Name of Employer Principal Life Ins Co.	Occupation AVP-Life & SBD Marketing
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>C. Daniel B. Barry</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014 <b>Transaction ID : 201410075817-308</b>
Mailing Address 14045 Ballantyne Corporate Pl Ste 500		Amount of Each Receipt this Period 20.83
City Charlotte	State NC	Zip Code 28277-3868
FEC ID number of contributing federal political committee. C	Name of Employer Principal Life Ins Co.	Occupation Reg VP - Nonqualified Plans
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.60	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	64.83
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 117
	<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)  
**A. Daniel B. Barry**

Mailing Address 14045 Ballantyne Corporate Pl  
Ste 500

City Charlotte State NC Zip Code 28277-3868

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

Name of Employer Principal Life Ins Co. Occupation Reg VP - Nonqualified Plans

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.60**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : 201410075817-309**

Amount of Each Receipt this Period  
**20.83**

Full Name (Last, First, Middle Initial)  
**B. Michael Jon Beer**

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation VP - COO Principal Funds

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : 201410075817-1164**

Amount of Each Receipt this Period  
**35.00**

Full Name (Last, First, Middle Initial)  
**C. Michael Jon Beer**

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation VP - COO Principal Funds

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : 201410075817-1165**

Amount of Each Receipt this Period  
**35.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.83</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 117  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Principal Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Candence Sue Bidler Hurley**  
 Mailing Address 711 High St  
 City State Zip Code  
 Des Moines IA 50392-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Principal Life Ins Co. Nat'l VP - IDI Sales  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 307.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-184**  
 Amount of Each Receipt this Period  
 15.38

Full Name (Last, First, Middle Initial)  
**B. Candence Sue Bidler Hurley**  
 Mailing Address 711 High St  
 City State Zip Code  
 Des Moines IA 50392-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Principal Life Ins Co. Nat'l VP - IDI Sales  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 307.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-185**  
 Amount of Each Receipt this Period  
 15.38

Full Name (Last, First, Middle Initial)  
**C. Louise A. Billmeyer**  
 Mailing Address 711 High St  
 City State Zip Code  
 Des Moines IA 50392-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Principal Life Ins Co. VP & CIO - SCBU  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 846.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-1016**  
 Amount of Each Receipt this Period  
 42.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 73.06  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 11 OF 117  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Principal Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Louise A. Billmeyer**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. VP & CIO - SCBU

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 846.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-1017**

Amount of Each Receipt this Period  
 42.30

Full Name (Last, First, Middle Initial)  
**B. Patti R. Blumer**

Mailing Address 1350 I St NW  
 Ste 880

City State Zip Code  
 Washington DC 20005-7207

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

Name of Employer Occupation  
 Principal Life Ins Co. Director, Federal Gov Rel-DC

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-1302**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Patti R. Blumer**

Mailing Address 1350 I St NW  
 Ste 880

City State Zip Code  
 Washington DC 20005-7207

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

Name of Employer Occupation  
 Principal Life Ins Co. Director, Federal Gov Rel-DC

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-1303**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 82.30

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

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

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

FOR LINE NUMBER: PAGE 12 OF 117  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Principal Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Randy Doran Bolin**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. VP & Associate General Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 307.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-1365**

Amount of Each Receipt this Period  
 15.38

Full Name (Last, First, Middle Initial)  
**B. Randy Doran Bolin**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. VP & Associate General Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 307.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-1366**

Amount of Each Receipt this Period  
 15.38

Full Name (Last, First, Middle Initial)  
**C. Christopher Joseph Bowman**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. VP-Corp Strategy

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-248**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.76

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 117
	<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. Christopher Joseph Bowman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 High St  
 City Des Moines State IA Zip Code 50392-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation VP-Corp Strategy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-249**  
 Amount of Each Receipt this Period  
 50.00

**B. David James Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 High St  
 City Des Moines State IA Zip Code 50392-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation VP - Compliance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 846.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-355**  
 Amount of Each Receipt this Period  
 42.30

**C. David James Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 High St  
 City Des Moines State IA Zip Code 50392-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation VP - Compliance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 846.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-356**  
 Amount of Each Receipt this Period  
 42.30

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	134.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 117
	<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. Jill Renae Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Investment Blvd

City El Dorado Hills State CA Zip Code 95762-5710

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

Name of Employer Principal Life Ins Co. Occupation AVP-Principal Funds

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : 201410075817-707**

Amount of Each Receipt this Period  
**15.38**

**B. Jill Renae Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Investment Blvd

City El Dorado Hills State CA Zip Code 95762-5710

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

Name of Employer Principal Life Ins Co. Occupation AVP-Principal Funds

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : 201410075817-708**

Amount of Each Receipt this Period  
**15.38**

**C. Paul Alvin Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation VP Retirement & Investor Svcs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : 201410075817-1304**

Amount of Each Receipt this Period  
**42.30**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **73.06**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 117
	<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**

**A. Paul Alvin Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation VP Retirement & Investor Svcs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-1305**

Amount of Each Receipt this Period  
**42.30**

**B. Ned Alan Burmeister**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal International, Inc. Occupation SVP & COO - PI

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-1254**

Amount of Each Receipt this Period  
**100.00**

**C. Ned Alan Burmeister**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal International, Inc. Occupation SVP & COO - PI

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-1255**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>242.30</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 117
	<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	<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. Barbara B. Burnett</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014 <b>Transaction ID : 201410075817-101</b>		
Mailing Address 711 High St			Amount of Each Receipt this Period 20.00		
City Des Moines	State IA	Zip Code 50392-0001			
FEC ID number of contributing federal political committee. C					
Name of Employer Principal Life Ins Co.		Occupation Asst Dir-Annuity Compliance			
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>B. Barbara B. Burnett</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014 <b>Transaction ID : 201410075817-102</b>		
Mailing Address 711 High St			Amount of Each Receipt this Period 20.00		
City Des Moines	State IA	Zip Code 50392-0001			
FEC ID number of contributing federal political committee. C					
Name of Employer Principal Life Ins Co.		Occupation Asst Dir-Annuity Compliance			
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. Thomas L. Burnor</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014 <b>Transaction ID : 201410075817-1624</b>		
Mailing Address 18101 Von Karman Ave Ste 1170			Amount of Each Receipt this Period 28.85		
City Irvine	State CA	Zip Code 92612-7169			
FEC ID number of contributing federal political committee. C					
Name of Employer Principal Life Ins Co.		Occupation VP of Sales - Retirement Svcs			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 577.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	68.85
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 117
	<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 L. Burnor</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410075817-1625</b>
Mailing Address 18101 Von Karman Ave Ste 1170		Amount of Each Receipt this Period 28.85
City Irvine	State CA	Zip Code 92612-7169
FEC ID number of contributing federal political committee.	C	
Name of Employer Principal Life Ins Co.	Occupation VP of Sales - Retirement Svcs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 577.00	

Full Name (Last, First, Middle Initial) <b>B. Gregory John Burrows</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2014 <b>Transaction ID : 201410075817-549</b>
Mailing Address 711 High St		Amount of Each Receipt this Period 95.19
City Des Moines	State IA	Zip Code 50392-0001
FEC ID number of contributing federal political committee.	C	
Name of Employer Principal Life Ins Co.	Occupation SVP - Retirement & Invest Svcs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1903.80	

Full Name (Last, First, Middle Initial) <b>C. Gregory John Burrows</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410075817-550</b>
Mailing Address 711 High St		Amount of Each Receipt this Period 95.19
City Des Moines	State IA	Zip Code 50392-0001
FEC ID number of contributing federal political committee.	C	
Name of Employer Principal Life Ins Co.	Occupation SVP - Retirement & Invest Svcs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1903.80	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	219.23
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 18 OF 117  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Principal Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Teresa Marie Button**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. VP & Treasurer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 635.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-1604**

Amount of Each Receipt this Period  
 31.76

Full Name (Last, First, Middle Initial)  
**B. Teresa Marie Button**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. VP & Treasurer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 635.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-1605**

Amount of Each Receipt this Period  
 31.76

Full Name (Last, First, Middle Initial)  
**C. James Joseph Carbone**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. National VP - Career Distr

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 384.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-581**

Amount of Each Receipt this Period  
 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 82.75

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 117
	<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	<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. James Joseph Carbone</b>			Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410075817-582</b>
Mailing Address 711 High St			Amount of Each Receipt this Period 19.23
City Des Moines	State IA	Zip Code 50392-0001	
FEC ID number of contributing federal political committee. C			
Name of Employer Principal Life Ins Co.	Occupation National VP - Career Distr		
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. Nicholas M. Cecere</b>			Date of Receipt MM / DD / YYYY 09 / 12 / 2014 <b>Transaction ID : 201410075817-1256</b>
Mailing Address 711 High St			Amount of Each Receipt this Period 42.30
City Des Moines	State IA	Zip Code 50392-0001	
FEC ID number of contributing federal political committee. C			
Name of Employer Principal Life Ins Co.	Occupation VP - USIS Distribution		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 846.00		

Full Name (Last, First, Middle Initial) <b>C. Nicholas M. Cecere</b>			Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410075817-1257</b>
Mailing Address 711 High St			Amount of Each Receipt this Period 42.30
City Des Moines	State IA	Zip Code 50392-0001	
FEC ID number of contributing federal political committee. C			
Name of Employer Principal Life Ins Co.	Occupation VP - USIS Distribution		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 846.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	103.83
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 117
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Principal Life Insurance Company Political Action Committee**

**A. Barrie Gibb Christman**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation VP- Chmn Prin Bank & Trust

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : 201410075817-107**

Amount of Each Receipt this Period  
 50.00

**B. Barrie Gibb Christman**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation VP- Chmn Prin Bank & Trust

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : 201410075817-108**

Amount of Each Receipt this Period  
 50.00

**C. Eileen Mary Conroy**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation AVP-Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : 201410075817-489**

Amount of Each Receipt this Period  
 15.38

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.38
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 117
	<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. Eileen Mary Conroy</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410075817-490</b>
Mailing Address 711 High St		Amount of Each Receipt this Period 15.38
City Des Moines	State IA	Zip Code 50392-0001
FEC ID number of contributing federal political committee. C		
Name of Employer Principal Life Ins Co.	Occupation AVP-Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.60	

Full Name (Last, First, Middle Initial) <b>B. Andrew Piper Dalgliesh</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2014 <b>Transaction ID : 201410075817-51</b>
Mailing Address 4141 Parklake Ave Ste 400		Amount of Each Receipt this Period 15.00
City Raleigh	State NC	Zip Code 27612-2333
FEC ID number of contributing federal political committee. C		
Name of Employer Principal Life Ins Co.	Occupation Director-Non-Qualified	
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>C. Andrew Piper Dalgliesh</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410075817-52</b>
Mailing Address 4141 Parklake Ave Ste 400		Amount of Each Receipt this Period 15.00
City Raleigh	State NC	Zip Code 27612-2333
FEC ID number of contributing federal political committee. C		
Name of Employer Principal Life Ins Co.	Occupation Director-Non-Qualified	
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).....▶	45.38
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 22 OF 117  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Principal Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Michael John Daugherty**

