



**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.....	58148.91	
(c) Total Receipts (from Line 19) .....	27162.06	164896.77
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	85310.97	277060.97
7. Total Disbursements (from Line 31).....	27500.00	219250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	57810.97	57810.97
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).....	16744.46	74822.55
(ii) Unitemized .....	10417.60	90074.22
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	27162.06	164896.77
(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) .....	27162.06	164896.77
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))..... ▶	27162.06	164896.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	27162.06	164896.77

**DETAILED SUMMARY PAGE**  
of Disbursements

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.....	2000.00	145000.00
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 .....	25500.00	74250.00
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)) ..	27500.00	219250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27500.00	219250.00

**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) .....	27162.06	164896.77
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27162.06	164896.77
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 151
	<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. Noel John Anderson**  
Full Name (Last, First, Middle Initial)

Mailing Address 201 Jones Rd  
Principal Financial Grp

City Waltham State MA Zip Code 02451-1600

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 ▼ **360.00**

Date of Receipt  
**08 / 01 / 2014**  
Transaction ID : **201409029149-1919**

Amount of Each Receipt this Period  
**20.00**

**B. Noel John Anderson**  
Full Name (Last, First, Middle Initial)

Mailing Address 201 Jones Rd  
Principal Financial Grp

City Waltham State MA Zip Code 02451-1600

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 ▼ **360.00**

Date of Receipt  
**08 / 15 / 2014**  
Transaction ID : **201409029149-1920**

Amount of Each Receipt this Period  
**20.00**

**C. Noel John Anderson**  
Full Name (Last, First, Middle Initial)

Mailing Address 201 Jones Rd  
Principal Financial Grp

City Waltham State MA Zip Code 02451-1600

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 ▼ **360.00**

Date of Receipt  
**08 / 29 / 2014**  
Transaction ID : **201409029149-1921**

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: PAGE 8 OF 151  
(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. Arthur John Bacci**

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 International, Inc. Head - Hong Kong Group

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 761.40

Date of Receipt  
 08 / 01 / 2014  
**Transaction ID : 201409029149-134**

Amount of Each Receipt this Period  
 42.30

Full Name (Last, First, Middle Initial)  
**B. Arthur John Bacci**

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 International, Inc. Head - Hong Kong Group

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 761.40

Date of Receipt  
 08 / 15 / 2014  
**Transaction ID : 201409029149-135**

Amount of Each Receipt this Period  
 42.30

Full Name (Last, First, Middle Initial)  
**C. Arthur John Bacci**

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 International, Inc. Head - Hong Kong Group

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 761.40

Date of Receipt  
 08 / 29 / 2014  
**Transaction ID : 201409029149-136**

Amount of Each Receipt this Period  
 42.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 126.90

**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: (check only one)	PAGE 9 OF 151
<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. Randall J. Bachman**  
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-Life & SBD Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **396.00**

Date of Receipt **08 / 01 / 2014**

**Transaction ID : 201409029149-2049**

Amount of Each Receipt this Period **22.00**

**B. Randall J. Bachman**  
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-Life & SBD Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **396.00**

Date of Receipt **08 / 15 / 2014**

**Transaction ID : 201409029149-2050**

Amount of Each Receipt this Period **22.00**

**C. Randall J. Bachman**  
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-Life & SBD Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **396.00**

Date of Receipt **08 / 29 / 2014**

**Transaction ID : 201409029149-2051**

Amount of Each Receipt this Period **22.00**

**SUBTOTAL** of Receipts This Page (optional)..... **66.00**

**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 10 OF 151
	<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. Daniel B. Barry**  
Full Name (Last, First, Middle Initial)

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 ▼ **374.94**

Date of Receipt  
**08 / 01 / 2014**  
Transaction ID : **201409029149-459**

Amount of Each Receipt this Period  
**20.83**

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

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 ▼ **374.94**

Date of Receipt  
**08 / 15 / 2014**  
Transaction ID : **201409029149-460**

Amount of Each Receipt this Period  
**20.83**

**C. Daniel B. Barry**  
Full Name (Last, First, Middle Initial)

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 ▼ **374.94**

Date of Receipt  
**08 / 29 / 2014**  
Transaction ID : **201409029149-461**

Amount of Each Receipt this Period  
**20.83**

**SUBTOTAL** of Receipts This Page (optional)..... **62.49**

**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 11 OF 151
	<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. Michael Jon Beer</b>		Date of Receipt
Mailing Address 711 High St		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City State Zip Code Des Moines IA 50392-0001		<b>Transaction ID : 201409029149-1757</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="35.00"/>
Name of Employer Principal Life Ins Co.	Occupation VP - COO Principal Funds	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="630.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Michael Jon Beer</b>		Date of Receipt
Mailing Address 711 High St		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City State Zip Code Des Moines IA 50392-0001		<b>Transaction ID : 201409029149-1758</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="35.00"/>
Name of Employer Principal Life Ins Co.	Occupation VP - COO Principal Funds	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="630.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Michael Jon Beer</b>		Date of Receipt
Mailing Address 711 High St		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City State Zip Code Des Moines IA 50392-0001		<b>Transaction ID : 201409029149-1759</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="35.00"/>
Name of Employer Principal Life Ins Co.	Occupation VP - COO Principal Funds	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="630.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="105.00"/>
<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 12 OF 151
	<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. Candence Sue Bidler Hurley</b>			Date of Receipt
Mailing Address 711 High St			<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : 201409029149-273</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="15.38"/>
Name of Employer	Occupation		
Principal Life Ins Co.	Nat'l VP - IDI Sales		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="276.84"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Candence Sue Bidler Hurley</b>			Date of Receipt
Mailing Address 711 High St			<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : 201409029149-274</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="15.38"/>
Name of Employer	Occupation		
Principal Life Ins Co.	Nat'l VP - IDI Sales		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="276.84"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Candence Sue Bidler Hurley</b>			Date of Receipt
Mailing Address 711 High St			<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : 201409029149-275</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="15.38"/>
Name of Employer	Occupation		
Principal Life Ins Co.	Nat'l VP - IDI Sales		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="276.84"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="46.14"/>
<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: PAGE 13 OF 151  
(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**

**A. Louise A. Billmeyer**  
 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 - SCBU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 761.40

Date of Receipt  
 08 / 01 / 2014  
**Transaction ID : 201409029149-1534**  
 Amount of Each Receipt this Period  
 42.30

**B. Louise A. Billmeyer**  
 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 - SCBU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 761.40

Date of Receipt  
 08 / 15 / 2014  
**Transaction ID : 201409029149-1535**  
 Amount of Each Receipt this Period  
 42.30

**C. Louise A. Billmeyer**  
 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 - SCBU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 761.40

Date of Receipt  
 08 / 29 / 2014  
**Transaction ID : 201409029149-1536**  
 Amount of Each Receipt this Period  
 42.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 126.90  
**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: (check only one)	PAGE 14 OF 151
	<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. Kim M. Blaugher**  
Full Name (Last, First, Middle Initial)

Mailing Address 121 N 9th St  
Ste 303

City Boise State ID Zip Code 83702-5822

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 ▼ **340.00**

Date of Receipt  
**08 / 01 / 2014**

**Transaction ID : 201409029149-1352**

Amount of Each Receipt this Period  
**20.00**

**B. Kim M. Blaugher**  
Full Name (Last, First, Middle Initial)

Mailing Address 121 N 9th St  
Ste 303

City Boise State ID Zip Code 83702-5822

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 ▼ **340.00**

Date of Receipt  
**08 / 15 / 2014**

**Transaction ID : 201409029149-1353**

Amount of Each Receipt this Period  
**20.00**

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

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 Director, Federal Gov Rel-DC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
**08 / 01 / 2014**

**Transaction ID : 201409029149-1964**

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 15 OF 151
	<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. Patti R. Blumer**  
Full Name (Last, First, Middle Initial)

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 Director, Federal Gov Rel-DC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
**08 / 15 / 2014**  
Transaction ID : **201409029149-1965**

Amount of Each Receipt this Period  
**20.00**

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

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 Director, Federal Gov Rel-DC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
**08 / 29 / 2014**  
Transaction ID : **201409029149-1966**

Amount of Each Receipt this Period  
**20.00**

**C. Randy Doran Bolin**  
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 ▼ **276.84**

Date of Receipt  
**08 / 01 / 2014**  
Transaction ID : **201409029149-2061**

Amount of Each Receipt this Period  
**15.38**

**SUBTOTAL** of Receipts This Page (optional)..... **55.38**

**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: (check only one)	PAGE 16 OF 151
	<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. Randy Doran Bolin**  
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 ▼ **276.84**

Date of Receipt  
08 / 15 / 2014  
**Transaction ID : 201409029149-2062**

Amount of Each Receipt this Period  
**15.38**

**B. Randy Doran Bolin**  
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 ▼ **276.84**

Date of Receipt  
08 / 29 / 2014  
**Transaction ID : 201409029149-2063**

Amount of Each Receipt this Period  
**15.38**

**C. 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 ▼ **900.00**

Date of Receipt  
08 / 01 / 2014  
**Transaction ID : 201409029149-369**

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 17 OF 151
	<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. 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 **900.00**

Date of Receipt **08 / 15 / 2014**  
**Transaction ID : 201409029149-370**  
 Amount of Each Receipt this Period **50.00**

**B. 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 **900.00**

Date of Receipt **08 / 29 / 2014**  
**Transaction ID : 201409029149-371**  
 Amount of Each Receipt this Period **50.00**

**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 **761.40**

Date of Receipt **08 / 01 / 2014**  
**Transaction ID : 201409029149-531**  
 Amount of Each Receipt this Period **42.30**

**SUBTOTAL** of Receipts This Page (optional)..... **142.30**  
**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 18 OF 151  
(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. David James Brown**

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 - Compliance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 761.40

Date of Receipt  
 08 / 15 / 2014  
**Transaction ID : 201409029149-532**

Amount of Each Receipt this Period  
 42.30

Full Name (Last, First, Middle Initial)  
**B. David James Brown**

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 - Compliance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 761.40

