

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 02 01 2007 through 02 28 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer LOUISE BILLMEYER

Signature of Treasurer Electronically Filed by LOUISE BILLMEYER Date 03 08 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		34451.04
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	43226.13									
(c) Total Receipts (from Line 19)	11567.57	22742.66								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	54793.70	57193.70								
7. Total Disbursements (from Line 31)	28000.00	30400.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	26793.70	26793.70								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1776.89	2234.57
(i) Itemized (use Schedule A)	9790.68	20508.09
(ii) Unitemized	11567.57	22742.66
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	11567.57	22742.66
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	11567.57	22742.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11567.57	22742.66

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) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28000.00	28000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	2400.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	28000.00	30400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	28000.00	30400.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	11567.57	22742.66
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11567.57	22742.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 16
	<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) A. MICHAEL GERSIE		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 9 / 2 0 0 7
Mailing Address Principal Financial Group 711 High Street		Transaction ID: SA11A1.7946
City State Zip Code Des Moines IA 50392-0001	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00
Name of Employer Principal Financial Group Occupation Exec VP & CFO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00

Full Name (Last, First, Middle Initial) B. MICHAEL GERSIE		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address Principal Financial Group 711 High Street		Transaction ID: SA11A1.7947
City State Zip Code Des Moines IA 50392-0001	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00
Name of Employer Principal Financial Group Occupation Exec VP & CFO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00

Full Name (Last, First, Middle Initial) C. THOMAS GRAF		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 9 / 2 0 0 7
Mailing Address Principal Financial Group 711 High Street		Transaction ID: SA11A1.7977
City State Zip Code Des Moines IA 50392-0001	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00
Name of Employer Principal Financial Group Occupation Sr VP-Investor Relations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00

SUBTOTAL of Receipts This Page (optional)	310.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 16
	<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. THOMAS GRAF		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address Principal Financial Group 711 High Street		Transaction ID: SA11A1.7976
City Des Moines	State IA	Zip Code 50392-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Principal Financial Group	Occupation Sr VP-Investor Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. J BARRY GRISWELL		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 9 / 2 0 0 7
Mailing Address Principal Financial Group 711 High Street		Transaction ID: SA11A1.7990
City Des Moines	State IA	Zip Code 50392-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.30
Name of Employer Principal Financial Group	Occupation Chairman-President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

Full Name (Last, First, Middle Initial) C. J BARRY GRISWELL		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address Principal Financial Group 711 High Street		Transaction ID: SA11A1.7991
City Des Moines	State IA	Zip Code 50392-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.30
Name of Employer Principal Financial Group	Occupation Chairman-President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.20	

SUBTOTAL of Receipts This Page (optional)	▶	534.60
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 16
	<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. CAREY JURY		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 9 / 2 0 0 7
Mailing Address Principal Financial Group 711 High Street		Transaction ID: SA11A1.8151
City State Zip Code Des Moines IA 50392-6100	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Principal Financial Group	Occupation VP-Group Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. CAREY JURY		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address Principal Financial Group 711 High Street		Transaction ID: SA11A1.8152
City State Zip Code Des Moines IA 50392-6100	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Principal Financial Group	Occupation VP-Group Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. ELLEN LAMALE		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 9 / 2 0 0 7
Mailing Address Principal Financial Group 711 High Street		Transaction ID: SA11A1.8225
City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Principal Financial Group	Occupation Sr VP & Chief Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) ▶	220.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 16
	<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. ELLEN LAMALE		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address Principal Financial Group 711 High Street		Transaction ID: SA11A1.8224
City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Principal Financial Group	Occupation Sr VP & Chief Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. JAMES MCCAUGHAN		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7
Mailing Address Principal Financial Group 711 High Street		Transaction ID: SA11A1.8308
City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 115.38	
FEC ID number of contributing federal political committee. C		
Name of Employer Principal Financial Group	Occupation President-Global Asset Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	

Full Name (Last, First, Middle Initial) C. JAMES MCCAUGHAN		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address Principal Financial Group 711 High Street		Transaction ID: SA11A1.8309
City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 115.38	
FEC ID number of contributing federal political committee. C		
Name of Employer Principal Financial Group	Occupation President-Global Asset Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	

SUBTOTAL of Receipts This Page (optional) ▶	300.76
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 16
	<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"/>	<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. KAREN SHAFF		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 9 / 2 0 0 7
Mailing Address Principal Financial Group 711 High Street		Transaction ID: SA11A1.8640
City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Principal Financial Group	Occupation Exec VP - General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. KAREN SHAFF		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address Principal Financial Group 711 High Street		Transaction ID: SA11A1.8639
City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Principal Financial Group	Occupation Exec VP - General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. MEG SKINNER		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address Principal Financial Group 711 High Street		Transaction ID: SA11A1.8652
City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 57.69	
FEC ID number of contributing federal political committee. C		
Name of Employer Principal Financial Group	Occupation SVP Life & Health Distribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