Mailing Address 1100 Technology Pkwy

City State Zip Code  
 Cedar Falls IA 50613-6955

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

Name of Employer Occupation  
 Principal Life Ins Co. VP Full Service Accumulation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 09 / 12 / 2014  
**Transaction ID : 201410075817-1172**

Amount of Each Receipt this Period  
 45.00

Full Name (Last, First, Middle Initial)  
**B. Michael John Daugherty**

Mailing Address 1100 Technology Pkwy

City State Zip Code  
 Cedar Falls IA 50613-6955

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

Name of Employer Occupation  
 Principal Life Ins Co. VP Full Service Accumulation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410075817-1173**

Amount of Each Receipt this Period  
 45.00

Full Name (Last, First, Middle Initial)  
**C. Matthew D. Dinville**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. National Education Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 232.00

Date of Receipt  
 09 / 12 / 2014  
**Transaction ID : 201410075817-1140**

Amount of Each Receipt this Period  
 11.60

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 101.60

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 117
<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)  
**A. Matthew D. Dinville**

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation National Education Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **232.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : 201410075817-1141**

Amount of Each Receipt this Period  
**11.60**

Full Name (Last, First, Middle Initial)  
**B. Douglas Scott Dornacker**

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation AVP-IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : 201410075817-453**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Douglas Scott Dornacker**

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation AVP-IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : 201410075817-454**

Amount of Each Receipt this Period  
**25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>61.60</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 117
	<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. Gary Lane Dorton**  
Full Name (Last, First, Middle Initial)

Mailing Address 4141 Parklake Ave  
Ste 400

City Raleigh State NC Zip Code 27612-2333

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

Name of Employer Principal Life Ins Co. Occupation VP-Employer Solutions & Serv

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
09 / 12 / 2014  
**Transaction ID : 201410075817-519**

Amount of Each Receipt this Period  
45.00

**B. Gary Lane Dorton**  
Full Name (Last, First, Middle Initial)

Mailing Address 4141 Parklake Ave  
Ste 400

City Raleigh State NC Zip Code 27612-2333

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

Name of Employer Principal Life Ins Co. Occupation VP-Employer Solutions & Serv

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
09 / 26 / 2014  
**Transaction ID : 201410075817-520**

Amount of Each Receipt this Period  
45.00

**C. Michael J. Dulaney**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation Sr Consulting Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
09 / 12 / 2014  
**Transaction ID : 201410075817-1176**

Amount of Each Receipt this Period  
19.23

**SUBTOTAL** of Receipts This Page (optional).....▶ 109.23

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 117
	<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) <b>A. Michael J. Dulaney</b>			Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410075817-1177</b>
Mailing Address 711 High St			Amount of Each Receipt this Period 19.23
City Des Moines	State IA	Zip Code 50392-0001	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 384.60
Name of Employer Principal Life Ins Co.	Occupation Sr Consulting Actuary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

Full Name (Last, First, Middle Initial) <b>B. Timothy Mark Dunbar</b>			Date of Receipt MM / DD / YYYY 09 / 12 / 2014 <b>Transaction ID : 201410075817-1634</b>
Mailing Address 711 High St			Amount of Each Receipt this Period 63.46
City Des Moines	State IA	Zip Code 50392-0001	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1269.20
Name of Employer Principal Life Ins Co.	Occupation EVP & Chief Inv Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

Full Name (Last, First, Middle Initial) <b>C. Timothy Mark Dunbar</b>			Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410075817-1635</b>
Mailing Address 711 High St			Amount of Each Receipt this Period 63.46
City Des Moines	State IA	Zip Code 50392-0001	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1269.20
Name of Employer Principal Life Ins Co.	Occupation EVP & Chief Inv Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	146.15
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 117
	<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**

**A. John Michael Egan**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines	State IA	Zip Code 50392-0001
--------------------	-------------	------------------------

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

Name of Employer Principal Life Ins Co.	Occupation VP - Investor Relations
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **634.80**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

**Transaction ID : 201410075817-741**

Amount of Each Receipt this Period  

31.74
-------

**B. John Michael Egan**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines	State IA	Zip Code 50392-0001
--------------------	-------------	------------------------

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

Name of Employer Principal Life Ins Co.	Occupation VP - Investor Relations
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **634.80**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : 201410075817-742**

Amount of Each Receipt this Period  

31.74
-------

**C. Gregory Bernard Elming**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines	State IA	Zip Code 50392-0001
--------------------	-------------	------------------------

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

Name of Employer Principal Life Ins Co.	Occupation SVP & Chief Risk Officer
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1903.80**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

**Transaction ID : 201410075817-551**

Amount of Each Receipt this Period  

95.19
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>158.67</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 117
	<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. Gregory Bernard Elming**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 High St  
 City Des Moines State IA Zip Code 50392-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation SVP & Chief Risk Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1903.80

Date of Receipt 09 / 26 / 2014  
**Transaction ID : 201410075817-552**  
 Amount of Each Receipt this Period 95.19

**B. John P. Emanuel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1155 Avenue of the Americas Suite 1021-30; Pfg  
 City New York State NY Zip Code 10036-2711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation Disability Income RVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 12 / 2014  
**Transaction ID : 201410075817-743**  
 Amount of Each Receipt this Period 19.23

**C. John P. Emanuel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1155 Avenue of the Americas Suite 1021-30; Pfg  
 City New York State NY Zip Code 10036-2711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation Disability Income RVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 26 / 2014  
**Transaction ID : 201410075817-744**  
 Amount of Each Receipt this Period 19.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	133.65
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 117
	<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. Wendell Epps**  
Full Name (Last, First, Middle Initial)

Mailing Address 5080 Spectrum Dr  
Ste 700E

City Addison State TX Zip Code 75001-4636

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

Name of Employer Principal Life Ins Co. Occupation VP of Sales - Retirement Svcs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt  
**09 / 12 / 2014**  
Transaction ID : **201410075817-1678**

Amount of Each Receipt this Period  
**19.23**

**B. Wendell Epps**  
Full Name (Last, First, Middle Initial)

Mailing Address 5080 Spectrum Dr  
Ste 700E

City Addison State TX Zip Code 75001-4636

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

Name of Employer Principal Life Ins Co. Occupation VP of Sales - Retirement Svcs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt  
**09 / 26 / 2014**  
Transaction ID : **201410075817-1679**

Amount of Each Receipt this Period  
**19.23**

**C. Ralph Craig Eucher**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3800.00**

Date of Receipt  
**09 / 12 / 2014**  
Transaction ID : **201410075817-1355**

Amount of Each Receipt this Period  
**190.00**

**SUBTOTAL** of Receipts This Page (optional)..... **228.46**

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

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

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

FOR LINE NUMBER: PAGE 29 OF 117  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Principal Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Ralph Craig Eucher**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. Executive Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 3800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-1356**

Amount of Each Receipt this Period  
 190.00

Full Name (Last, First, Middle Initial)  
**B. James A. Farden**

Mailing Address 665 E Arenas Rd

City State Zip Code  
 Palm Springs CA 92262-6740

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

Name of Employer Occupation  
 Principal Life Ins Co. Disability Income RVP

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-589**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. James A. Farden**

Mailing Address 665 E Arenas Rd

City State Zip Code  
 Palm Springs CA 92262-6740

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

Name of Employer Occupation  
 Principal Life Ins Co. Disability Income RVP

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-590**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 117
<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. Kevin Patrick Farley**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines	State IA	Zip Code 50392-0001
--------------------	-------------	------------------------

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

Name of Employer Principal Life Ins Co.	Occupation Chief Financial Officer- RIS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

**Transaction ID : 201410075817-882**

Amount of Each Receipt this Period  

45.00
-------

**B. Kevin Patrick Farley**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines	State IA	Zip Code 50392-0001
--------------------	-------------	------------------------

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

Name of Employer Principal Life Ins Co.	Occupation Chief Financial Officer- RIS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : 201410075817-883**

Amount of Each Receipt this Period  

45.00
-------

**C. Douglas Alan Fick**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines	State IA	Zip Code 50392-0001
--------------------	-------------	------------------------

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

Name of Employer Principal Life Ins Co.	Occupation VP & CIO-US Ins Solutions
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

**Transaction ID : 201410075817-455**

Amount of Each Receipt this Period  

55.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>145.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 117
	<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. Douglas Alan Fick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 High St  
 City Des Moines State IA Zip Code 50392-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation VP & CIO-US Ins Solutions  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-456**  
 Amount of Each Receipt this Period  
 55.00

**B. Jed A. Fisk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 High St  
 City Des Moines State IA Zip Code 50392-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation VP Corp Real Estate & Aviation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-643**  
 Amount of Each Receipt this Period  
 20.00

**C. Jed A. Fisk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 High St  
 City Des Moines State IA Zip Code 50392-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation VP Corp Real Estate & Aviation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-644**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 117
	<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. Louis E. Flori**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation VP - Capital Markets

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-1014**

Amount of Each Receipt this Period  
**42.30**

**B. Louis E. Flori**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation VP - Capital Markets

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-1015**

Amount of Each Receipt this Period  
**42.30**

**C. Aaron M. Friedman**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 Research Dr Ste 402

City Shelton State CT Zip Code 06484-6242

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

Name of Employer Principal Life Ins Co. Occupation National Leader-Non Profit

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **430.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-1**

Amount of Each Receipt this Period  
**21.50**

**SUBTOTAL** of Receipts This Page (optional)..... ► **106.10**

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

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

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

FOR LINE NUMBER: PAGE 33 OF 117  
(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)  
**A. Aaron M. Friedman**

Mailing Address 4 Research Dr  
Ste 402

City Shelton State CT Zip Code 06484-6242

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

Name of Employer Principal Life Ins Co. Occupation National Leader-Non Profit

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **430.00**

Date of Receipt  
**09 / 26 / 2014**  
Transaction ID : **201410075817-2**

Amount of Each Receipt this Period  
**21.50**

Full Name (Last, First, Middle Initial)  
**B. Amy Christine Friedrich**

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation VP-Specialty Benefits Division

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.00**

Date of Receipt  
**09 / 12 / 2014**  
Transaction ID : **201410075817-27**

Amount of Each Receipt this Period  
**42.30**

Full Name (Last, First, Middle Initial)  
**C. Amy Christine Friedrich**

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation VP-Specialty Benefits Division

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.00**

Date of Receipt  
**09 / 26 / 2014**  
Transaction ID : **201410075817-28**

Amount of Each Receipt this Period  
**42.30**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **106.10**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 117
	<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. Paul E. Fromm**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation VP - Ind. Disability Ins

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-1310**

Amount of Each Receipt this Period  
**42.30**

**B. Paul E. Fromm**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation VP - Ind. Disability Ins

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-1311**

Amount of Each Receipt this Period  
**42.30**

**C. Cary Allan Fuchs**  
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Investment Blvd

City El Dorado Hills State CA Zip Code 95762-5710

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

Name of Employer Principal Life Ins Co. Occupation Dir-Transfer Agent & Adm Svcs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-210**