Date of Receipt  
 08 / 29 / 2014  
**Transaction ID : 201409029149-533**

Amount of Each Receipt this Period  
 42.30

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

Mailing Address 1100 Investment Blvd

City State Zip Code  
 El Dorado Hills CA 95762-5710

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 276.84

Date of Receipt  
 08 / 01 / 2014  
**Transaction ID : 201409029149-1067**

Amount of Each Receipt this Period  
 15.38

**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 19 OF 151
	<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 ▼ **276.84**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-1068**

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 ▼ **276.84**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-1069**

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 ▼ **761.40**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-1967**

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 20 OF 151
	<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. Paul Alvin Brown</b>		Date of Receipt MM / DD / YYYY 08 / 15 / 2014 <b>Transaction ID : 201409029149-1968</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 Retirement & Investor Svcs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 761.40	

Full Name (Last, First, Middle Initial) <b>B. Paul Alvin Brown</b>		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 <b>Transaction ID : 201409029149-1969</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 Retirement & Investor Svcs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 761.40	

Full Name (Last, First, Middle Initial) <b>C. Ned Alan Burmeister</b>		Date of Receipt MM / DD / YYYY 08 / 01 / 2014 <b>Transaction ID : 201409029149-1892</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	Name of Employer Principal International, Inc.	Occupation SVP & COO - PI
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	184.60
<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 21 OF 151
	<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. Ned Alan Burmeister**

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 ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

**Transaction ID : 201409029149-1893**

Amount of Each Receipt this Period  
100.00

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

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 ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

**Transaction ID : 201409029149-1894**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. Barbara B. Burnett**

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-Annuity Compliance
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

**Transaction ID : 201409029149-149**

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: (check only one)	PAGE 22 OF 151
<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. Barbara B. Burnett**  
 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 Dir-Annuity Compliance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-150**  
 Amount of Each Receipt this Period  
 20.00

**B. Barbara B. Burnett**  
 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 Dir-Annuity Compliance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-151**  
 Amount of Each Receipt this Period  
 20.00

**C. Thomas L. Burnor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18101 Von Karman Ave Ste 1170  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 519.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-2454**  
 Amount of Each Receipt this Period  
 28.85

<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 23 OF 151
	<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. Thomas L. Burnor**  
Full Name (Last, First, Middle Initial)

Mailing Address 18101 Von Karman Ave  
Ste 1170

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
519.30

Date of Receipt  
08 / 15 / 2014  
**Transaction ID : 201409029149-2455**

Amount of Each Receipt this Period  
28.85

**B. Thomas L. Burnor**  
Full Name (Last, First, Middle Initial)

Mailing Address 18101 Von Karman Ave  
Ste 1170

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
519.30

Date of Receipt  
08 / 29 / 2014  
**Transaction ID : 201409029149-2456**

Amount of Each Receipt this Period  
28.85

**C. Gregory John Burrows**  
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 - Retirement & Invest Svcs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1713.42

Date of Receipt  
08 / 01 / 2014  
**Transaction ID : 201409029149-825**

Amount of Each Receipt this Period  
95.19

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 152.89

**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 24 OF 151
	<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) <b>A. Gregory John Burrows</b>			Date of Receipt MM / DD / YYYY 08 / 15 / 2014 <b>Transaction ID : 201409029149-826</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 ▼ 1713.42		

Full Name (Last, First, Middle Initial) <b>B. Gregory John Burrows</b>			Date of Receipt MM / DD / YYYY 08 / 29 / 2014 <b>Transaction ID : 201409029149-827</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 ▼ 1713.42		

Full Name (Last, First, Middle Initial) <b>C. Teresa Marie Button</b>			Date of Receipt MM / DD / YYYY 08 / 01 / 2014 <b>Transaction ID : 201409029149-2424</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 & Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 571.68		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	222.14
<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 25 OF 151
	<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. Teresa Marie Button</b>		Date of Receipt 08 / 15 / 2014 <b>Transaction ID : 201409029149-2425</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		Amount of Each Receipt this Period 31.76
Name of Employer Principal Life Ins Co.	Occupation VP & Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 571.68	

Full Name (Last, First, Middle Initial) <b>B. Teresa Marie Button</b>		Date of Receipt 08 / 29 / 2014 <b>Transaction ID : 201409029149-2426</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		Amount of Each Receipt this Period 31.76
Name of Employer Principal Life Ins Co.	Occupation VP & Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 571.68	

Full Name (Last, First, Middle Initial) <b>C. James Joseph Carbone</b>		Date of Receipt 08 / 01 / 2014 <b>Transaction ID : 201409029149-873</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 19.23
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 ▼ 346.14	

<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 26 OF 151
	<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. James Joseph Carbone</b>			Date of Receipt MM / DD / YYYY 08 / 15 / 2014 <b>Transaction ID : 201409029149-874</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 346.14
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 ▼		

Full Name (Last, First, Middle Initial) <b>B. James Joseph Carbone</b>			Date of Receipt MM / DD / YYYY 08 / 29 / 2014 <b>Transaction ID : 201409029149-875</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 346.14
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 ▼		

Full Name (Last, First, Middle Initial) <b>C. Nicholas M. Cecere</b>			Date of Receipt MM / DD / YYYY 08 / 01 / 2014 <b>Transaction ID : 201409029149-1895</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			Amount of Each Receipt this Period 761.40
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 ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.76
<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: PAGE 27 OF 151  
(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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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. Nicholas M. Cecere**

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 - USIS Distribution

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**761.40**

Date of Receipt  
08 / 15 / 2014  
**Transaction ID : 201409029149-1896**

Amount of Each Receipt this Period  
**42.30**

Full Name (Last, First, Middle Initial)  
**B. Nicholas M. Cecere**

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 - USIS Distribution

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**761.40**

Date of Receipt  
08 / 29 / 2014  
**Transaction ID : 201409029149-1897**

Amount of Each Receipt this Period  
**42.30**

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

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- Chmn Prin Bank & Trust

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**900.00**

Date of Receipt  
08 / 01 / 2014  
**Transaction ID : 201409029149-158**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **134.60**

**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 28 OF 151
	<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. Barrie Gibb Christman**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

City Des Moines	State IA	Zip Code 50392-0001
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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 ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

**Transaction ID : 201409029149-159**

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 ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

**Transaction ID : 201409029149-160**

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 ▼ **276.84**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

**Transaction ID : 201409029149-735**

Amount of Each Receipt this Period  

15.38
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>115.38</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 29 OF 151
	<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. Eileen Mary Conroy**

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 ▼ **276.84**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

**Transaction ID : 201409029149-736**

Amount of Each Receipt this Period  

15.38
-------

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

Mailing Address 711 High St

City Des Moines	State IA	Zip Code 50392-0001
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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 ▼ **276.84**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

**Transaction ID : 201409029149-737**

Amount of Each Receipt this Period  

15.38
-------

Full Name (Last, First, Middle Initial)  
**C. Andrew Piper Dalglish**

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-Non-Qualified
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

**Transaction ID : 201409029149-74**

Amount of Each Receipt this Period  

15.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.76</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 30 OF 151
	<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. Andrew Piper Dalgliesh</b>		Date of Receipt MM / DD / YYYY 08 / 15 / 2014 <b>Transaction ID : 201409029149-75</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		Aggregate Year-to-Date ▼ 270.00
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) ▼		

Full Name (Last, First, Middle Initial) <b>B. Andrew Piper Dalgliesh</b>		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 <b>Transaction ID : 201409029149-76</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		Aggregate Year-to-Date ▼ 270.00
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) ▼		

Full Name (Last, First, Middle Initial) <b>C. Michael John Daugherty</b>		Date of Receipt MM / DD / YYYY 08 / 01 / 2014 <b>Transaction ID : 201409029149-1769</b>
Mailing Address 1100 Technology Pkwy		Amount of Each Receipt this Period 45.00
City Cedar Falls	State IA Zip Code 50613-6955	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 810.00
Name of Employer Principal Life Ins Co.	Occupation VP Full Service Accumulation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<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: (check only one)	PAGE 31 OF 151
	<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 John Daugherty**

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 VP Full Service Accumulation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **810.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 15 / 2014**

**Transaction ID : 201409029149-1770**

Amount of Each Receipt this Period  
**45.00**

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

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 VP Full Service Accumulation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **810.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 29 / 2014**

**Transaction ID : 201409029149-1771**

Amount of Each Receipt this Period  
**45.00**

Full Name (Last, First, Middle Initial)  
**C. 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 ▼ **208.80**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 29 / 2014**

**Transaction ID : 201409029149-1723**

Amount of Each Receipt this Period  
**11.60**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>101.60</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: PAGE 32 OF 151  
(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**

**A. Douglas Scott Dornacker**  
 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-IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-681**  
 Amount of Each Receipt this Period  
 25.00

**B. Douglas Scott Dornacker**  
 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-IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-682**  
 Amount of Each Receipt this Period  
 25.00

**C. Douglas Scott Dornacker**  
 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-IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-683**  
 Amount of Each Receipt this Period  
 25.00

**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 33 OF 151
	<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. Gary Lane Dorton</b>		Date of Receipt
Mailing Address 4141 Parklake Ave Ste 400		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City Raleigh State NC Zip Code 27612-2333		<b>Transaction ID : 201409029149-780</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="45.00"/>
Name of Employer Principal Life Ins Co.	Occupation VP-Employer Solutions & Serv	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="810.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Gary Lane Dorton</b>		Date of Receipt
Mailing Address 4141 Parklake Ave Ste 400		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Raleigh State NC Zip Code 27612-2333		<b>Transaction ID : 201409029149-781</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="45.00"/>
Name of Employer Principal Life Ins Co.	Occupation VP-Employer Solutions & Serv	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="810.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Gary Lane Dorton</b>		Date of Receipt
Mailing Address 4141 Parklake Ave Ste 400		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City Raleigh State NC Zip Code 27612-2333		<b>Transaction ID : 201409029149-782</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="45.00"/>
Name of Employer Principal Life Ins Co.	Occupation VP-Employer Solutions & Serv	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="810.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="135.00"/>
<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: PAGE 34 OF 151  
(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**