SUBTOTAL of Receipts This Page (optional) ▶	257.69
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 16
	(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)
NORMAN SORENSEN

Mailing Address Principal Financial Group
711 High Street

City State Zip Code
Des Moines IA 50392-0001

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

Name of Employer Principal Financial Group Occupation Sr VP-Int'l Asset Accumulation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt
MM / DD / YYYY
02 / 09 / 2007

Transaction ID: SA11A1.8664

Amount of Each Receipt this Period
76.92

B. Full Name (Last, First, Middle Initial)
NORMAN SORENSEN

Mailing Address Principal Financial Group
711 High Street

City State Zip Code
Des Moines IA 50392-0001

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

Name of Employer Principal Financial Group Occupation Sr VP-Int'l Asset Accumulation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt
MM / DD / YYYY
02 / 23 / 2007

Transaction ID: SA11A1.8665

Amount of Each Receipt this Period
76.92

SUBTOTAL of Receipts This Page (optional)	▶	153.84
TOTAL This Period (last page this line number only)	▶	1776.89

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 16

<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. ACLI PAC		Transaction ID: SB23.7445 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7
Mailing Address 101 Constitution Avenue, NW Suite 700		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20001-2133		
Purpose of Disbursement PAC to PAC Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. American Association of Preferred Provider Organizations PAC		Transaction ID: SB23.7446 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7
Mailing Address ATTN: Karen Greenrose P.O. Box 429		Amount of Each Disbursement this Period 1000.00
City Jefferson State IN Zip Code 47131		
Purpose of Disbursement PAC to PAC Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Blue Dog PAC		Transaction ID: SB23.7434 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7
Mailing Address 236 Massachusetts Avenue, NE Suite 508		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement PAC to PAC Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
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)

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<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. Carper for Senate		Transaction ID: SB23.7433 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7
Mailing Address 426 C Street NE		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Tom Carper		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 2	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ellen Tauscher for Congress		Transaction ID: SB23.7437 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7
Mailing Address P.O. Box 75214		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20013-5214	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Ellen Tauscher		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Financial Services Roundtable (FSR) PAC		Transaction ID: SB23.7444 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7
Mailing Address 1001 Pennsylvania Avenue NW Suite 500 South		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20004	Category/ Type	
Purpose of Disbursement PAC to PAC		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
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)

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<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 Max Baucus		Transaction ID: SB23.7431 Date of Disbursement 02 / 09 / 2007
Mailing Address 818 Connecticut Avenue, NW Suite 1100		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20006	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Max Baucus		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. New Democratic Coalition-NDCPAC		Transaction ID: SB23.7438 Date of Disbursement 02 / 09 / 2007
Mailing Address 607 14th Street, NW Suite 800		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20005	Category/ Type	
Purpose of Disbursement PAC to PAC		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Pennsylvanians for Kanjorski		Transaction ID: SB23.7432 Date of Disbursement 02 / 09 / 2007
Mailing Address 126 South Franklin Street		Amount of Each Disbursement this Period 1000.00
City Wilkes-Barre State PA Zip Code 18701	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Paul Kanjorski		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
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)

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<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. Pryce for Congress		Transaction ID: SB23.7443 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7
Mailing Address 145 E. Rich Street		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43215		
Purpose of Disbursement Contribution Candidate Name Deborah Pryce Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 15		
Category/Type		

Full Name (Last, First, Middle Initial) B. Rangel for Congress		Transaction ID: SB23.7435 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7
Mailing Address P.O. Box 5577 Manhattanville Station		Amount of Each Disbursement this Period 1000.00
City New York State NY Zip Code 10027		
Purpose of Disbursement Contribution Candidate Name Charles Rangel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 15		
Category/Type		

Full Name (Last, First, Middle Initial) C. Richard Neal for Congress		Transaction ID: SB23.7442 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7
Mailing Address P.O. Box 15906		Amount of Each Disbursement this Period 1000.00
City Chevy Chase State MD Zip Code 20825		
Purpose of Disbursement Contribution Candidate Name Richard Neal Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 2		
Category/Type		

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)

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<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. The National Leadership PAC		Transaction ID: SB23.7436
Mailing Address c/o Charles Rangel P.O. Box 5577		Date of Disbursement MM / DD / YYYY 02 / 09 / 2007
City New York	State NY	Zip Code 10027
Purpose of Disbursement PAC to PAC	Candidate Name	Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

28000.00