Amount of Each Receipt this Period  
**22.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **106.60**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 117
	<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)  
**A. Cary Allan Fuchs**

Mailing Address 1100 Investment Blvd

City El Dorado Hills State CA Zip Code 95762-5710

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

Name of Employer Principal Life Ins Co. Occupation Dir-Transfer Agent & Adm Svcs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : 201410075817-211**

Amount of Each Receipt this Period  
**22.00**

Full Name (Last, First, Middle Initial)  
**B. William Foster Gardner**

Mailing Address 1300 SW 5th Ave  
Morley Financial Services Inc

City Portland State OR Zip Code 97201-5640

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

Name of Employer Morley Financial Services Inc Occupation Managing Director - Sales/Mktg

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : 201410075817-1686**

Amount of Each Receipt this Period  
**19.23**

Full Name (Last, First, Middle Initial)  
**C. William Foster Gardner**

Mailing Address 1300 SW 5th Ave  
Morley Financial Services Inc

City Portland State OR Zip Code 97201-5640

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

Name of Employer Morley Financial Services Inc Occupation Managing Director - Sales/Mktg

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : 201410075817-1687**

Amount of Each Receipt this Period  
**19.23**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **60.46**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 117
	<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**

**A. Ronald P. Giardini**  
Full Name (Last, First, Middle Initial)

Mailing Address 28411 Northwestern Hwy  
Principal Financial Group

City Southfield State MI Zip Code 48034-5526

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

Name of Employer Principal Life Ins Co. Occupation Disability Income RVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.60**

Date of Receipt  
**09 / 12 / 2014**  
Transaction ID : **201410075817-1443**

Amount of Each Receipt this Period  
**15.38**

**B. Ronald P. Giardini**  
Full Name (Last, First, Middle Initial)

Mailing Address 28411 Northwestern Hwy  
Principal Financial Group

City Southfield State MI Zip Code 48034-5526

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

Name of Employer Principal Life Ins Co. Occupation Disability Income RVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.60**

Date of Receipt  
**09 / 26 / 2014**  
Transaction ID : **201410075817-1444**

Amount of Each Receipt this Period  
**15.38**

**C. Gina Lynnette Graham**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal International, Inc. Occupation VP & CFO - Principal Intl

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt  
**09 / 12 / 2014**  
Transaction ID : **201410075817-537**

Amount of Each Receipt this Period  
**32.00**

**SUBTOTAL** of Receipts This Page (optional)..... **62.76**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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**

**A. Vicki Whitaker Gray**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 51 Germantown Ct  
 Principal Financial Group, Ste 101  
 City Cordova State TN Zip Code 38018-4278  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation Sr Account Exec-Retirement Svc  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-1670**  
 Amount of Each Receipt this Period  
**75.00**

**B. Vicki Whitaker Gray**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 51 Germantown Ct  
 Principal Financial Group, Ste 101  
 City Cordova State TN Zip Code 38018-4278  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation Sr Account Exec-Retirement Svc  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-1671**  
 Amount of Each Receipt this Period  
**75.00**

**C. Doug E. Grove**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3025 Highland Pkwy  
 Ste 425  
 City Downers Grove State IL Zip Code 60515-5660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation VP - RIS Sales  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-457**  
 Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **200.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 117
<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. Doug E. Grove</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014 <b>Transaction ID : 201410075817-458</b>
Mailing Address 3025 Highland Pkwy Ste 425		Amount of Each Receipt this Period 50.00
City Downers Grove	State IL	Zip Code 60515-5660
FEC ID number of contributing federal political committee. C		
Name of Employer Principal Life Ins Co.	Occupation VP - RIS Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Patrick Gregory Halter</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014 <b>Transaction ID : 201410075817-1294</b>
Mailing Address 711 High St		Amount of Each Receipt this Period 42.30
City Des Moines	State IA	Zip Code 50392-0001
FEC ID number of contributing federal political committee. C		
Name of Employer Principal Life Ins Co.	Occupation Sr. Exec Dir PrinREI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 846.00	

Full Name (Last, First, Middle Initial) <b>C. Patrick Gregory Halter</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014 <b>Transaction ID : 201410075817-1295</b>
Mailing Address 711 High St		Amount of Each Receipt this Period 42.30
City Des Moines	State IA	Zip Code 50392-0001
FEC ID number of contributing federal political committee. C		
Name of Employer Principal Life Ins Co.	Occupation Sr. Exec Dir PrinREI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 846.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	134.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 117
	<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. Mark A. Hanrahan</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 12 / 2014 <b>Transaction ID : 201410075817-1056</b>
Mailing Address 711 High St			Amount of Each Receipt this Period 100.00
City Des Moines	State IA	Zip Code 50392-0001	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 2092.00
Name of Employer Principal Life Ins Co.		Occupation Mng Dir-CRE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mark A. Hanrahan</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 26 / 2014 <b>Transaction ID : 201410075817-1057</b>
Mailing Address 711 High St			Amount of Each Receipt this Period 192.00
City Des Moines	State IA	Zip Code 50392-0001	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 2092.00
Name of Employer Principal Life Ins Co.		Occupation Mng Dir-CRE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Melinda Lea Hanrahan</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 12 / 2014 <b>Transaction ID : 201410075817-1148</b>
Mailing Address 711 High St			Amount of Each Receipt this Period 25.00
City Des Moines	State IA	Zip Code 50392-0001	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00
Name of Employer Principal Life Ins Co.		Occupation Mng Director - Global Equities	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	317.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 41 OF 117  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Principal Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Melinda Lea Hanrahan**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. Mng Director - Global Equities

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-1149**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Elizabeth Bandoli Happe**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. VP & Chief Compliance Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 635.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-491**

Amount of Each Receipt this Period  
 31.76

Full Name (Last, First, Middle Initial)  
**C. Elizabeth Bandoli Happe**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. VP & Chief Compliance Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 635.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-492**

Amount of Each Receipt this Period  
 31.76

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 88.52

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 117
	<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. Jay Thomas Harbison</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014 <b>Transaction ID : 201410075817-631</b>
Mailing Address 711 High St		Amount of Each Receipt this Period 10.00
City Des Moines	State IA	Zip Code 50392-0001
FEC ID number of contributing federal political committee. C	Name of Employer Principal Life Ins Co.	Occupation Hybrid Investment Specialist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	

Full Name (Last, First, Middle Initial) <b>B. Jay Thomas Harbison</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014 <b>Transaction ID : 201410075817-632</b>
Mailing Address 711 High St		Amount of Each Receipt this Period 10.00
City Des Moines	State IA	Zip Code 50392-0001
FEC ID number of contributing federal political committee. C	Name of Employer Principal Life Ins Co.	Occupation Hybrid Investment Specialist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	

Full Name (Last, First, Middle Initial) <b>C. Philip G. Hayne</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014 <b>Transaction ID : 201410075817-1335</b>
Mailing Address 711 High St		Amount of Each Receipt this Period 11.92
City Des Moines	State IA	Zip Code 50392-0001
FEC ID number of contributing federal political committee. C	Name of Employer Principal Life Ins Co.	Occupation Advanced Solutions Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.40	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	31.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 117
	<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)  
**A. Philip G. Hayne**

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation Advanced Solutions Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **238.40**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : 201410075817-1336**

Amount of Each Receipt this Period  
**11.92**

Full Name (Last, First, Middle Initial)  
**B. Christopher J. Henderson**

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation VP & Associate General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : 201410075817-252**

Amount of Each Receipt this Period  
**42.30**

Full Name (Last, First, Middle Initial)  
**c. Christopher J. Henderson**

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation VP & Associate General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : 201410075817-253**

Amount of Each Receipt this Period  
**42.30**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **96.52**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 117
	<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. Bruce Russell Hentschel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 High St  
 City Des Moines State IA Zip Code 50392-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation AVP-Dental/Vision Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-176**  
 Amount of Each Receipt this Period  
 15.38

**B. Bruce Russell Hentschel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 High St  
 City Des Moines State IA Zip Code 50392-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation AVP-Dental/Vision Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-177**  
 Amount of Each Receipt this Period  
 15.38

**C. Timothy Allen Hill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3727 S Hills Way  
 City Eagan State MN Zip Code 55123-1215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation VP-Nat'l Sales Dir, Prin Funds  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 846.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-1636**  
 Amount of Each Receipt this Period  
 42.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 73.06  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 117
	<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. Timothy Allen Hill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3727 S Hills Way  
 City Eagan State MN Zip Code 55123-1215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation VP-Nat'l Sales Dir, Prin Funds  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **846.00**

Date of Receipt **09 / 26 / 2014**  
**Transaction ID : 201410075817-1637**  
 Amount of Each Receipt this Period **42.30**

**B. Jeffrey Hiller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 180 S Main St  
 City Yardley State PA Zip Code 19067-1642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation Chief Compliance Officer-PGI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **640.00**

Date of Receipt **09 / 12 / 2014**  
**Transaction ID : 201410075817-655**  
 Amount of Each Receipt this Period **32.00**

**C. Jeffrey Hiller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 180 S Main St  
 City Yardley State PA Zip Code 19067-1642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation Chief Compliance Officer-PGI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **640.00**

Date of Receipt **09 / 26 / 2014**  
**Transaction ID : 201410075817-656**  
 Amount of Each Receipt this Period **32.00**

**SUBTOTAL** of Receipts This Page (optional)..... **106.30**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 46 OF 117  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Principal Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Jill Marie Hittner**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. Chief Financial Officer-PGI

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 634.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-709**

Amount of Each Receipt this Period  
 31.74

Full Name (Last, First, Middle Initial)  
**B. Jill Marie Hittner**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. Chief Financial Officer-PGI

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 634.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-710**

Amount of Each Receipt this Period  
 31.74

Full Name (Last, First, Middle Initial)  
**C. Roger D. Holton**

Mailing Address 7077 Bonneval Rd  
 Ste 380

City State Zip Code  
 Jacksonville FL 32216-6055

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

Name of Employer Occupation  
 Principal Life Ins Co. Managing Director-Unit

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 289.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-1437**

Amount of Each Receipt this Period  
 15.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 78.71

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 117
	<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. Roger D. Holton**  
Full Name (Last, First, Middle Initial)

Mailing Address 7077 Bonneval Rd  
Ste 380

City Jacksonville State FL Zip Code 32216-6055

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

Name of Employer Principal Life Ins Co. Occupation Managing Director-Unit

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
289.37

Date of Receipt  
09 / 26 / 2014  
**Transaction ID : 201410075817-1438**

Amount of Each Receipt this Period  
15.23

**B. Daniel Joseph Houston**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation President - Ret, Ins & Fin Svc

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3846.00

Date of Receipt  
09 / 12 / 2014  
**Transaction ID : 201410075817-323**

Amount of Each Receipt this Period  
192.30

**C. Daniel Joseph Houston**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation President - Ret, Ins & Fin Svc

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3846.00

Date of Receipt  
09 / 26 / 2014  
**Transaction ID : 201410075817-324**

Amount of Each Receipt this Period  
192.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 399.83