**A. 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 ▼ 346.14

Date of Receipt 08 / 01 / 2014  
**Transaction ID : 201409029149-1775**  
 Amount of Each Receipt this Period 19.23

**B. 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 ▼ 346.14

Date of Receipt 08 / 15 / 2014  
**Transaction ID : 201409029149-1776**  
 Amount of Each Receipt this Period 19.23

**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 ▼ 346.14

Date of Receipt 08 / 29 / 2014  
**Transaction ID : 201409029149-1777**  
 Amount of Each Receipt this Period 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**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 35 OF 151  
(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. Timothy Mark Dunbar**  
 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 Inv Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1142.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-2469**  
 Amount of Each Receipt this Period  
 63.46

Full Name (Last, First, Middle Initial)  
**B. Timothy Mark Dunbar**  
 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 Inv Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1142.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-2470**  
 Amount of Each Receipt this Period  
 63.46

Full Name (Last, First, Middle Initial)  
**C. Timothy Mark Dunbar**  
 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 Inv Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1142.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-2471**  
 Amount of Each Receipt this Period  
 63.46

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 190.38  
**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 36 OF 151  
(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. John Michael Egan**

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 - Investor Relations

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 571.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-1118**

Amount of Each Receipt this Period  
 31.74

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

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 - Investor Relations

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 571.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-1119**

Amount of Each Receipt this Period  
 31.74

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

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 - Investor Relations

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 571.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-1120**

Amount of Each Receipt this Period  
 31.74

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.22

**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 37 OF 151
	<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. Gregory Bernard Elming</b>			Date of Receipt
Mailing Address 711 High St			<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : 201409029149-828</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="95.19"/>
Name of Employer	Occupation		
Principal Life Ins Co.	SVP & Chief Risk Officer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1713.42"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Gregory Bernard Elming</b>			Date of Receipt
Mailing Address 711 High St			<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : 201409029149-829</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="95.19"/>
Name of Employer	Occupation		
Principal Life Ins Co.	SVP & Chief Risk Officer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1713.42"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Gregory Bernard Elming</b>			Date of Receipt
Mailing Address 711 High St			<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : 201409029149-830</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="95.19"/>
Name of Employer	Occupation		
Principal Life Ins Co.	SVP & Chief Risk Officer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1713.42"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="285.57"/>
<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 38 OF 151
	<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. 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 ▼ **346.14**

Date of Receipt  
**08 / 01 / 2014**  
Transaction ID : **201409029149-1121**

Amount of Each Receipt this Period  
**19.23**

**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 ▼ **346.14**

Date of Receipt  
**08 / 15 / 2014**  
Transaction ID : **201409029149-1122**

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 ▼ **346.14**

Date of Receipt  
**08 / 29 / 2014**  
Transaction ID : **201409029149-1123**

Amount of Each Receipt this Period  
**19.23**

**SUBTOTAL** of Receipts This Page (optional)..... **57.69**

**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 151
	<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 ▼ **346.14**

Date of Receipt  
**08 / 01 / 2014**  
Transaction ID : **201409029149-2535**

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 ▼ **346.14**

Date of Receipt  
**08 / 15 / 2014**  
Transaction ID : **201409029149-2536**

Amount of Each Receipt this Period  
**19.23**

**C. 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 ▼ **346.14**

Date of Receipt  
**08 / 29 / 2014**  
Transaction ID : **201409029149-2537**

Amount of Each Receipt this Period  
**19.23**

**SUBTOTAL** of Receipts This Page (optional)..... **57.69**

**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 40 OF 151
	<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. Ralph Craig Eucher</b>			Date of Receipt
Mailing Address 711 High St			<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : 201409029149-2046</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="190.00"/>
Name of Employer	Occupation		
Principal Life Ins Co.	Executive Vice President		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3420.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Ralph Craig Eucher</b>			Date of Receipt
Mailing Address 711 High St			<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : 201409029149-2047</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="190.00"/>
Name of Employer	Occupation		
Principal Life Ins Co.	Executive Vice President		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3420.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Ralph Craig Eucher</b>			Date of Receipt
Mailing Address 711 High St			<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : 201409029149-2048</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="190.00"/>
Name of Employer	Occupation		
Principal Life Ins Co.	Executive Vice President		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3420.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="570.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 151  
(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**

**A. James A. Farden**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-885**  
 Amount of Each Receipt this Period  
 20.00

**B. James A. Farden**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-886**  
 Amount of Each Receipt this Period  
 20.00

**C. James A. Farden**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-887**  
 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: PAGE 42 OF 151  
(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. 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 **810.00**

Date of Receipt **08 / 01 / 2014**  
**Transaction ID : 201409029149-1331**  
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 **810.00**

Date of Receipt **08 / 15 / 2014**  
**Transaction ID : 201409029149-1332**  
Amount of Each Receipt this Period **45.00**

**C. 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 **810.00**

Date of Receipt **08 / 29 / 2014**  
**Transaction ID : 201409029149-1333**  
Amount of Each Receipt this Period **45.00**

**SUBTOTAL** of Receipts This Page (optional)..... **135.00**  
**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 43 OF 151
	<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. Douglas Alan Fick**

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 ▼ **990.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

**Transaction ID : 201409029149-684**

Amount of Each Receipt this Period  

55.00
-------

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

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 ▼ **990.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

**Transaction ID : 201409029149-685**

Amount of Each Receipt this Period  

55.00
-------

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

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 ▼ **990.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

**Transaction ID : 201409029149-686**

Amount of Each Receipt this Period  

55.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>165.00</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:	PAGE 44 OF 151
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<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. 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 ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-969**

Amount of Each Receipt this Period  
**20.00**

**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 ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-970**

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 ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-971**

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 45 OF 151
<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. Louis E. Flori</b>		Date of Receipt 08 / 01 / 2014 <b>Transaction ID : 201409029149-1531</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 - Capital Markets		Aggregate Year-to-Date 761.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Louis E. Flori</b>		Date of Receipt 08 / 15 / 2014 <b>Transaction ID : 201409029149-1532</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 - Capital Markets		Aggregate Year-to-Date 761.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Louis E. Flori</b>		Date of Receipt 08 / 29 / 2014 <b>Transaction ID : 201409029149-1533</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 - Capital Markets		Aggregate Year-to-Date 761.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	126.90
<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 46 OF 151
	<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. 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 ▼ **387.00**

Date of Receipt  
**08 / 01 / 2014**

**Transaction ID : 201409029149-1**

Amount of Each Receipt this Period  
**21.50**

Full Name (Last, First, Middle Initial)  
**B. 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 ▼ **387.00**

Date of Receipt  
**08 / 15 / 2014**

**Transaction ID : 201409029149-2**

Amount of Each Receipt this Period  
**21.50**

Full Name (Last, First, Middle Initial)  
**C. 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 ▼ **387.00**

Date of Receipt  
**08 / 29 / 2014**

**Transaction ID : 201409029149-3**

Amount of Each Receipt this Period  
**21.50**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>64.50</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 47 OF 151  
(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. Amy Christine Friedrich**

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-Specialty Benefits Division

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 761.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-38**

Amount of Each Receipt this Period  
 42.30

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

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-Specialty Benefits Division

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 761.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-39**

Amount of Each Receipt this Period  
 42.30

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

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-Specialty Benefits Division

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 761.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-40**

Amount of Each Receipt this Period  
 42.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 126.90

**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: (check only one)	PAGE 48 OF 151
	<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 ▼ 761.40

Date of Receipt 08 / 01 / 2014  
**Transaction ID : 201409029149-1976**  
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 ▼ 761.40

Date of Receipt 08 / 15 / 2014  
**Transaction ID : 201409029149-1977**  
Amount of Each Receipt this Period 42.30

**C. 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 ▼ 761.40

Date of Receipt 08 / 29 / 2014  
**Transaction ID : 201409029149-1978**  
Amount of Each Receipt this Period 42.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 126.90  
**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: (check only one)	PAGE 49 OF 151
<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**

**A. 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 ▼ 396.00

Date of Receipt 08 / 01 / 2014  
**Transaction ID : 201409029149-312**  
Amount of Each Receipt this Period 22.00

**B. 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 ▼ 396.00

Date of Receipt 08 / 15 / 2014  
**Transaction ID : 201409029149-313**  
Amount of Each Receipt this Period 22.00

**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 ▼ 396.00

Date of Receipt 08 / 29 / 2014  
**Transaction ID : 201409029149-314**  
Amount of Each Receipt this Period 22.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 66.00  
**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: PAGE 50 OF 151  
(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**

**A. William Foster Gardner**  
 Full Name (Last, First, Middle Initial)  
 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 Director, Sales & Rel Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt  
 08 / 01 / 2014  
**Transaction ID : 201409029149-2547**  
 Amount of Each Receipt this Period  
 19.23

**B. William Foster Gardner**  
 Full Name (Last, First, Middle Initial)  
 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 Director, Sales & Rel Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt  
 08 / 15 / 2014  
**Transaction ID : 201409029149-2548**  
 Amount of Each Receipt this Period  
 19.23

**C. William Foster Gardner**  
 Full Name (Last, First, Middle Initial)  
 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 Director, Sales & Rel Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt  
 08 / 29 / 2014  
**Transaction ID : 201409029149-2549**  
 Amount of Each Receipt this Period  
 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**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 51 OF 151
	<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. 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 ▼ **276.84**

Date of Receipt  
**08 / 01 / 2014**  
Transaction ID : **201409029149-2180**

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 ▼ **276.84**

Date of Receipt  
**08 / 15 / 2014**  
Transaction ID : **201409029149-2181**

Amount of Each Receipt this Period  
**15.38**

**C. 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 ▼ **276.84**

Date of Receipt  
**08 / 29 / 2014**  
Transaction ID : **201409029149-2182**

Amount of Each Receipt this Period  
**15.38**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>46.14</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 52 OF 151
	<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. Gina Lynnette Graham**

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 ▼ **576.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

**Transaction ID : 201409029149-807**

Amount of Each Receipt this Period  

32.00
-------

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

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 ▼ **576.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