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 117
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Principal Life Insurance Company Political Action Committee**

**A. Charles Anthony Hurst**  
Full Name (Last, First, Middle Initial)

Mailing Address 2851 Charlevoix Dr SE  
Pfg - Suite 103

City Grand Rapids State MI Zip Code 49546-7048

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

Name of Employer Principal Life Ins Co. Occupation Sr Ben & Planning Counselor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
09 / 12 / 2014  
**Transaction ID : 201410075817-222**

Amount of Each Receipt this Period  
15.00

**B. Charles Anthony Hurst**  
Full Name (Last, First, Middle Initial)

Mailing Address 2851 Charlevoix Dr SE  
Pfg - Suite 103

City Grand Rapids State MI Zip Code 49546-7048

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

Name of Employer Principal Life Ins Co. Occupation Sr Ben & Planning Counselor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
09 / 26 / 2014  
**Transaction ID : 201410075817-223**

Amount of Each Receipt this Period  
15.00

**C. Angela M Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation AVP-Group Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
09 / 12 / 2014  
**Transaction ID : 201410075817-61**

Amount of Each Receipt this Period  
15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 117
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Principal Life Insurance Company Political Action Committee**

**A. Angela M Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation AVP-Group Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : 201410075817-62**

Amount of Each Receipt this Period  
**15.00**

**B. Susan A. Jordan**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation Project Manager IV

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : 201410075817-1582**

Amount of Each Receipt this Period  
**20.00**

**C. Susan A. Jordan**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation Project Manager IV

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : 201410075817-1583**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **55.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 117
<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. Lisa M. Karabinus</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2014 <b>Transaction ID : 201410075817-988</b>
Mailing Address 711 High St		Amount of Each Receipt this Period 15.00
City Des Moines	State IA	Zip Code 50392-0001
FEC ID number of contributing federal political committee. C	Name of Employer Principal Life Ins Co.	Occupation Dir-Exec/Global Comp & HR Ops
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. Lisa M. Karabinus</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410075817-989</b>
Mailing Address 711 High St		Amount of Each Receipt this Period 15.00
City Des Moines	State IA	Zip Code 50392-0001
FEC ID number of contributing federal political committee. C	Name of Employer Principal Life Ins Co.	Occupation Dir-Exec/Global Comp & HR Ops
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>C. Mark A. Kinback</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2014 <b>Transaction ID : 201410075817-1060</b>
Mailing Address 405 Grove St		Amount of Each Receipt this Period 15.38
City Worcester	State MA	Zip Code 01605-1270
FEC ID number of contributing federal political committee. C	Name of Employer Principal Life Ins Co.	Occupation AVP-DI Multi Life Marketing
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.60	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 117
	<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)  
**A. Mark A. Kinback**

Mailing Address 405 Grove St

City Worcester State MA Zip Code 01605-1270

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

Name of Employer Principal Life Ins Co. Occupation AVP-DI Multi Life Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : 201410075817-1061**

Amount of Each Receipt this Period  
**15.38**

Full Name (Last, First, Middle Initial)  
**B. Monica Jean Kirgan**

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation Regional VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : 201410075817-1230**

Amount of Each Receipt this Period  
**42.30**

Full Name (Last, First, Middle Initial)  
**c. Monica Jean Kirgan**

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation Regional VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : 201410075817-1231**

Amount of Each Receipt this Period  
**42.30**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **99.98**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 117
<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. Curtis S. Krause**  
Full Name (Last, First, Middle Initial)  
Mailing Address 711 High St  
City Des Moines State IA Zip Code 50392-0001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Principal Life Ins Co. Occupation Counsel  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **220.00**

Date of Receipt **09 / 12 / 2014**  
**Transaction ID : 201410075817-284**  
Amount of Each Receipt this Period **11.00**

**B. Curtis S. Krause**  
Full Name (Last, First, Middle Initial)  
Mailing Address 711 High St  
City Des Moines State IA Zip Code 50392-0001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Principal Life Ins Co. Occupation Counsel  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **220.00**

Date of Receipt **09 / 26 / 2014**  
**Transaction ID : 201410075817-285**  
Amount of Each Receipt this Period **11.00**

**C. Janet Diane Kubik**  
Full Name (Last, First, Middle Initial)  
Mailing Address 711 High St  
City Des Moines State IA Zip Code 50392-0001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Principal Life Ins Co. Occupation AVP-Retirement & Investor Serv  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **384.60**

Date of Receipt **09 / 12 / 2014**  
**Transaction ID : 201410075817-615**  
Amount of Each Receipt this Period **19.23**

**SUBTOTAL** of Receipts This Page (optional)..... **41.23**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 117
	<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. Janet Diane Kubik</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014 <b>Transaction ID : 201410075817-616</b>
Mailing Address 711 High St			Amount of Each Receipt this Period 19.23
City Des Moines	State IA	Zip Code 50392-0001	
FEC ID number of contributing federal political committee. C			
Name of Employer Principal Life Ins Co.	Occupation AVP-Retirement & Investor Serv		
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. Mark Seth Lagomarcino</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014 <b>Transaction ID : 201410075817-1062</b>
Mailing Address 711 High St			Amount of Each Receipt this Period 31.76
City Des Moines	State IA	Zip Code 50392-0001	
FEC ID number of contributing federal political committee. C			
Name of Employer Principal Life Ins Co.	Occupation VP & Assoc Gen Counsel-Litig.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 635.20		

Full Name (Last, First, Middle Initial) <b>C. Mark Seth Lagomarcino</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014 <b>Transaction ID : 201410075817-1063</b>
Mailing Address 711 High St			Amount of Each Receipt this Period 31.76
City Des Moines	State IA	Zip Code 50392-0001	
FEC ID number of contributing federal political committee. C			
Name of Employer Principal Life Ins Co.	Occupation VP & Assoc Gen Counsel-Litig.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 635.20		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	82.75
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 117
	<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. Blaine William Laverick</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014 <b>Transaction ID : 201410075817-130</b>
Mailing Address 4141 Parklake Ave Ste 400		Amount of Each Receipt this Period 15.38
City Raleigh	State NC	Zip Code 27612-2333
FEC ID number of contributing federal political committee.	C	
Name of Employer Principal Life Ins Co.	Occupation VP-Executive Benefit Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.60	

Full Name (Last, First, Middle Initial) <b>B. Blaine William Laverick</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014 <b>Transaction ID : 201410075817-131</b>
Mailing Address 4141 Parklake Ave Ste 400		Amount of Each Receipt this Period 15.38
City Raleigh	State NC	Zip Code 27612-2333
FEC ID number of contributing federal political committee.	C	
Name of Employer Principal Life Ins Co.	Occupation VP-Executive Benefit Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.60	

Full Name (Last, First, Middle Initial) <b>C. Julia M. Lawler-Johnson</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014 <b>Transaction ID : 201410075817-798</b>
Mailing Address 711 High St		Amount of Each Receipt this Period 95.19
City Des Moines	State IA	Zip Code 50392-0001
FEC ID number of contributing federal political committee.	C	
Name of Employer Principal Life Ins Co.	Occupation SVP & Chief Invest Officer RIS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1903.80	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.95
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 55 OF 117  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Principal Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Julia M. Lawler-Johnson**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. SVP & Chief Invest Officer RIS

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1903.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-799**

Amount of Each Receipt this Period  
 95.19

Full Name (Last, First, Middle Initial)  
**B. Rick C. Lawson**

Mailing Address 1350 I St NW  
 Ste 880

City State Zip Code  
 Washington DC 20005-7207

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

Name of Employer Occupation  
 Principal Life Ins Co. VP-Federal Govt Relations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 846.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-1401**

Amount of Each Receipt this Period  
 42.30

Full Name (Last, First, Middle Initial)  
**C. Rick C. Lawson**

Mailing Address 1350 I St NW  
 Ste 880

City State Zip Code  
 Washington DC 20005-7207

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

Name of Employer Occupation  
 Principal Life Ins Co. VP-Federal Govt Relations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 846.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-1402**

Amount of Each Receipt this Period  
 42.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 179.79

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

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

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

FOR LINE NUMBER: PAGE 56 OF 117  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Principal Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Scott Patrick Leiberton**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. Mng Director, Portfolio Mgr

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-1487**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Scott Patrick Leiberton**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. Mng Director, Portfolio Mgr

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-1488**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Terrance Joseph Lillis**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. EVP & Chief Financial Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 3846.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-1610**

Amount of Each Receipt this Period  
 192.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 232.30

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

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

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

FOR LINE NUMBER: PAGE 57 OF 117  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Principal Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Terrance Joseph Lillis**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. EVP & Chief Financial Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 3846.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-1611**

Amount of Each Receipt this Period  
 192.30

Full Name (Last, First, Middle Initial)  
**B. Gregory Allen Linde**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. VP - Individual Life

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 846.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-555**

Amount of Each Receipt this Period  
 42.30

Full Name (Last, First, Middle Initial)  
**C. Gregory Allen Linde**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. VP - Individual Life

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 846.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-556**

Amount of Each Receipt this Period  
 42.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 276.90

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

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

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

FOR LINE NUMBER: PAGE 58 OF 117  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**A. Denise A. Loomis**

Mailing Address 2000 Powell St  
 Ste 520

City Emeryville State CA Zip Code 94608-1886

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

Name of Employer Principal Life Ins Co. Occupation Regional VP-Service

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 09 / 12 / 2014  
**Transaction ID : 201410075817-409**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Denise A. Loomis**

Mailing Address 2000 Powell St  
 Ste 520

City Emeryville State CA Zip Code 94608-1886

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

Name of Employer Principal Life Ins Co. Occupation Regional VP-Service

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410075817-410**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Kathy Lynn Lucas**

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation Asst Dir-Product Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 09 / 12 / 2014  
**Transaction ID : 201410075817-860**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

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





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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 117
	<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	<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**

**A. Robert J. Mathews**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation AVP - Ret.Transition Segment

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : 201410075817-1420**

Amount of Each Receipt this Period  
**11.00**

**B. Carol D. Matthews**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation Asst Manager-Customer Rel Team

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : 201410075817-198**

Amount of Each Receipt this Period  
**20.00**

**C. Carol D. Matthews**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation Asst Manager-Customer Rel Team

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : 201410075817-199**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **51.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 117
	<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**

**A. Chris Lee Mayer**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation VP - Financial Risk Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-230**

Amount of Each Receipt this Period  
**19.23**

**B. Chris Lee Mayer**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation VP - Financial Risk Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-231**

Amount of Each Receipt this Period  
**19.23**

**C. Gregory David Mazzei**  
Full Name (Last, First, Middle Initial)

Mailing Address 4010 W Boy Scout Blvd  
Principal Financial Group

City Tampa State FL Zip Code 33607-5795

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

Name of Employer Principal Life Ins Co. Occupation Disability Income RVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-557**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **88.46**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 117
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Principal Life Insurance Company Political Action Committee**

**A. Gregory David Mazzei**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4010 W Boy Scout Blvd  
 Principal Financial Group  
 City Tampa State FL Zip Code 33607-5795  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation Disability Income RVP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**  
**Transaction ID : 201410075817-558**  
 Amount of Each Receipt this Period  
**50.00**

**B. Joseph W. McCarty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 High St  
 City Des Moines State IA Zip Code 50392-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation AVP-Annuity Operations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2014**  
**Transaction ID : 201410075817-786**  
 Amount of Each Receipt this Period  
**20.00**

**C. Joseph W. McCarty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 High St  
 City Des Moines State IA Zip Code 50392-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation AVP-Annuity Operations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**  
**Transaction ID : 201410075817-787**  
 Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **90.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 117
	<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. James P. McCaughan</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2014 <b>Transaction ID : 201410075817-597</b>
Mailing Address 888 7th Ave FI 25		Amount of Each Receipt this Period 192.30
City New York	State NY	
Zip Code 10106-2599		Aggregate Year-to-Date ▼ 3846.00
FEC ID number of contributing federal political committee. C		
Name of Employer Principal Life Ins Co.	Occupation President Global Asset Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. James P. McCaughan</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410075817-598</b>
Mailing Address 888 7th Ave FI 25		Amount of Each Receipt this Period 192.30
City New York	State NY	
Zip Code 10106-2599		Aggregate Year-to-Date ▼ 3846.00
FEC ID number of contributing federal political committee. C		
Name of Employer Principal Life Ins Co.	Occupation President Global Asset Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ted L. McDermott</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2014 <b>Transaction ID : 201410075817-481</b>
Mailing Address 28411 Northwestern Hwy Principal Financial Group		Amount of Each Receipt this Period 25.00
City Southfield	State MI	
Zip Code 48034-5526		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Principal Life Ins Co.	Occupation VP of Sales - Retirement Svcs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	409.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 117
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Principal Life Insurance Company Political Action Committee**

**A. Ted L. McDermott**  
Full Name (Last, First, Middle Initial)

Mailing Address 28411 Northwestern Hwy  
Principal Financial Group

City Southfield State MI Zip Code 48034-5526

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

Name of Employer Principal Life Ins Co. Occupation VP of Sales - Retirement Svcs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
09 / 26 / 2014  
Transaction ID : 201410075817-482

Amount of Each Receipt this Period  
25.00

**B. Barbara Ann McKenzie**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation Sr Exec Dir & COO-Boutique Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1903.80

Date of Receipt  
09 / 12 / 2014  
Transaction ID : 201410075817-105

Amount of Each Receipt this Period  
95.19

**C. Barbara Ann McKenzie**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation Sr Exec Dir & COO-Boutique Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1903.80

Date of Receipt  
09 / 26 / 2014  
Transaction ID : 201410075817-106

Amount of Each Receipt this Period  
95.19

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 215.38

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

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

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

FOR LINE NUMBER: PAGE 66 OF 117  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Principal Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Shelly Marie Meighan**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. AVP-Business Development

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 640.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-1527**

Amount of Each Receipt this Period  
 32.00

Full Name (Last, First, Middle Initial)  
**B. Shelly Marie Meighan**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. AVP-Business Development

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 640.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-1528**

Amount of Each Receipt this Period  
 32.00

Full Name (Last, First, Middle Initial)  
**C. Andrew Francis Miller**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. Director- Sales Engineering

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-57**

Amount of Each Receipt this Period  
 11.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 117
	<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)  
**A. Andrew Francis Miller**

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation Director- Sales Engineering

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : 201410075817-58**

Amount of Each Receipt this Period  
**11.00**

Full Name (Last, First, Middle Initial)  
**B. Amy Joan Mills**

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation VP & Associate General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : 201410075817-33**

Amount of Each Receipt this Period  
**42.30**

Full Name (Last, First, Middle Initial)  
**C. Amy Joan Mills**

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation VP & Associate General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : 201410075817-34**

Amount of Each Receipt this Period  
**42.30**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>95.60</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Principal Life Insurance Company Political Action Committee**

**A. Timothy Jon Minard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 High St  
 City Des Moines State IA Zip Code 50392-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation SVP - Distribution  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-1638**  
 Amount of Each Receipt this Period  
 100.00

**B. Timothy Jon Minard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 High St  
 City Des Moines State IA Zip Code 50392-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation SVP - Distribution  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-1639**  
 Amount of Each Receipt this Period  
 100.00

**C. Dan Harris Mohr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 N Brand Blvd  
 Principal Financial Group  
 City Glendale State CA Zip Code 91203-3305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation Reg Dir - Business Development  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-302**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	220.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 OF 117
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

**A. Dan Harris Mohr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 N Brand Blvd  
 Principal Financial Group  
 City Glendale State CA Zip Code 91203-3305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation Reg Dir - Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-303**  
 Amount of Each Receipt this Period  
 20.00

**B. Wayne C. Mohr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6500 West Fwy  
 One Ridgmar Centre, Suite 555  
 City Fort Worth State TX Zip Code 76116-2167  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation Disability Income RVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-1676**  
 Amount of Each Receipt this Period  
 15.38

**C. Wayne C. Mohr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6500 West Fwy  
 One Ridgmar Centre, Suite 555  
 City Fort Worth State TX Zip Code 76116-2167  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation Disability Income RVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-1677**  
 Amount of Each Receipt this Period  
 15.38

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.76  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 117
	<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**

**A. Jacquie Sue Mohs**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines	State IA	Zip Code 50392-0001
--------------------	-------------	------------------------

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

Name of Employer Principal Life Ins Co.	Occupation VP Full Service Accumulation
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

**Transaction ID : 201410075817-577**

Amount of Each Receipt this Period  

42.30
-------

**B. Jacquie Sue Mohs**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines	State IA	Zip Code 50392-0001
--------------------	-------------	------------------------

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

Name of Employer Principal Life Ins Co.	Occupation VP Full Service Accumulation
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : 201410075817-578**

Amount of Each Receipt this Period  

42.30
-------

**C. Kevin James Morris**  
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Investment Blvd

City El Dorado Hills	State CA	Zip Code 95762-5710
-------------------------	-------------	------------------------

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

Name of Employer Principal Life Ins Co.	Occupation Marketing Head-Principal Funds
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.60**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

**Transaction ID : 201410075817-888**

Amount of Each Receipt this Period  

15.38
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>99.98</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 117
	<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**

**A. Kevin James Morris**  
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Investment Blvd

City El Dorado Hills State CA Zip Code 95762-5710

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

Name of Employer Principal Life Ins Co. Occupation Marketing Head-Principal Funds

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.60**

Date of Receipt  
**09 / 26 / 2014**

**Transaction ID : 201410075817-889**

Amount of Each Receipt this Period  
**15.38**

**B. Mindy Lea Moss**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation AVP-Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.69**

Date of Receipt  
**09 / 12 / 2014**

**Transaction ID : 201410075817-1222**

Amount of Each Receipt this Period  
**19.23**

**C. Mindy Lea Moss**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation AVP-Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.69**

Date of Receipt  
**09 / 26 / 2014**

**Transaction ID : 201410075817-1223**

Amount of Each Receipt this Period  
**19.23**

**SUBTOTAL** of Receipts This Page (optional)..... **53.84**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 117
<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. Joseph A. Nagy</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2014 <b>Transaction ID : 201410075817-788</b>
Mailing Address 4010 W Boy Scout Blvd Ste 700		Amount of Each Receipt this Period 13.85
City Tampa	State FL Zip Code 33607-5735	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 263.15
Name of Employer Principal Life Ins Co.	Occupation Managing Director-Unit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Joseph A. Nagy</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : 201410075817-789</b>
Mailing Address 4010 W Boy Scout Blvd Ste 700		Amount of Each Receipt this Period 13.85
City Tampa	State FL Zip Code 33607-5735	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 263.15
Name of Employer Principal Life Ins Co.	Occupation Managing Director-Unit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>c. David Naugler</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2014 <b>Transaction ID : 201410075817-363</b>
Mailing Address 301 Georgetowne Ct		Amount of Each Receipt this Period 20.00
City Wexford	State PA Zip Code 15090-8660	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 400.00
Name of Employer Principal Life Ins Co.	Occupation Disability Income RVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	47.70
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 117
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Principal Life Insurance Company Political Action Committee**

**A. David Naugler**  
Full Name (Last, First, Middle Initial)

Mailing Address 301 Georgetowne Ct

City Wexford State PA Zip Code 15090-8660

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

Name of Employer Principal Life Ins Co. Occupation Disability Income RVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : 201410075817-364**

Amount of Each Receipt this Period  
**20.00**

**B. Jodi L Neumann**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal International, Inc. Occupation Assistant VP and CAO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : 201410075817-721**

Amount of Each Receipt this Period  
**15.38**

**C. Jodi L Neumann**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal International, Inc. Occupation Assistant VP and CAO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : 201410075817-722**

Amount of Each Receipt this Period  
**15.38**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>50.76</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 117
	<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)  
**A. Randall B. Odzer**

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation Chief Financial Officer - USIS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : 201410075817-1361**

Amount of Each Receipt this Period  
**42.30**

Full Name (Last, First, Middle Initial)  
**B. Randall B. Odzer**

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation Chief Financial Officer - USIS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : 201410075817-1362**

Amount of Each Receipt this Period  
**42.30**

Full Name (Last, First, Middle Initial)  
**c. Mary Susan Ondack**

Mailing Address 2837 S Clarkson St

City Englewood State CO Zip Code 80113-1703

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

Name of Employer Principal Life Ins Co. Occupation Disability Income RVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : 201410075817-1122**

Amount of Each Receipt this Period  
**15.00**

**SUBTOTAL** of Receipts This Page (optional)..... **99.60**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 117
	<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)  
**A. Mary Susan Ondack**

Mailing Address 2837 S Clarkson St

City Englewood	State CO	Zip Code 80113-1703
-------------------	-------------	------------------------

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

Name of Employer Principal Life Ins Co.	Occupation Disability Income RVP
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : 201410075817-1123**

Amount of Each Receipt this Period  

5	4	3	2	1	0	.	0	0
								15.00

Full Name (Last, First, Middle Initial)  
**B. Chad M. Oppedal**

Mailing Address 711 High St

City Des Moines	State IA	Zip Code 50392-0001
--------------------	-------------	------------------------

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

Name of Employer Principal Life Ins Co.	Occupation Asst Dir-Compliance
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **207.56**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : 201410075817-221**

Amount of Each Receipt this Period  

5	4	3	2	1	0	.	0	0
								11.53

Full Name (Last, First, Middle Initial)  
**C. Gerald W. Patterson**

Mailing Address 711 High St

City Des Moines	State IA	Zip Code 50392-0001
--------------------	-------------	------------------------

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

Name of Employer Principal Life Ins Co.	Occupation SVP Retirement & Investor Svcs
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **635.20**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

**Transaction ID : 201410075817-531**

Amount of Each Receipt this Period  

5	4	3	2	1	0	.	0	0
								31.76

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>58.29</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 76 OF 117  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Principal Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Gerald W. Patterson**

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation SVP Retirement & Investor Svcs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **635.20**