**Transaction ID : 201409029149-808**

Amount of Each Receipt this Period  

32.00
-------

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

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 ▼ **576.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

**Transaction ID : 201409029149-809**

Amount of Each Receipt this Period  

32.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>96.00</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: PAGE 53 OF 151  
(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. Jon M. Graves**

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 ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-1151**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Jon M. Graves**

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 ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-1152**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Jon M. Graves**

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 ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-1153**

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 54 OF 151
	<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. 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 ▼ 1350.00

Date of Receipt  
08 / 01 / 2014  
**Transaction ID : 201409029149-2523**

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 ▼ 1350.00

Date of Receipt  
08 / 15 / 2014  
**Transaction ID : 201409029149-2524**

Amount of Each Receipt this Period  
75.00

**C. 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 ▼ 1350.00

Date of Receipt  
08 / 29 / 2014  
**Transaction ID : 201409029149-2525**

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

**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 55 OF 151
	<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
-----------------------------	-----------------------------	-----------------------------

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 <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>01</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	01	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	01	/	2014								
Mailing Address 3025 Highland Pkwy Ste 425		<b>Transaction ID : 201409029149-687</b>										
City Downers Grove	State IL	Zip Code 60515-5660										
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00										
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 ▼ 900.00											

Full Name (Last, First, Middle Initial) <b>B. Doug E. Grove</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>15</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	15	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	15	/	2014								
Mailing Address 3025 Highland Pkwy Ste 425		<b>Transaction ID : 201409029149-688</b>										
City Downers Grove	State IL	Zip Code 60515-5660										
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00										
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 ▼ 900.00											

Full Name (Last, First, Middle Initial) <b>C. Doug E. Grove</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>29</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	29	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	29	/	2014								
Mailing Address 3025 Highland Pkwy Ste 425		<b>Transaction ID : 201409029149-689</b>										
City Downers Grove	State IL	Zip Code 60515-5660										
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00										
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 ▼ 900.00											

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<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: (check only one)	PAGE 56 OF 151
<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. Patrick Gregory Halter</b>		Date of Receipt MM / DD / YYYY 08 / 01 / 2014 <b>Transaction ID : 201409029149-1952</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 ▼ 761.40	

Full Name (Last, First, Middle Initial) <b>B. Patrick Gregory Halter</b>		Date of Receipt MM / DD / YYYY 08 / 15 / 2014 <b>Transaction ID : 201409029149-1953</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 ▼ 761.40	

Full Name (Last, First, Middle Initial) <b>C. Patrick Gregory Halter</b>		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 <b>Transaction ID : 201409029149-1954</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 ▼ 761.40	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	126.90
<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 57 OF 151  
(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**

**A. Mark A. Hanrahan**  
 Full Name (Last, First, Middle Initial)  
 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 Dir-CRE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-1594**  
 Amount of Each Receipt this Period  
 100.00

**B. Mark A. Hanrahan**  
 Full Name (Last, First, Middle Initial)  
 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 Dir-CRE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-1595**  
 Amount of Each Receipt this Period  
 100.00

**C. Mark A. Hanrahan**  
 Full Name (Last, First, Middle Initial)  
 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 Dir-CRE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-1596**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**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: PAGE 58 OF 151  
(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 ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-1733**  
 Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. 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 ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-1734**  
 Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. 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 ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-1735**  
 Amount of Each Receipt this Period  
 25.00

**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: PAGE 59 OF 151  
(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. 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 ▼  
 571.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-738**  
 Amount of Each Receipt this Period  
 31.76

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 ▼  
 571.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-739**  
 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 ▼  
 571.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-740**  
 Amount of Each Receipt this Period  
 31.76

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.28  
**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 60 OF 151
	<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. Jay Thomas Harbison**  
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 Hybrid Investment Specialist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

**Transaction ID : 201409029149-948**

Amount of Each Receipt this Period  

10.00
-------

**B. Jay Thomas Harbison**  
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 Hybrid Investment Specialist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

**Transaction ID : 201409029149-949**

Amount of Each Receipt this Period  

10.00
-------

**C. Jay Thomas Harbison**  
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 Hybrid Investment Specialist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

**Transaction ID : 201409029149-950**

Amount of Each Receipt this Period  

10.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>30.00</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: PAGE 61 OF 151  
(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. Philip G. Hayne**

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. Advanced Solutions Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 214.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-2018**

Amount of Each Receipt this Period  
 11.92

Full Name (Last, First, Middle Initial)  
**B. Philip G. Hayne**

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. Advanced Solutions Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 214.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-2019**

Amount of Each Receipt this Period  
 11.92

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

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 ▼  
 761.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-375**

Amount of Each Receipt this Period  
 42.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 66.14

**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 151
	<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. Christopher J. Henderson</b>			Date of Receipt MM / DD / YYYY 08 / 15 / 2014 <b>Transaction ID : 201409029149-376</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			Amount of Each Receipt this Period 761.40
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 ▼		

Full Name (Last, First, Middle Initial) <b>B. Christopher J. Henderson</b>			Date of Receipt MM / DD / YYYY 08 / 29 / 2014 <b>Transaction ID : 201409029149-377</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			Amount of Each Receipt this Period 761.40
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 ▼		

Full Name (Last, First, Middle Initial) <b>C. Bruce Russell Hentschel</b>			Date of Receipt MM / DD / YYYY 08 / 01 / 2014 <b>Transaction ID : 201409029149-261</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			Amount of Each Receipt this Period 276.84
Name of Employer Principal Life Ins Co.	Occupation AVP-Dental/Vision Operations		
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).....▶	99.98
<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 63 OF 151
	<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. Bruce Russell Hentschel</b>			Date of Receipt MM / DD / YYYY 08 / 15 / 2014 <b>Transaction ID : 201409029149-262</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			Amount of Each Receipt this Period 276.84
Name of Employer Principal Life Ins Co.	Occupation AVP-Dental/Vision Operations		
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. Bruce Russell Hentschel</b>			Date of Receipt MM / DD / YYYY 08 / 29 / 2014 <b>Transaction ID : 201409029149-263</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			Amount of Each Receipt this Period 276.84
Name of Employer Principal Life Ins Co.	Occupation AVP-Dental/Vision Operations		
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 Allen Hill</b>			Date of Receipt MM / DD / YYYY 08 / 01 / 2014 <b>Transaction ID : 201409029149-2472</b>
Mailing Address 3727 S Hills Way			Amount of Each Receipt this Period 42.30
City Eagan	State MN	Zip Code 55123-1215	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 761.40
Name of Employer Principal Life Ins Co.	Occupation VP-Nat'l Sales Dir, Prin Funds		
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).....▶	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: (check only one)	PAGE 64 OF 151
<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. Timothy Allen Hill</b>		Date of Receipt MM / DD / YYYY 08 / 15 / 2014 <b>Transaction ID : 201409029149-2473</b>
Mailing Address 3727 S Hills Way		Amount of Each Receipt this Period 42.30
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 761.40

Full Name (Last, First, Middle Initial) <b>B. Timothy Allen Hill</b>		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 <b>Transaction ID : 201409029149-2474</b>
Mailing Address 3727 S Hills Way		Amount of Each Receipt this Period 42.30
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 761.40

Full Name (Last, First, Middle Initial) <b>C. Jeffrey Hiller</b>		Date of Receipt MM / DD / YYYY 08 / 01 / 2014 <b>Transaction ID : 201409029149-987</b>
Mailing Address 180 S Main St		Amount of Each Receipt this Period 32.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	116.60
<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 151
	<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. 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 ▼ **576.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-988**

Amount of Each Receipt this Period  
**32.00**

**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 ▼ **576.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-989**

Amount of Each Receipt this Period  
**32.00**

**C. Jill Marie Hittner**  
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-PGI

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **571.32**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-1070**

Amount of Each Receipt this Period  
**31.74**

**SUBTOTAL** of Receipts This Page (optional)..... **95.74**

**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 66 OF 151
	<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 Marie Hittner**  
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-PGI

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **571.32**

Date of Receipt **08 / 15 / 2014**  
**Transaction ID : 201409029149-1071**

Amount of Each Receipt this Period **31.74**

**B. Jill Marie Hittner**  
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-PGI

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **571.32**

Date of Receipt **08 / 29 / 2014**  
**Transaction ID : 201409029149-1072**

Amount of Each Receipt this Period **31.74**

**C. 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 ▼ **258.91**

Date of Receipt **08 / 01 / 2014**  
**Transaction ID : 201409029149-2171**

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 67 OF 151
	<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. Roger D. Holton</b>		Date of Receipt 08 / 15 / 2014 <b>Transaction ID : 201409029149-2172</b>
Mailing Address 7077 Bonneval Rd Ste 380		Amount of Each Receipt this Period 15.23
City Jacksonville	State FL Zip Code 32216-6055	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 258.91
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. Roger D. Holton</b>		Date of Receipt 08 / 29 / 2014 <b>Transaction ID : 201409029149-2173</b>
Mailing Address 7077 Bonneval Rd Ste 380		Amount of Each Receipt this Period 15.23
City Jacksonville	State FL Zip Code 32216-6055	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 258.91
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. Daniel Joseph Houston</b>		Date of Receipt 08 / 01 / 2014 <b>Transaction ID : 201409029149-483</b>
Mailing Address 711 High St		Amount of Each Receipt this Period 192.30
City Des Moines	State IA Zip Code 50392-0001	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 3461.40
Name of Employer Principal Life Ins Co.	Occupation President - Ret, Ins & Fin Svc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	222.76
<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 68 OF 151
	<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. Daniel Joseph Houston</b>			Date of Receipt MM / DD / YYYY 08 / 15 / 2014 <b>Transaction ID : 201409029149-484</b>
Mailing Address 711 High St			Amount of Each Receipt this Period 192.30
City Des Moines	State IA	Zip Code 50392-0001	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 3461.40
Name of Employer Principal Life Ins Co.		Occupation President - Ret, Ins & Fin Svc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Daniel Joseph Houston</b>			Date of Receipt MM / DD / YYYY 08 / 29 / 2014 <b>Transaction ID : 201409029149-485</b>
Mailing Address 711 High St			Amount of Each Receipt this Period 192.30
City Des Moines	State IA	Zip Code 50392-0001	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 3461.40
Name of Employer Principal Life Ins Co.		Occupation President - Ret, Ins & Fin Svc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Charles Anthony Hurst</b>			Date of Receipt MM / DD / YYYY 08 / 01 / 2014 <b>Transaction ID : 201409029149-330</b>
Mailing Address 2851 Charlevoix Dr SE Pfg - Suite 103			Amount of Each Receipt this Period 15.00
City Grand Rapids	State MI	Zip Code 49546-7048	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 270.00
Name of Employer Principal Life Ins Co.		Occupation Sr Ben & Planning Counselor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	399.60
<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 69 OF 151
	<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. 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 ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-331**  
 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 ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-332**  
 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 ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-89**  
 Amount of Each Receipt this Period  
 15.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<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 70 OF 151  
(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**

**A. Angela M Johnson**  
 Full Name (Last, First, Middle Initial)  
 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-Group Operations  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-90**  
 Amount of Each Receipt this Period  
 15.00

**B. Angela M Johnson**  
 Full Name (Last, First, Middle Initial)  
 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-Group Operations  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-91**  
 Amount of Each Receipt this Period  
 15.00

**C. Susan A. Jordan**  
 Full Name (Last, First, Middle Initial)  
 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. Project Manager IV  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-2391**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00  
**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 71 OF 151
	<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. Susan A. Jordan</b>			Date of Receipt 08 / 15 / 2014 <b>Transaction ID : 201409029149-2392</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			Amount of Each Receipt this Period 360.00
Name of Employer Principal Life Ins Co.		Occupation Project Manager IV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		360.00	

Full Name (Last, First, Middle Initial) <b>B. Susan A. Jordan</b>			Date of Receipt 08 / 29 / 2014 <b>Transaction ID : 201409029149-2393</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			Amount of Each Receipt this Period 360.00
Name of Employer Principal Life Ins Co.		Occupation Project Manager IV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		360.00	

Full Name (Last, First, Middle Initial) <b>C. Lisa M. Karabinus</b>			Date of Receipt 08 / 01 / 2014 <b>Transaction ID : 201409029149-1492</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			Amount of Each Receipt this Period 270.00
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 ▼	
		270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55.00
<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: (check only one)	PAGE 72 OF 151
	<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. Lisa M. Karabinus**

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 Dir-Exec/Global Comp & HR Ops
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

**Transaction ID : 201409029149-1493**

Amount of Each Receipt this Period  

15.00
-------

Full Name (Last, First, Middle Initial)  
**B. Lisa M. Karabinus**

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 Dir-Exec/Global Comp & HR Ops
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

**Transaction ID : 201409029149-1494**

Amount of Each Receipt this Period  

15.00
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Full Name (Last, First, Middle Initial)  
**C. 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 ▼ **276.84**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

**Transaction ID : 201409029149-1601**

Amount of Each Receipt this Period  

15.38
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<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>45.38</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 73 OF 151
	<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. Kinback</b>		Date of Receipt MM / DD / YYYY 08 / 15 / 2014 <b>Transaction ID : 201409029149-1602</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. <b>C</b>		
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 ▼ 276.84	

Full Name (Last, First, Middle Initial) <b>B. Mark A. Kinback</b>		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 <b>Transaction ID : 201409029149-1603</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. <b>C</b>		
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 ▼ 276.84	

Full Name (Last, First, Middle Initial) <b>C. Monica Jean Kirgan</b>		Date of Receipt MM / DD / YYYY 08 / 01 / 2014 <b>Transaction ID : 201409029149-1856</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. <b>C</b>		
Name of Employer Principal Life Ins Co.	Occupation Regional VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 761.40	

<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 74 OF 151  
(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**

**A. Monica Jean Kirgan**  
 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 Regional VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 761.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-1857**  
 Amount of Each Receipt this Period  
 42.30

**B. Monica Jean Kirgan**  
 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 Regional VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 761.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-1858**  
 Amount of Each Receipt this Period  
 42.30

**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 ▼ 346.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-924**  
 Amount of Each Receipt this Period  
 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 103.83  
**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 75 OF 151
	<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 MM / DD / YYYY 08 / 15 / 2014 <b>Transaction ID : 201409029149-925</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 346.14
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 ▼		

Full Name (Last, First, Middle Initial) <b>B. Janet Diane Kubik</b>			Date of Receipt MM / DD / YYYY 08 / 29 / 2014 <b>Transaction ID : 201409029149-926</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 346.14
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 ▼		

Full Name (Last, First, Middle Initial) <b>C. Mark Seth Lagomarcino</b>			Date of Receipt MM / DD / YYYY 08 / 01 / 2014 <b>Transaction ID : 201409029149-1604</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			Amount of Each Receipt this Period 571.68
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 ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.22
<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 76 OF 151
	<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 Seth Lagomarcino</b>			Date of Receipt 08 / 15 / 2014 <b>Transaction ID : 201409029149-1605</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			Amount of Each Receipt this Period 571.68
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 ▼	
		571.68	

Full Name (Last, First, Middle Initial) <b>B. Mark Seth Lagomarcino</b>			Date of Receipt 08 / 29 / 2014 <b>Transaction ID : 201409029149-1606</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			Amount of Each Receipt this Period 571.68
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 ▼	
		571.68	

Full Name (Last, First, Middle Initial) <b>C. Blaine William Laverick</b>			Date of Receipt 08 / 01 / 2014 <b>Transaction ID : 201409029149-192</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			Amount of Each Receipt this Period 276.84
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 ▼	
		276.84	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	78.90
<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 77 OF 151
	<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. Blaine William Laverick</b>		Date of Receipt
Mailing Address 4141 Parklake Ave Ste 400		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Raleigh	State NC	Zip Code 27612-2333
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 201409029149-193</b>
Name of Employer: Principal Life Ins Co.		Amount of Each Receipt this Period
Occupation: VP-Executive Benefit Services		<input type="text" value="15.38"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="276.84"/>	

Full Name (Last, First, Middle Initial) <b>B. Blaine William Laverick</b>		Date of Receipt
Mailing Address 4141 Parklake Ave Ste 400		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City Raleigh	State NC	Zip Code 27612-2333
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 201409029149-194</b>
Name of Employer: Principal Life Ins Co.		Amount of Each Receipt this Period
Occupation: VP-Executive Benefit Services		<input type="text" value="15.38"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="276.84"/>	

Full Name (Last, First, Middle Initial) <b>C. Julia M. Lawler-Johnson</b>		Date of Receipt
Mailing Address 711 High St		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City Des Moines	State IA	Zip Code 50392-0001
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 201409029149-1202</b>
Name of Employer: Principal Life Ins Co.		Amount of Each Receipt this Period
Occupation: SVP & Chief Invest Officer RIS		<input type="text" value="95.19"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1713.42"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="125.95"/>
<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 78 OF 151
	<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) <b>A. Julia M. Lawler-Johnson</b>		Date of Receipt MM / DD / YYYY 08 / 15 / 2014 <b>Transaction ID : 201409029149-1203</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 ▼ 1713.42	

Full Name (Last, First, Middle Initial) <b>B. Julia M. Lawler-Johnson</b>		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 <b>Transaction ID : 201409029149-1204</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 ▼ 1713.42	

Full Name (Last, First, Middle Initial) <b>C. Rick C. Lawson</b>		Date of Receipt MM / DD / YYYY 08 / 01 / 2014 <b>Transaction ID : 201409029149-2118</b>
Mailing Address 1350 I St NW Ste 880		Amount of Each Receipt this Period 42.30
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 761.40	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	232.68
<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 79 OF 151
<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. Rick C. Lawson**  
Full Name (Last, First, Middle Initial)

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 ▼ **761.40**

Date of Receipt  
**08 / 15 / 2014**  
Transaction ID : **201409029149-2119**

Amount of Each Receipt this Period  
**42.30**

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

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 ▼ **761.40**

Date of Receipt  
**08 / 29 / 2014**  
Transaction ID : **201409029149-2120**

Amount of Each Receipt this Period  
**42.30**

**C. Scott Patrick Leiberton**  
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 Director, Portfolio Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
**08 / 01 / 2014**  
Transaction ID : **201409029149-2249**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **104.60**

**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 80 OF 151
	<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. Scott Patrick Leiberton</b>		Date of Receipt 08 / 15 / 2014 <b>Transaction ID : 201409029149-2250</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 Mng Director, Portfolio Mgr
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B. Scott Patrick Leiberton</b>		Date of Receipt 08 / 29 / 2014 <b>Transaction ID : 201409029149-2251</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 Mng Director, Portfolio Mgr
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. Terrance Joseph Lillis</b>		Date of Receipt 08 / 01 / 2014 <b>Transaction ID : 201409029149-2433</b>
Mailing Address 711 High St		Amount of Each Receipt this Period 192.30
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 EVP & Chief Financial Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3461.40	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	232.30
<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 81 OF 151
<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. Terrance Joseph Lillis</b>		Date of Receipt MM / DD / YYYY 08 / 15 / 2014 <b>Transaction ID : 201409029149-2434</b>
Mailing Address 711 High St		Amount of Each Receipt this Period 192.30
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 EVP & Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3461.40	

Full Name (Last, First, Middle Initial) <b>B. Terrance Joseph Lillis</b>		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 <b>Transaction ID : 201409029149-2435</b>
Mailing Address 711 High St		Amount of Each Receipt this Period 192.30
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 EVP & Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3461.40	

Full Name (Last, First, Middle Initial) <b>C. Gregory Allen Linde</b>		Date of Receipt MM / DD / YYYY 08 / 01 / 2014 <b>Transaction ID : 201409029149-834</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 - Individual Life	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 761.40	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	426.90
<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 151
	<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. Gregory Allen Linde**

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 - Individual Life

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **761.40**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 15 / 2014**

**Transaction ID : 201409029149-835**

Amount of Each Receipt this Period  
**42.30**

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

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 - Individual Life

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **761.40**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 29 / 2014**