Date of Receipt  
**09 / 26 / 2014**  
**Transaction ID : 201410075817-532**

Amount of Each Receipt this Period  
**31.76**

Full Name (Last, First, Middle Initial)  
**B. Christopher David Payne**

Mailing Address 1350 I St NW Ste 880

City Washington State DC Zip Code 20005-7207

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

Name of Employer Principal Life Ins Co. Occupation VP - Federal Govt Relations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.00**

Date of Receipt  
**09 / 12 / 2014**  
**Transaction ID : 201410075817-256**

Amount of Each Receipt this Period  
**42.30**

Full Name (Last, First, Middle Initial)  
**c. Christopher David Payne**

Mailing Address 1350 I St NW Ste 880

City Washington State DC Zip Code 20005-7207

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

Name of Employer Principal Life Ins Co. Occupation VP - Federal Govt Relations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.00**

Date of Receipt  
**09 / 26 / 2014**  
**Transaction ID : 201410075817-257**

Amount of Each Receipt this Period  
**42.30**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **116.36**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 117
	<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. Karen Arlene Pearston</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014 <b>Transaction ID : 201410075817-842</b>
Mailing Address 711 High St			Amount of Each Receipt this Period 25.00
City Des Moines	State IA	Zip Code 50392-0001	
FEC ID number of contributing federal political committee. C			
Name of Employer Principal Life Ins Co.	Occupation VP & Associate 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>B. Karen Arlene Pearston</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014 <b>Transaction ID : 201410075817-843</b>
Mailing Address 711 High St			Amount of Each Receipt this Period 25.00
City Des Moines	State IA	Zip Code 50392-0001	
FEC ID number of contributing federal political committee. C			
Name of Employer Principal Life Ins Co.	Occupation VP & Associate 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. Merle T. Pederson</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014 <b>Transaction ID : 201410075817-1160</b>
Mailing Address 711 High St			Amount of Each Receipt this Period 42.30
City Des Moines	State IA	Zip Code 50392-0001	
FEC ID number of contributing federal political committee. C			
Name of Employer Principal Life Ins Co.	Occupation VP-Govt Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 803.70		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	92.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 117
	<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. Merle T. Pederson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 High St  
 City Des Moines State IA Zip Code 50392-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation VP-Govt Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 803.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-1161**  
 Amount of Each Receipt this Period  
 42.30

**B. Carl Christopher Powers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 High St  
 City Des Moines State IA Zip Code 50392-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation Benefits Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-188**  
 Amount of Each Receipt this Period  
 20.00

**C. Carl Christopher Powers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 High St  
 City Des Moines State IA Zip Code 50392-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation Benefits Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-189**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	82.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 OF 117
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

**A. Richard Kelly Prey**  
Full Name (Last, First, Middle Initial)

Mailing Address 6701 Westown Pkwy  
Ste 160

City West Des Moines State IA Zip Code 50266-7706

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

Name of Employer Principal Life Ins Co. Occupation VP of Sales - Retirement Svcs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
09 / 12 / 2014  
**Transaction ID : 201410075817-1350**

Amount of Each Receipt this Period  
15.00

**B. Richard Kelly Prey**  
Full Name (Last, First, Middle Initial)

Mailing Address 6701 Westown Pkwy  
Ste 160

City West Des Moines State IA Zip Code 50266-7706

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

Name of Employer Principal Life Ins Co. Occupation VP of Sales - Retirement Svcs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
09 / 26 / 2014  
**Transaction ID : 201410075817-1351**

Amount of Each Receipt this Period  
15.00

**C. Peter John Prodoehl**  
Full Name (Last, First, Middle Initial)

Mailing Address 11821 Palm Beach Blvd  
Unit 126

City Fort Myers State FL Zip Code 33905-5908

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

Name of Employer Principal Life Ins Co. Occupation VP Consulting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
09 / 12 / 2014  
**Transaction ID : 201410075817-1329**

Amount of Each Receipt this Period  
19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 49.23

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 80 OF 117
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Peter John Prodoehl**  
Full Name (Last, First, Middle Initial)

Mailing Address 11821 Palm Beach Blvd  
Unit 126

City Fort Myers State FL Zip Code 33905-5908

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

Name of Employer Principal Life Ins Co. Occupation VP Consulting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.60

Date of Receipt  
09 / 26 / 2014  
**Transaction ID : 201410075817-1330**

Amount of Each Receipt this Period  
19.23

**B. William J. Quinn, III**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 Interpace Pkwy  
Principal Financial Group

City Parsippany State NJ Zip Code 07054-1100

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

Name of Employer Principal Life Ins Co. Occupation Sr Account Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
09 / 12 / 2014  
**Transaction ID : 201410075817-1692**

Amount of Each Receipt this Period  
20.00

**C. William J. Quinn, III**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 Interpace Pkwy  
Principal Financial Group

City Parsippany State NJ Zip Code 07054-1100

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

Name of Employer Principal Life Ins Co. Occupation Sr Account Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
09 / 26 / 2014  
**Transaction ID : 201410075817-1693**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 59.23

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 81 OF 117
<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. Jeffrey K. Rader</b>		Date of Receipt 09 / 12 / 2014 <b>Transaction ID : 201410075817-661</b>
Mailing Address 711 High St		Amount of Each Receipt this Period 16.00
City Des Moines	State IA	Zip Code 50392-0001
FEC ID number of contributing federal political committee. C	Name of Employer Principal Life Ins Co.	Occupation Executive Advisor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. Jeffrey K. Rader</b>		Date of Receipt 09 / 26 / 2014 <b>Transaction ID : 201410075817-662</b>
Mailing Address 711 High St		Amount of Each Receipt this Period 16.00
City Des Moines	State IA	Zip Code 50392-0001
FEC ID number of contributing federal political committee. C	Name of Employer Principal Life Ins Co.	Occupation Executive Advisor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. Elizabeth L Raymond</b>		Date of Receipt 09 / 12 / 2014 <b>Transaction ID : 201410075817-495</b>
Mailing Address 711 High St		Amount of Each Receipt this Period 31.76
City Des Moines	State IA	Zip Code 50392-0001
FEC ID number of contributing federal political committee. C	Name of Employer Principal Life Ins Co.	Occupation SVP & Chief HR Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 635.20	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	63.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 117
	<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. Elizabeth L Raymond**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 High St  
 City Des Moines State IA Zip Code 50392-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation SVP & Chief HR Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 635.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-496**  
 Amount of Each Receipt this Period  
 31.76

**B. Christopher J. Reddy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 High St  
 City Des Moines State IA Zip Code 50392-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation Exec Dir -Mktg, Prod Dvlp, M&A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 556.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-258**  
 Amount of Each Receipt this Period  
 27.32

**c. Christopher J. Reddy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 High St  
 City Des Moines State IA Zip Code 50392-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation Exec Dir -Mktg, Prod Dvlp, M&A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 556.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-259**  
 Amount of Each Receipt this Period  
 27.32

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	86.40
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 83 OF 117  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Principal Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Michael Dennis Roughton**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. VP & Associate General Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 640.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-1194**

Amount of Each Receipt this Period  
 32.00

Full Name (Last, First, Middle Initial)  
**B. Michael Dennis Roughton**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. VP & Associate General Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 640.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-1195**

Amount of Each Receipt this Period  
 32.00

Full Name (Last, First, Middle Initial)  
**C. Angela Rae Sanders**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. SVP & Controller

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-67**

Amount of Each Receipt this Period  
 35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 99.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Principal Life Insurance Company Political Action Committee**

**A. Angela Rae Sanders**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 High St  
 City Des Moines State IA Zip Code 50392-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation SVP & Controller  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **700.00**

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410075817-68**  
 Amount of Each Receipt this Period  
**35.00**

**B. Irene Susan Scalfani**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1155 Avenue of the Americas Floor 10; Pfg  
 City New York State NY Zip Code 10036-2711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation Mging Dir - AMG - RIS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **307.60**

Date of Receipt  
 09 / 12 / 2014  
**Transaction ID : 201410075817-575**  
 Amount of Each Receipt this Period  
**15.38**

**C. Irene Susan Scalfani**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1155 Avenue of the Americas Floor 10; Pfg  
 City New York State NY Zip Code 10036-2711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation Mging Dir - AMG - RIS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **307.60**

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : 201410075817-576**  
 Amount of Each Receipt this Period  
**15.38**

**SUBTOTAL** of Receipts This Page (optional)..... **65.76**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 117
	<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. Renee Vachelle Schaaf</b>			Date of Receipt
Mailing Address 711 High St			<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : 201410075817-1381</b>
Des Moines	IA	50392-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="32.00"/>
Name of Employer	Occupation		
Principal International, Inc.	VP - Strat. Plan & Bus Dvlpmt		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="640.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Renee Vachelle Schaaf</b>			Date of Receipt
Mailing Address 711 High St			<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : 201410075817-1382</b>
Des Moines	IA	50392-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="32.00"/>
Name of Employer	Occupation		
Principal International, Inc.	VP - Strat. Plan & Bus Dvlpmt		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="640.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Gary Paul Scholten</b>			Date of Receipt
Mailing Address 711 High St			<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : 201410075817-523</b>
Des Moines	IA	50392-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="169.23"/>
Name of Employer	Occupation		
Principal Life Ins Co.	EVP & CIO		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3384.60"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="233.23"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 86 OF 117
<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 Paul Scholten</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014 <b>Transaction ID : 201410075817-524</b>
Mailing Address 711 High St		Amount of Each Receipt this Period 169.23
City Des Moines	State IA	Zip Code 50392-0001
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Principal Life Ins Co.	Occupation EVP & CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3384.60	

Full Name (Last, First, Middle Initial) <b>B. Edward M. Schuh</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014 <b>Transaction ID : 201410075817-485</b>
Mailing Address 2732 Daniel Ave		Amount of Each Receipt this Period 16.00
City Dallas	State TX	Zip Code 75205-1512
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Principal Life Ins Co.	Occupation Sr Investment Spclst-External	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. Edward M. Schuh</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014 <b>Transaction ID : 201410075817-486</b>
Mailing Address 2732 Daniel Ave		Amount of Each Receipt this Period 16.00
City Dallas	State TX	Zip Code 75205-1512
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Principal Life Ins Co.	Occupation Sr Investment Spclst-External	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	201.23
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 87 OF 117  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Principal Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Karen Elizabeth Shaff**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. EVP, Gen Counsel & Secretary

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-844**

Amount of Each Receipt this Period  
 110.00

Full Name (Last, First, Middle Initial)  
**B. Karen Elizabeth Shaff**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. EVP, Gen Counsel & Secretary

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-845**

Amount of Each Receipt this Period  
 110.00

Full Name (Last, First, Middle Initial)  
**C. Laurie Jean Shultz**

Mailing Address 111 W State St

City State Zip Code  
 Mason City IA 50401-3131

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

Name of Employer Occupation  
 Principal Life Ins Co. VP - Operations & Quality

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 846.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-950**

Amount of Each Receipt this Period  
 42.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 262.30

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

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

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

FOR LINE NUMBER: PAGE 88 OF 117  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Principal Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Laurie Jean Shultz**