**Transaction ID : 201409029149-836**

Amount of Each Receipt this Period  
**42.30**

Full Name (Last, First, Middle Initial)  
**C. 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 ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 01 / 2014**

**Transaction ID : 201409029149-612**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **104.60**

**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 83 OF 151
	<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. Denise A. Loomis</b>		Date of Receipt MM / DD / YYYY 08 / 15 / 2014 <b>Transaction ID : 201409029149-613</b>
Mailing Address 2000 Powell St Ste 520		Amount of Each Receipt this Period 20.00
City Emeryville	State Zip Code CA 94608-1886	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 360.00
Name of Employer Principal Life Ins Co.	Occupation Regional VP-Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Denise A. Loomis</b>		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 <b>Transaction ID : 201409029149-614</b>
Mailing Address 2000 Powell St Ste 520		Amount of Each Receipt this Period 20.00
City Emeryville	State Zip Code CA 94608-1886	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 360.00
Name of Employer Principal Life Ins Co.	Occupation Regional VP-Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Kathy Lynn Lucas</b>		Date of Receipt MM / DD / YYYY 08 / 01 / 2014 <b>Transaction ID : 201409029149-1298</b>
Mailing Address 711 High St		Amount of Each Receipt this Period 20.00
City Des Moines	State Zip Code IA 50392-0001	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 360.00
Name of Employer Principal Life Ins Co.	Occupation Asst Dir-Product Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<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: (check only one)	PAGE 84 OF 151
<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. Kathy Lynn Lucas**  
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 Dir-Product Marketing
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

**Transaction ID : 201409029149-1299**

Amount of Each Receipt this Period  

20.00
-------

**B. Kathy Lynn Lucas**  
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 Dir-Product Marketing
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

**Transaction ID : 201409029149-1300**

Amount of Each Receipt this Period  

20.00
-------

**C. Mark C. Marwede**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 Oak Ter

City Lake Bluff	State IL	Zip Code 60044-2717
--------------------	-------------	------------------------

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

Name of Employer Principal Life Ins Co.	Occupation Mging Dir - AMG - Invstmt Solu
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

**Transaction ID : 201409029149-1607**

Amount of Each Receipt this Period  

19.23
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>59.23</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 85 OF 151
	<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. Mark C. Marwede</b>		Date of Receipt 08 / 15 / 2014 <b>Transaction ID : 201409029149-1608</b>
Mailing Address 101 Oak Ter		Amount of Each Receipt this Period 19.23
City Lake Bluff	State IL	Zip Code 60044-2717
FEC ID number of contributing federal political committee. C	Name of Employer Principal Life Ins Co.	Occupation Mging Dir - AMG - Invstmt Solu
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) <b>B. Mark C. Marwede</b>		Date of Receipt 08 / 29 / 2014 <b>Transaction ID : 201409029149-1609</b>
Mailing Address 101 Oak Ter		Amount of Each Receipt this Period 19.23
City Lake Bluff	State IL	Zip Code 60044-2717
FEC ID number of contributing federal political committee. C	Name of Employer Principal Life Ins Co.	Occupation Mging Dir - AMG - Invstmt Solu
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) <b>C. Joseph E. Marx</b>		Date of Receipt 08 / 01 / 2014 <b>Transaction ID : 201409029149-1181</b>
Mailing Address 100 Corporate Pkwy Ste 116		Amount of Each Receipt this Period 20.00
City Amherst	State NY	Zip Code 14226-1271
FEC ID number of contributing federal political committee. C	Name of Employer Principal Life Ins Co.	Occupation VP Consulting
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	58.46
<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 86 OF 151
	<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. Joseph E. Marx**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Corporate Pkwy  
 Ste 116  
 City Amherst State NY Zip Code 14226-1271  
 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 ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-1182**  
 Amount of Each Receipt this Period  
 20.00

**B. Joseph E. Marx**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Corporate Pkwy  
 Ste 116  
 City Amherst State NY Zip Code 14226-1271  
 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 ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-1183**  
 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 ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-294**  
 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 87 OF 151
	<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. 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 ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 15 / 2014**

**Transaction ID : 201409029149-295**

Amount of Each Receipt this Period  
**20.00**

**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 ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 29 / 2014**

**Transaction ID : 201409029149-296**

Amount of Each Receipt this Period  
**20.00**

**C. 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 ▼ **346.14**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 01 / 2014**

**Transaction ID : 201409029149-342**

Amount of Each Receipt this Period  
**19.23**

**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 89 OF 151
	<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 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-838**  
 Amount of Each Receipt this Period  
 50.00

**B. 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-839**  
 Amount of Each Receipt this Period  
 50.00

**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 ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-1184**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00  
**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 90 OF 151
	<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. 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 ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-1185**

Amount of Each Receipt this Period  
**20.00**

**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 ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-1186**

Amount of Each Receipt this Period  
**20.00**

**C. James P. McCaughan**  
Full Name (Last, First, Middle Initial)

Mailing Address 888 7th Ave  
FI 25

City New York State NY Zip Code 10106-2599

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

Name of Employer Principal Life Ins Co. Occupation President Global Asset Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3461.40**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-897**

Amount of Each Receipt this Period  
**192.30**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>232.30</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 91 OF 151
	<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 08 / 15 / 2014 <b>Transaction ID : 201409029149-898</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 ▼ 3461.40
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 08 / 29 / 2014 <b>Transaction ID : 201409029149-899</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 ▼ 3461.40
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 08 / 01 / 2014 <b>Transaction ID : 201409029149-723</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 ▼ 450.00
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 92 OF 151
	<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. 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 ▼ 450.00

Date of Receipt  
08 / 15 / 2014  
**Transaction ID : 201409029149-724**

Amount of Each Receipt this Period  
25.00

**B. 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 ▼ 450.00

Date of Receipt  
08 / 29 / 2014  
**Transaction ID : 201409029149-725**

Amount of Each Receipt this Period  
25.00

**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 ▼ 1713.42

Date of Receipt  
08 / 01 / 2014  
**Transaction ID : 201409029149-155**

Amount of Each Receipt this Period  
95.19

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 145.19

**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 93 OF 151  
(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**

**A. Barbara Ann McKenzie**  
 Full Name (Last, First, Middle Initial)  
 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 & COO-Boutique Ops  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1713.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-156**  
 Amount of Each Receipt this Period  
 95.19

**B. Barbara Ann McKenzie**  
 Full Name (Last, First, Middle Initial)  
 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 & COO-Boutique Ops  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1713.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-157**  
 Amount of Each Receipt this Period  
 95.19

**C. Shelly Marie Meighan**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 576.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-2309**  
 Amount of Each Receipt this Period  
 32.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 222.38  
**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: (check only one)	PAGE 94 OF 151
	<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) <b>A. Shelly Marie Meighan</b>		Date of Receipt MM / DD / YYYY 08 / 15 / 2014 <b>Transaction ID : 201409029149-2310</b>
Mailing Address 711 High St		Amount of Each Receipt this Period 32.00
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-Business Development
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.00	

Full Name (Last, First, Middle Initial) <b>B. Shelly Marie Meighan</b>		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 <b>Transaction ID : 201409029149-2311</b>
Mailing Address 711 High St		Amount of Each Receipt this Period 32.00
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-Business Development
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.00	

Full Name (Last, First, Middle Initial) <b>C. Amy Joan Mills</b>		Date of Receipt MM / DD / YYYY 08 / 01 / 2014 <b>Transaction ID : 201409029149-47</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 & Associate General Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 761.40	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	106.30
<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 95 OF 151
	<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. 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 ▼ **761.40**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

**Transaction ID : 201409029149-48**

Amount of Each Receipt this Period  

42.30
-------

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

Mailing Address 711 High St

City Des Moines	State IA	Zip Code 50392-0001
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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 ▼ **761.40**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

**Transaction ID : 201409029149-48**

Amount of Each Receipt this Period  

42.30
-------

Full Name (Last, First, Middle Initial)  
**C. Timothy Jon Minard**

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 ▼ **1800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

**Transaction ID : 201409029149-2475**

Amount of Each Receipt this Period  

100.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>184.60</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 96 OF 151
	<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. Timothy Jon Minard</b>		Date of Receipt 08 / 15 / 2014 <b>Transaction ID : 201409029149-2476</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		
Name of Employer Principal Life Ins Co.	Occupation SVP - Distribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name (Last, First, Middle Initial) <b>B. Timothy Jon Minard</b>		Date of Receipt 08 / 29 / 2014 <b>Transaction ID : 201409029149-2477</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		
Name of Employer Principal Life Ins Co.	Occupation SVP - Distribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name (Last, First, Middle Initial) <b>C. Dan Harris Mohr</b>		Date of Receipt 08 / 01 / 2014 <b>Transaction ID : 201409029149-450</b>
Mailing Address 500 N Brand Blvd Principal Financial Group		Amount of Each Receipt this Period 20.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<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: (check only one)	PAGE 97 OF 151
	<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. 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 **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-451**  
 Amount of Each Receipt this Period  
 20.00

**B. 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 **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-452**  
 Amount of Each Receipt this Period  
 20.00

**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 **276.84**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-2532**  
 Amount of Each Receipt this Period  
 15.38

**SUBTOTAL** of Receipts This Page (optional)..... **55.38**  
**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: (check only one)	PAGE 98 OF 151
	<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. 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 ▼  
276.84

Date of Receipt  
08 / 15 / 2014  
**Transaction ID : 201409029149-2533**

Amount of Each Receipt this Period  
15.38

**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 ▼  
276.84

Date of Receipt  
08 / 29 / 2014  
**Transaction ID : 201409029149-2534**

Amount of Each Receipt this Period  
15.38

**C. Jacque 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 ▼  
761.40

Date of Receipt  
08 / 01 / 2014  
**Transaction ID : 201409029149-867**

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 99 OF 151  
(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. Jacquie Sue Mohs**

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 Full Service Accumulation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 761.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : 201409029149-868**

Amount of Each Receipt this Period  
 42.30

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

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 Full Service Accumulation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 761.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014

**Transaction ID : 201409029149-869**

Amount of Each Receipt this Period  
 42.30

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

Mailing Address 1100 Investment Blvd

City State Zip Code  
 El Dorado Hills CA 95762-5710

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 276.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014