Mailing Address 111 W State St

City State Zip Code  
 Mason City IA 50401-3131

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

Name of Employer Occupation  
 Principal Life Ins Co. VP - Operations & Quality

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 846.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-951**

Amount of Each Receipt this Period  
 42.30

Full Name (Last, First, Middle Initial)  
**B. Ellen Wilson Shumway**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. Sr Exec Dir-Strat&Boutique Ops

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 640.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-497**

Amount of Each Receipt this Period  
 32.00

Full Name (Last, First, Middle Initial)  
**C. Ellen Wilson Shumway**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. Sr Exec Dir-Strat&Boutique Ops

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 640.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-498**

Amount of Each Receipt this Period  
 32.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 106.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 117
	<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)  
**A. Tom Smith**

Mailing Address 2000 Riveredge Pkwy NW  
Ste 1000

City Atlanta State GA Zip Code 30328-4657

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

Name of Employer Principal Life Ins Co. Occupation VP, Full Svc Accum. Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**548.15**

Date of Receipt  
**09 / 12 / 2014**

**Transaction ID : 201410075817-1650**

Amount of Each Receipt this Period  
**28.85**

Full Name (Last, First, Middle Initial)  
**B. Tom Smith**

Mailing Address 2000 Riveredge Pkwy NW  
Ste 1000

City Atlanta State GA Zip Code 30328-4657

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

Name of Employer Principal Life Ins Co. Occupation VP, Full Svc Accum. Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**548.15**

Date of Receipt  
**09 / 26 / 2014**

**Transaction ID : 201410075817-1651**

Amount of Each Receipt this Period  
**28.85**

Full Name (Last, First, Middle Initial)  
**c. Dwight N. Soethout**

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation VP Corporate Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**846.00**

Date of Receipt  
**09 / 12 / 2014**

**Transaction ID : 201410075817-477**

Amount of Each Receipt this Period  
**42.30**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 117
	<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. Dwight N. Soethout</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014 <b>Transaction ID : 201410075817-478</b>
Mailing Address 711 High St			Amount of Each Receipt this Period 42.30
City Des Moines	State IA	Zip Code 50392-0001	
FEC ID number of contributing federal political committee. C			
Name of Employer Principal Life Ins Co.	Occupation VP Corporate Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 846.00		

Full Name (Last, First, Middle Initial) <b>B. Kathleen M. Souhrada</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014 <b>Transaction ID : 201410075817-854</b>
Mailing Address 711 High St			Amount of Each Receipt this Period 15.38
City Des Moines	State IA	Zip Code 50392-0001	
FEC ID number of contributing federal political committee. C			
Name of Employer Principal Life Ins Co.	Occupation AVP-Recruiting & Diversity		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.60		

Full Name (Last, First, Middle Initial) <b>C. Kathleen M. Souhrada</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014 <b>Transaction ID : 201410075817-855</b>
Mailing Address 711 High St			Amount of Each Receipt this Period 15.38
City Des Moines	State IA	Zip Code 50392-0001	
FEC ID number of contributing federal political committee. C			
Name of Employer Principal Life Ins Co.	Occupation AVP-Recruiting & Diversity		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.60		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	73.06
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 91 OF 117  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**A. Deanna Dawnette Strable-Soethout**

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation SVP - U.S. Insurance Solutions

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1920.00**

Date of Receipt **09 / 12 / 2014**  
**Transaction ID : 201410075817-375**

Amount of Each Receipt this Period **96.00**

Full Name (Last, First, Middle Initial)  
**B. Deanna Dawnette Strable-Soethout**

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation SVP - U.S. Insurance Solutions

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1920.00**

Date of Receipt **09 / 26 / 2014**  
**Transaction ID : 201410075817-376**

Amount of Each Receipt this Period **96.00**

Full Name (Last, First, Middle Initial)  
**C. Michael Jerome Streck**

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation AVP & Corporate Actuary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **308.00**

Date of Receipt **09 / 12 / 2014**  
**Transaction ID : 201410075817-1198**

Amount of Each Receipt this Period **15.40**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **207.40**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 117
	<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)  
**A. Michael Jerome Streck**

Mailing Address 711 High St

City State Zip Code  
Des Moines IA 50392-0001

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

Name of Employer Occupation  
Principal Life Ins Co. AVP & Corporate Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
308.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014  
**Transaction ID : 201410075817-1199**

Amount of Each Receipt this Period  
15.40

Full Name (Last, First, Middle Initial)  
**B. Connie K. Taylor**

Mailing Address 711 High St

City State Zip Code  
Des Moines IA 50392-0001

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

Name of Employer Occupation  
Principal Life Ins Co. Product Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2014  
**Transaction ID : 201410075817-272**

Amount of Each Receipt this Period  
11.00

Full Name (Last, First, Middle Initial)  
**c. Connie K. Taylor**

Mailing Address 711 High St

City State Zip Code  
Des Moines IA 50392-0001

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

Name of Employer Occupation  
Principal Life Ins Co. Product Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014  
**Transaction ID : 201410075817-273**

Amount of Each Receipt this Period  
11.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 37.40

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <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. Karen S. Thomann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 High St  
 City Des Moines State IA Zip Code 50392-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation VP & CIO-Retire Investor Svcs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 846.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-846**  
 Amount of Each Receipt this Period  
 42.30

**B. Karen S. Thomann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 High St  
 City Des Moines State IA Zip Code 50392-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation VP & CIO-Retire Investor Svcs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 846.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-847**  
 Amount of Each Receipt this Period  
 42.30

**C. Daniel J. Thomas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4141 Parklake Ave Ste 400  
 City Raleigh State NC Zip Code 27612-2333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation Director-IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-335**  
 Amount of Each Receipt this Period  
 19.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	103.83
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Principal Life Insurance Company Political Action Committee**

**A. Daniel J. Thomas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4141 Parklake Ave  
 Ste 400  
 City Raleigh State NC Zip Code 27612-2333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation Director-IT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **384.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-336**  
 Amount of Each Receipt this Period  
**19.23**

**B. Joni Lynn Tibbetts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 High St  
 City Des Moines State IA Zip Code 50392-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation VP- Sales Engineering  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-778**  
 Amount of Each Receipt this Period  
**45.00**

**C. Joni Lynn Tibbetts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 High St  
 City Des Moines State IA Zip Code 50392-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation VP- Sales Engineering  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-779**  
 Amount of Each Receipt this Period  
**45.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>109.23</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 117
	<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	<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. Terrence Michael Tobin</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 12 / 2014 <b>Transaction ID : 201410075817-1612</b>
Mailing Address 711 High St		Amount of Each Receipt this Period 25.00
City Des Moines	State IA	Zip Code 50392-0001
FEC ID number of contributing federal political committee. C	Name of Employer Principal Life Ins Co.	Occupation Senior Managing Partner, PEC
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>B. Terrence Michael Tobin</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 26 / 2014 <b>Transaction ID : 201410075817-1613</b>
Mailing Address 711 High St		Amount of Each Receipt this Period 25.00
City Des Moines	State IA	Zip Code 50392-0001
FEC ID number of contributing federal political committee. C	Name of Employer Principal Life Ins Co.	Occupation Senior Managing Partner, PEC
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. John N. Urban</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 12 / 2014 <b>Transaction ID : 201410075817-755</b>
Mailing Address 711 High St		Amount of Each Receipt this Period 19.23
City Des Moines	State IA	Zip Code 50392-0001
FEC ID number of contributing federal political committee. C	Name of Employer Principal Life Ins Co.	Occupation Mng Dir-Portfolio Mgmt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	69.23
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 96 OF 117
<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. John N. Urban**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation Mng Dir-Portfolio Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt **09 / 26 / 2014**

**Transaction ID : 201410075817-756**

Amount of Each Receipt this Period **19.23**

**B. Leanne M. Valentine**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation VP & Associate General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **634.80**

Date of Receipt **09 / 12 / 2014**

**Transaction ID : 201410075817-962**

Amount of Each Receipt this Period **31.74**

**C. Leanne M. Valentine**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation VP & Associate General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **634.80**

Date of Receipt **09 / 26 / 2014**

**Transaction ID : 201410075817-963**

Amount of Each Receipt this Period **31.74**

**SUBTOTAL** of Receipts This Page (optional)..... **82.71**

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

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

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

FOR LINE NUMBER: PAGE 97 OF 117  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Principal Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Jeffrey Alan Van Baale**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. AVP-IT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 384.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-669**

Amount of Each Receipt this Period  
 19.23

Full Name (Last, First, Middle Initial)  
**B. Jeffrey Alan Van Baale**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. AVP-IT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 384.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-670**

Amount of Each Receipt this Period  
 19.23

Full Name (Last, First, Middle Initial)  
**C. Luke Joseph Vandermillen**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. VP RIS Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-1020**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 88.46

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 117
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Principal Life Insurance Company Political Action Committee**

**A. Luke Joseph Vandermillen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 High St  
 City Des Moines State IA Zip Code 50392-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation VP RIS Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 26 / 2014  
**Transaction ID : 201410075817-1021**  
 Amount of Each Receipt this Period 50.00

**B. James B. Vervaecke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1100 Technology Pkwy  
 City Cedar Falls State IA Zip Code 50613-6955  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation AVP-Retirement & Investor Serv  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 12 / 2014  
**Transaction ID : 201410075817-603**  
 Amount of Each Receipt this Period 19.23

**C. James B. Vervaecke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1100 Technology Pkwy  
 City Cedar Falls State IA Zip Code 50613-6955  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation AVP-Retirement & Investor Serv  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 26 / 2014  
**Transaction ID : 201410075817-604**  
 Amount of Each Receipt this Period 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 88.46  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 117
	<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**

**A. Nathan Robert Walters**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 520 Pike St  
 Ste 1400  
 City Seattle State WA Zip Code 98101-4017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation Regional Managing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-1251**  
 Amount of Each Receipt this Period  
 10.65

**B. Traci Lea Weldon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 High St  
 City Des Moines State IA Zip Code 50392-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation Chief Compl Officer-Princor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-1654**  
 Amount of Each Receipt this Period  
 20.00

**C. Traci Lea Weldon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 High St  
 City Des Moines State IA Zip Code 50392-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation Chief Compl Officer-Princor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-1655**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.65
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 100 OF 117  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Principal Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Steven C. Whitty**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. VP Corporate Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 846.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-1572**

Amount of Each Receipt this Period  
 42.30

Full Name (Last, First, Middle Initial)  
**B. Steven C. Whitty**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. VP Corporate Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 846.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-1573**

Amount of Each Receipt this Period  
 42.30

Full Name (Last, First, Middle Initial)  
**C. Beth Clarice Wilson**

Mailing Address 711 High St

City State Zip Code  
 Des Moines IA 50392-0001

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

Name of Employer Occupation  
 Principal Life Ins Co. Direct. & Secretary Prin Funds

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-117**

Amount of Each Receipt this Period  
 11.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.60

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 117
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Principal Life Insurance Company Political Action Committee**