**Transaction ID : 201409029149-1340**

Amount of Each Receipt this Period  
 15.38

**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 100 OF 151
	<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. 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 **276.84**

Date of Receipt **08 / 15 / 2014**  
**Transaction ID : 201409029149-1341**  
 Amount of Each Receipt this Period **15.38**

**B. 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 **276.84**

Date of Receipt **08 / 29 / 2014**  
**Transaction ID : 201409029149-1342**  
 Amount of Each Receipt this Period **15.38**

**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 **274.23**

Date of Receipt **08 / 01 / 2014**  
**Transaction ID : 201409029149-1844**  
 Amount of Each Receipt this Period **15.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>45.76</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 101 OF 151
	<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. Mindy Lea Moss</b>			Date of Receipt
Mailing Address 711 High St			<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : 201409029149-1845</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="15.00"/>
Name of Employer	Occupation		
Principal Life Ins Co.	AVP-Human Resources		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="274.23"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mindy Lea Moss</b>			Date of Receipt
Mailing Address 711 High St			<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : 201409029149-1846</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="19.23"/>
Name of Employer	Occupation		
Principal Life Ins Co.	AVP-Human Resources		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="274.23"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Joseph A. Nagy</b>			Date of Receipt
Mailing Address 4010 W Boy Scout Blvd Ste 700			<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : 201409029149-1187</b>
Tampa	FL	33607-5735	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="13.85"/>
Name of Employer	Occupation		
Principal Life Ins Co.	Managing Director-Unit		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="235.45"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="48.08"/>
<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 102 OF 151
	<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. Joseph A. Nagy**  
Full Name (Last, First, Middle Initial)

Mailing Address 4010 W Boy Scout Blvd  
Ste 700

City Tampa State FL Zip Code 33607-5735

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 ▼ 235.45

Date of Receipt  
08 / 15 / 2014  
**Transaction ID : 201409029149-1188**

Amount of Each Receipt this Period  
13.85

**B. Joseph A. Nagy**  
Full Name (Last, First, Middle Initial)

Mailing Address 4010 W Boy Scout Blvd  
Ste 700

City Tampa State FL Zip Code 33607-5735

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 ▼ 235.45

Date of Receipt  
08 / 29 / 2014  
**Transaction ID : 201409029149-1189**

Amount of Each Receipt this Period  
13.85

**c. 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 ▼ 360.00

Date of Receipt  
08 / 01 / 2014  
**Transaction ID : 201409029149-543**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 47.70

**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 103 OF 151
	<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. 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 ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

**Transaction ID : 201409029149-544**

Amount of Each Receipt this Period  

20.00
-------

**B. 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 ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

**Transaction ID : 201409029149-545**

Amount of Each Receipt this Period  

20.00
-------

**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 ▼ **276.84**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

**Transaction ID : 201409029149-1088**

Amount of Each Receipt this Period  

15.38
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>55.38</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 104 OF 151
<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. 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 ▼ 276.84

Date of Receipt 08 / 15 / 2014  
**Transaction ID : 201409029149-1089**  
Amount of Each Receipt this Period 15.38

**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 ▼ 276.84

Date of Receipt 08 / 29 / 2014  
**Transaction ID : 201409029149-1090**  
Amount of Each Receipt this Period 15.38

**C. Randall B. Odzer**  
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 - USIS  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 761.40

Date of Receipt 08 / 01 / 2014  
**Transaction ID : 201409029149-2055**  
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 105 OF 151
	<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. Randall B. Odzer</b>			Date of Receipt MM / DD / YYYY 08 / 15 / 2014 <b>Transaction ID : 201409029149-2056</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			Amount of Each Receipt this Period 761.40
Name of Employer Principal Life Ins Co.	Occupation Chief Financial Officer - USIS		
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. Randall B. Odzer</b>			Date of Receipt MM / DD / YYYY 08 / 29 / 2014 <b>Transaction ID : 201409029149-2057</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			Amount of Each Receipt this Period 761.40
Name of Employer Principal Life Ins Co.	Occupation Chief Financial Officer - USIS		
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. Mary Susan Ondack</b>			Date of Receipt MM / DD / YYYY 08 / 01 / 2014 <b>Transaction ID : 201409029149-1694</b>
Mailing Address 2837 S Clarkson St			Amount of Each Receipt this Period 15.00
City Englewood	State CO	Zip Code 80113-1703	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 270.00
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) ▼	Aggregate Year-to-Date ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	99.60
<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: PAGE 106 OF 151  
(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) <b>A. Mary Susan Ondack</b>			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td> <td>1</td><td>5</td><td></td> <td>2</td><td>0</td><td>1</td><td>4</td> </tr> </table> <b>Transaction ID : 201409029149-1695</b>			M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	1	4
M	M	/	D	D	/	Y	Y	Y	Y																
0	8		1	5		2	0	1	4																
Mailing Address 2837 S Clarkson St			Amount of Each Receipt this Period <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>15.00</td> </tr> </table>																						15.00
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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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>270.00</td> </tr> </table>																				270.00			
									270.00																

Full Name (Last, First, Middle Initial) <b>B. Mary Susan Ondack</b>			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td> <td>2</td><td>9</td><td></td> <td>2</td><td>0</td><td>1</td><td>4</td> </tr> </table> <b>Transaction ID : 201409029149-1696</b>			M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	9		2	0	1	4
M	M	/	D	D	/	Y	Y	Y	Y																
0	8		2	9		2	0	1	4																
Mailing Address 2837 S Clarkson St			Amount of Each Receipt this Period <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>15.00</td> </tr> </table>																						15.00
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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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>270.00</td> </tr> </table>																				270.00			
									270.00																

Full Name (Last, First, Middle Initial) <b>C. Gerald W. Patterson</b>			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td> <td>0</td><td>1</td><td></td> <td>2</td><td>0</td><td>1</td><td>4</td> </tr> </table> <b>Transaction ID : 201409029149-798</b>			M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	1	4
M	M	/	D	D	/	Y	Y	Y	Y																
0	8		0	1		2	0	1	4																
Mailing Address 711 High St			Amount of Each Receipt this Period <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>31.76</td> </tr> </table>																						31.76
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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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>571.68</td> </tr> </table>																				571.68			
									571.68																

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>61.76</td> </tr> </table>																				61.76
									61.76												
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																				

**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 107 OF 151
<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. Gerald W. Patterson</b>		Date of Receipt 08 / 15 / 2014 <b>Transaction ID : 201409029149-799</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 Retirement & Investor Svcs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 571.68	

Full Name (Last, First, Middle Initial) <b>B. Gerald W. Patterson</b>		Date of Receipt 08 / 29 / 2014 <b>Transaction ID : 201409029149-800</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 Retirement & Investor Svcs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 571.68	

Full Name (Last, First, Middle Initial) <b>c. Christopher David Payne</b>		Date of Receipt 08 / 01 / 2014 <b>Transaction ID : 201409029149-381</b>
Mailing Address 1350 I St NW Ste 880		Amount of Each Receipt this Period 42.30
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 761.40	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.82
<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 108 OF 151
	<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. Christopher David Payne</b>		Date of Receipt
Mailing Address 1350 I St NW Ste 880		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20005-7207
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 201409029149-382</b>
Name of Employer Principal Life Ins Co.	Occupation VP - Federal Govt Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="42.30"/>
	<input type="text" value="761.40"/>	

Full Name (Last, First, Middle Initial) <b>B. Christopher David Payne</b>		Date of Receipt
Mailing Address 1350 I St NW Ste 880		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20005-7207
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 201409029149-383</b>
Name of Employer Principal Life Ins Co.	Occupation VP - Federal Govt Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="42.30"/>
	<input type="text" value="761.40"/>	

Full Name (Last, First, Middle Initial) <b>C. Karen Arlene Pearston</b>		Date of Receipt
Mailing Address 711 High St		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City Des Moines	State IA	Zip Code 50392-0001
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 201409029149-1268</b>
Name of Employer Principal Life Ins Co.	Occupation VP & Associate General Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="25.00"/>
	<input type="text" value="450.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="109.60"/>
<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 109 OF 151
	<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. Karen Arlene Pearston**  
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 ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

**Transaction ID : 201409029149-1269**

Amount of Each Receipt this Period  

92.30
-------

**25.00**

**B. Karen Arlene Pearston**  
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 ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

**Transaction ID : 201409029149-1270**

Amount of Each Receipt this Period  

92.30
-------

**25.00**

**C. 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
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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
08	/	01	/	2014

**Transaction ID : 201409029149-1751**

Amount of Each Receipt this Period  

92.30
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**42.30**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>92.30</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 110 OF 151
	<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. Merle T. Pederson</b>			Date of Receipt 08 / 15 / 2014 <b>Transaction ID : 201409029149-1752</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			Amount of Each Receipt this Period 719.10
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 ▼		

Full Name (Last, First, Middle Initial) <b>B. Merle T. Pederson</b>			Date of Receipt 08 / 29 / 2014 <b>Transaction ID : 201409029149-1753</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			Amount of Each Receipt this Period 719.10
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 ▼		

Full Name (Last, First, Middle Initial) <b>C. Carl Christopher Powers</b>			Date of Receipt 08 / 01 / 2014 <b>Transaction ID : 201409029149-279</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			Amount of Each Receipt this Period 360.00
Name of Employer Principal Life Ins Co.	Occupation Benefits Director		
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).....▶	104.60
<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: PAGE 111 OF 151  
(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. Carl Christopher Powers**

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. Benefits Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 08 / 15 / 2014  
**Transaction ID : 201409029149-280**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Carl Christopher Powers**

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. Benefits Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 08 / 29 / 2014  
**Transaction ID : 201409029149-281**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Richard Kelly Prey**

Mailing Address 6701 Westown Pkwy  
 Ste 160

City State Zip Code  
 West Des Moines IA 50266-7706

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 08 / 01 / 2014  
**Transaction ID : 201409029149-2039**