**A. Beth Clarice Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation Direct. & Secretary Prin Funds

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
09 / 26 / 2014  
**Transaction ID : 201410075817-118**

Amount of Each Receipt this Period  
11.00

**B. Richard Harrison Wireman, II**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation VP Tax

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
09 / 12 / 2014  
**Transaction ID : 201410075817-1406**

Amount of Each Receipt this Period  
45.00

**C. Richard Harrison Wireman, II**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation VP Tax

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
09 / 26 / 2014  
**Transaction ID : 201410075817-1407**

Amount of Each Receipt this Period  
45.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 101.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 117
	<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. Douglas E. Younkin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 676304  
 6946 Circo Diegueno Court  
 City Rancho Santa Fe State CA Zip Code 92067-6304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation Mng Dir-3rd Party Distribut  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 719.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-471**  
 Amount of Each Receipt this Period  
 42.30

**B. Douglas E. Younkin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 676304  
 6946 Circo Diegueno Court  
 City Rancho Santa Fe State CA Zip Code 92067-6304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation Mng Dir-3rd Party Distribut  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 719.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 201410075817-472**  
 Amount of Each Receipt this Period  
 42.30

**C. Larry Donald Zimpleman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 High St  
 City Des Moines State IA Zip Code 50392-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation Chairman, President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : 201410075817-938**  
 Amount of Each Receipt this Period  
 192.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 276.90  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 103 OF 117  
(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**

**A.** Full Name (Last, First, Middle Initial)  
**Larry Donald Zimpleman**

Mailing Address 711 High St

City Des Moines State IA Zip Code 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation Chairman, President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3846.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : 201410075817-939**

Amount of Each Receipt this Period  
192.30

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	192.30
<b>TOTAL</b> This Period (last page this line number only).....▶	11389.54

**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)

<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. Becerra for Congress**

Mailing Address PO Box 71584

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Xavier Becerra**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

Transaction ID : 5D5E274FABAA9182324

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Ben Cardin for Senate, Inc.**

Mailing Address PO Box 21093

City Catonsville State MD Zip Code 21228

Purpose of Disbursement  
2018 General

011

Category/  
Type

Candidate Name

**Benjamin L. Cardin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2014

Transaction ID : 9B67F1D9EFA1C8405BA

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Bob Casey for Senate Inc**

Mailing Address PO Box 58746

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement  
2018 Primary

011

Category/  
Type

Candidate Name

**Robert P. Casey Jr**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2014

Transaction ID : 2CAD9E9E8071B1D0090

Amount of Each Disbursement this Period

2000.00

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

5000.00

**TOTAL** 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)

<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. Cleaver for Congress**

Mailing Address 4801 Main Street, Suite 1000

City Kansas City State MO Zip Code 64112

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Emanuel Cleaver II**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MO District: 05

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : 7B1437766112982BA90**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Courtney for Congress**

Mailing Address PO Box 1372

City Vernon State CT Zip Code 06066

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Joseph D. Courtney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CT District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2014

**Transaction ID : ADAA0DEE4A007D89D85**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends of John Delaney**

Mailing Address PO Box 70835

City Bethesda State MD Zip Code 20813

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**John K. Delaney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MD District: 06

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2014

**Transaction ID : 90B77EAEbbe519CCF29**

Amount of Each Disbursement this Period

1000.00

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

3000.00

**TOTAL** 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)

<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. Friends of Schumer**

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Charles E. Schumer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District:

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2014

**Transaction ID : 9F9DC73B9F9E38F9F00**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. George Holding for Congress Inc.**

Mailing Address PO Box 97187

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**George E. B. Holding**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 13

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2014

**Transaction ID : CCFEADCC7259A0BDCEA**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Heidi for Senate**

Mailing Address PO Box 1577

City Bismarck State ND Zip Code 58502-1577

Purpose of Disbursement  
2018 General

011

Category/  
Type

Candidate Name

**Heidi Heitkamp**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: ND District:

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2014

**Transaction ID : 5660263F3183E8224BF**

Amount of Each Disbursement this Period

1000.00

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

2500.00

**TOTAL** 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)

<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. Kind for Congress Committee**

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement  
2014 General

011

Candidate Name

**Ron Kind**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	4

**Transaction ID : 7B6F49AEEA8B1C2839E**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

1000.00

Full Name (Last, First, Middle Initial)

**B. Loeb sack for Congress**

Mailing Address PO Box 3013

City Iowa City State IA Zip Code 52244

Purpose of Disbursement  
2014 General

011

Candidate Name

**David Loeb sack**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	4

**Transaction ID : 3F27B1B585846296B16**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

1000.00

Full Name (Last, First, Middle Initial)

**C. Pas crell for Congress**

Mailing Address PO Box 100

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement  
2014 General

011

Candidate Name

**William J. Pas crell Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	4

**Transaction ID : C003C9956075ED2C6E4**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

1000.00

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

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

3	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

3000.00

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

**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)

<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. People for Patty Murray**

Mailing Address PO Box 3662

City State Zip Code  
Seattle WA 98124

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Patty Murray**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : C9D8BA1966E3F576E10**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Portman for Senate Committee**

Mailing Address 9856 Archer Lane

City State Zip Code  
Dublin OH 43017-8914

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Rob Portman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2014

**Transaction ID : 2A81E92792068D84F05**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Richard Burr Committee; the**

Mailing Address Post Office Box 5928

City State Zip Code  
Winston-Salem NC 27113

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Richard M. Burr**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : D21D324B99CA6B1A66B**

Amount of Each Disbursement this Period

2000.00

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

4000.00

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

17500.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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. Byrnes for Statehouse**

Mailing Address 1479 380th St.

City Osage State IA Zip Code 50461

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : 480E7573191485A07B7**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Citizens for Ako Abdul-Samad**

Mailing Address 1506 18th Street

City Des Moines State IA Zip Code 50314

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : E903937363D7C76BBF5**

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Citizens for Pat Grassley**

Mailing Address 30496 Union Avenue

City New Hartford State IA Zip Code 50660

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : 85BFB50DB4D4B582CA8**

Amount of Each Disbursement this Period

1000.00

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

3250.00

**TOTAL** 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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. Citizens for Schoenjah**

Mailing Address 221 Park Avenue

City State Zip Code  
Arlington IA 50606-0132

Purpose of Disbursement  
Nonfederal Contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : 1C7DF2C0A2E4D642578**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Committee for Quintin Stanerson**

Mailing Address 624 E. Terrace Drive

City State Zip Code  
Center Point IA 52213

Purpose of Disbursement  
Nonfederal Contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : ED43842506390C6DCAE**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Committee to Re-Elect Helen Miller**

Mailing Address 1936 15th Avenue North

City State Zip Code  
Ft. Dodge IA 50501

Purpose of Disbursement  
Nonfederal Contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : 88E13F19D1D9580A812**

Amount of Each Disbursement this Period

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

**TOTAL** 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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. Courtney for State Senate Committee**

Mailing Address 2200 Summer Street

City Burlington State IA Zip Code 52601

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

Transaction ID : CBA6D387882C8F89B6A

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Dan Zumbach for Senate**

Mailing Address 2618 140th Avenue

City Ryan State IA Zip Code 52330

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

Transaction ID : EB8D854FF3716A4C6AA

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Deyoe for House**

Mailing Address 911 Shagbark Drive

City Nevada State IA Zip Code 50201

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

Transaction ID : B6D752C46AFC8377A17

Amount of Each Disbursement this Period

1000.00

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

2500.00

**TOTAL** 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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. Dolecheck for Representative**

Mailing Address 703 N. Filmore

City State Zip Code  
Mount Ayr IA 50854

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : 50CD74382CF227DDFC5**

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Friends for Breitbach**

Mailing Address 301 W. Mission Street

City State Zip Code  
Strawberry Point IA 52076

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : C42E5A9D6FECE327617**

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Friends for Landon**

Mailing Address 525 NE Stone Valley Drive

City State Zip Code  
Ankeny IA 50021

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : 5C67DFD4B68F6962A97**

Amount of Each Disbursement this Period

1500.00

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

3000.00

**TOTAL** 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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. Friends of Tod Bowman**

Mailing Address 812 Grant Street

City Maquoketa State IA Zip Code 52060

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

Transaction ID : 604F056269F8C0A84BC

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Hagenow for Iowa House**

Mailing Address 1915 69th Street

City Windsor Heights State IA Zip Code 50322

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2014

Transaction ID : EAA86EFC1AD41008F0A

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Iowans for Mary Ann Hanusa**

Mailing Address 121 Fox Haven Drive

City Council Bluffs State IA Zip Code 51503

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

Transaction ID : C4B428C87BEBC7B676E

Amount of Each Disbursement this Period

1000.00

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

3500.00

**TOTAL** 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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. Johnson 4 Senate 1**

Mailing Address P.O. Box 279

City Ocheyedan State IA Zip Code 51354

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : 486697EB53FE172503E**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Jorgensen for Iowa House**

Mailing Address 5921 Pine View Drive

City Sioux City State IA Zip Code 51106

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : 92E9A741F2260F5A3E6**

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Kapucian for State Senate**

Mailing Address 1275 69th Street

City Keystone State IA Zip Code 52249

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : 3BD42A0B176BC0ECD49**

Amount of Each Disbursement this Period

1500.00

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

3750.00

**TOTAL** 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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. Kevin Koester for House**

Mailing Address 3514 SW Edgewood Lane

City Ankeny State IA Zip Code 50023-9565

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : 6A2222B4462E3C8B66E**

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Oldson for State Representative**

Mailing Address 418 38th Place

City Des Moines State IA Zip Code 50312

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : B617B44661FAA81E74C**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Rozenboom for Senate**

Mailing Address 2200 Oxford Avenue

City Oskaloosa State IA Zip Code 52577

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : E9D117DBE4C30C87381**

Amount of Each Disbursement this Period

750.00

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

2500.00

**TOTAL** 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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. Sinclair for Iowa**

Mailing Address 1255 King Road

City Allerton State IA Zip Code 50008

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 22B9BA67E4C6433A917**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Soderberg for House**

Mailing Address 800 2nd Street SE

City LeMars State IA Zip Code 51031

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 60138E075AC7FB9A710**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Upmeyer for House**

Mailing Address P.O. Box 192  
1811 N. 8th St.

City Clear Lake State IA Zip Code 50428

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 3500E30F3F5D820D6C1**

Amount of Each Disbursement this Period

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

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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. Vander linden for Iowa**

Mailing Address 1610 Carbonado Road

City Oskaloosa State IA Zip Code 52577

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 19 / 2014

Transaction ID : F234F31AF65E8FB93FF

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Wilhelm for Iowa Senate**

Mailing Address 414 North Elm

City Cresco State IA Zip Code 52136

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2014

Transaction ID : EDA6C66D7CA76E03E1C

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Win With Windschitl**

Mailing Address 222 West Huron

City Missouri Valley State IA Zip Code 51555

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2014

Transaction ID : 07FC49CA17E1E8DC097

Amount of Each Disbursement this Period

1000.00

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

2500.00

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

27750.00