Amount of Each Receipt this Period  
 15.00

**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 112 OF 151
	<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. Richard Kelly Prey</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 15 / 2014 <b>Transaction ID : 201409029149-2040</b>
Mailing Address 6701 Westown Pkwy Ste 160		Amount of Each Receipt this Period 15.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B. Richard Kelly Prey</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 29 / 2014 <b>Transaction ID : 201409029149-2041</b>
Mailing Address 6701 Westown Pkwy Ste 160		Amount of Each Receipt this Period 15.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>C. Peter John Prodoehl</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 01 / 2014 <b>Transaction ID : 201409029149-2006</b>
Mailing Address 11821 Palm Beach Blvd Unit 126		Amount of Each Receipt this Period 19.23
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	49.23
<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 113 OF 151
	<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. Peter John Prodoehl</b>		Date of Receipt 08 / 15 / 2014 <b>Transaction ID : 201409029149-2007</b>
Mailing Address 11821 Palm Beach Blvd Unit 126		Amount of Each Receipt this Period 19.23
City Fort Myers	State FL	
Zip Code 33905-5908		Aggregate Year-to-Date ▼ 346.14
FEC ID number of contributing federal political committee. C		
Name of Employer Principal Life Ins Co.	Occupation VP Consulting	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Peter John Prodoehl</b>		Date of Receipt 08 / 29 / 2014 <b>Transaction ID : 201409029149-2008</b>
Mailing Address 11821 Palm Beach Blvd Unit 126		Amount of Each Receipt this Period 19.23
City Fort Myers	State FL	
Zip Code 33905-5908		Aggregate Year-to-Date ▼ 346.14
FEC ID number of contributing federal political committee. C		
Name of Employer Principal Life Ins Co.	Occupation VP Consulting	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. William J. Quinn, III</b>		Date of Receipt 08 / 01 / 2014 <b>Transaction ID : 201409029149-2556</b>
Mailing Address 300 Interpace Pkwy Principal Financial Group		Amount of Each Receipt this Period 20.00
City Parsippany	State NJ	
Zip Code 07054-1100		Aggregate Year-to-Date ▼ 360.00
FEC ID number of contributing federal political committee. C		
Name of Employer Principal Life Ins Co.	Occupation Sr Account Executive	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	58.46
<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 114 OF 151
<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. 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 ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-2557**  
 Amount of Each Receipt this Period  
 20.00

**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 ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-2558**  
 Amount of Each Receipt this Period  
 20.00

**C. Jeffrey K. Rader**  
 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 Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-996**  
 Amount of Each Receipt this Period  
 16.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	56.00
<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: (check only one)	PAGE 115 OF 151
<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 MM / DD / YYYY 08 / 15 / 2014 <b>Transaction ID : 201409029149-997</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 ▼ 288.00	

Full Name (Last, First, Middle Initial) <b>B. Jeffrey K. Rader</b>		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 <b>Transaction ID : 201409029149-998</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 ▼ 288.00	

Full Name (Last, First, Middle Initial) <b>C. Elizabeth L Raymond</b>		Date of Receipt MM / DD / YYYY 08 / 01 / 2014 <b>Transaction ID : 201409029149-744</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 ▼ 571.68	

<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 116 OF 151
	<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 ▼ 571.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-745**  
 Amount of Each Receipt this Period  
 31.76

**B. 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 ▼ 571.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-746**  
 Amount of Each Receipt this Period  
 31.76

**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 International, Inc. Occupation President & COO-PGIE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 502.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-384**  
 Amount of Each Receipt this Period  
 27.32

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.84  
**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 117 OF 151
	<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. Christopher J. Reddy</b>			Date of Receipt 08 / 15 / 2014 <b>Transaction ID : 201409029149-385</b>
Mailing Address 711 High St			Amount of Each Receipt this Period 27.32
City Des Moines	State IA	Zip Code 50392-0001	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 502.10
Name of Employer Principal International, Inc.		Occupation President & COO-PGIE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Christopher J. Reddy</b>			Date of Receipt 08 / 29 / 2014 <b>Transaction ID : 201409029149-386</b>
Mailing Address 711 High St			Amount of Each Receipt this Period 27.32
City Des Moines	State IA	Zip Code 50392-0001	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 502.10
Name of Employer Principal International, Inc.		Occupation President & COO-PGIE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Michael Dennis Roughton</b>			Date of Receipt 08 / 01 / 2014 <b>Transaction ID : 201409029149-1802</b>
Mailing Address 711 High St			Amount of Each Receipt this Period 32.00
City Des Moines	State IA	Zip Code 50392-0001	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 576.00
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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	86.64
<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 118 OF 151  
(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 ▼  
 576.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-1803**

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 ▼  
 576.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-1804**

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 ▼  
 630.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-98**

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 119 OF 151
	<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. Angela Rae Sanders</b>			Date of Receipt 08 / 15 / 2014 <b>Transaction ID : 201409029149-99</b>
Mailing Address 711 High St			Amount of Each Receipt this Period 35.00
City Des Moines	State IA	Zip Code 50392-0001	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 630.00
Name of Employer Principal Life Ins Co.	Occupation SVP & Controller		
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. Angela Rae Sanders</b>			Date of Receipt 08 / 29 / 2014 <b>Transaction ID : 201409029149-100</b>
Mailing Address 711 High St			Amount of Each Receipt this Period 35.00
City Des Moines	State IA	Zip Code 50392-0001	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 630.00
Name of Employer Principal Life Ins Co.	Occupation SVP & Controller		
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. Irene Susan Scalfani</b>			Date of Receipt 08 / 01 / 2014 <b>Transaction ID : 201409029149-864</b>
Mailing Address 1155 Avenue of the Americas Floor 10; Pfg			Amount of Each Receipt this Period 15.38
City New York	State NY	Zip Code 10036-2711	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 276.84
Name of Employer Principal Life Ins Co.	Occupation Mging Dir - AMG - RIS		
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).....▶	85.38
<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 120 OF 151
	<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. 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 ▼ 276.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-865**  
 Amount of Each Receipt this Period  
 15.38

**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 ▼ 276.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-866**  
 Amount of Each Receipt this Period  
 15.38

**C. Renee Vachelle Schaaf**  
 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 - Strat. Plan & Bus Dvlpmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-2088**  
 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: PAGE 121 OF 151  
(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**

**A. Renee Vachelle Schaaf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 High St  
 City Des Moines State IA Zip Code 50392-0001  
 Date of Receipt 08 / 15 / 2014  
**Transaction ID : 201409029149-2089**  
 Amount of Each Receipt this Period 32.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Principal International, Inc. Occupation VP - Strat. Plan & Bus Dvlpmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.00

**B. Renee Vachelle Schaaf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 High St  
 City Des Moines State IA Zip Code 50392-0001  
 Date of Receipt 08 / 29 / 2014  
**Transaction ID : 201409029149-2090**  
 Amount of Each Receipt this Period 32.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Principal International, Inc. Occupation VP - Strat. Plan & Bus Dvlpmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.00

**C. Gary Paul Scholten**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 High St  
 City Des Moines State IA Zip Code 50392-0001  
 Date of Receipt 08 / 01 / 2014  
**Transaction ID : 201409029149-786**  
 Amount of Each Receipt this Period 169.23  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Principal Life Ins Co. Occupation EVP & CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3046.14

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 233.23  
**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 122 OF 151
<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 08 / 15 / 2014 <b>Transaction ID : 201409029149-787</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. C	
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 ▼ 3046.14

Full Name (Last, First, Middle Initial) <b>B. Gary Paul Scholten</b>		Date of Receipt 08 / 29 / 2014 <b>Transaction ID : 201409029149-788</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. C	
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 ▼ 3046.14

Full Name (Last, First, Middle Initial) <b>C. Edward M. Schuh</b>		Date of Receipt 08 / 01 / 2014 <b>Transaction ID : 201409029149-729</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. C	
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 ▼ 288.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	354.46
<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 123 OF 151  
(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. Edward M. Schuh**

Mailing Address 2732 Daniel Ave

City State Zip Code  
 Dallas TX 75205-1512

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

Name of Employer Occupation  
 Principal Life Ins Co. Sr Investment Spclst-External

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 288.00

Date of Receipt  
 08 / 15 / 2014  
**Transaction ID : 201409029149-730**

Amount of Each Receipt this Period  
 16.00

Full Name (Last, First, Middle Initial)  
**B. Edward M. Schuh**

Mailing Address 2732 Daniel Ave

City State Zip Code  
 Dallas TX 75205-1512

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

Name of Employer Occupation  
 Principal Life Ins Co. Sr Investment Spclst-External

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 288.00

Date of Receipt  
 08 / 29 / 2014  
**Transaction ID : 201409029149-731**

Amount of Each Receipt this Period  
 16.00

Full Name (Last, First, Middle Initial)  
**c. 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 ▼  
 1980.00

Date of Receipt  
 08 / 01 / 2014  
**Transaction ID : 201409029149-1271**

Amount of Each Receipt this Period  
 110.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 142.00

**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: PAGE 124 OF 151  
(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 ▼  
 1980.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-1272**

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 ▼  
 1980.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-1273**

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 ▼  
 761.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-1435**

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: (check only one)	PAGE 125 OF 151
<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. Laurie Jean Shultz</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 15 / 2014 <b>Transaction ID : 201409029149-1436</b>
Mailing Address 111 W State St		Amount of Each Receipt this Period 42.30
City Mason City	State IA	Zip Code 50401-3131
FEC ID number of contributing federal political committee. C	Name of Employer Principal Life Ins Co.	
Occupation VP - Operations & Quality		Aggregate Year-to-Date ▼ 761.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Laurie Jean Shultz</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 29 / 2014 <b>Transaction ID : 201409029149-1437</b>
Mailing Address 111 W State St		Amount of Each Receipt this Period 42.30
City Mason City	State IA	Zip Code 50401-3131
FEC ID number of contributing federal political committee. C	Name of Employer Principal Life Ins Co.	
Occupation VP - Operations & Quality		Aggregate Year-to-Date ▼ 761.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ellen Wilson Shumway</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 01 / 2014 <b>Transaction ID : 201409029149-747</b>
Mailing Address 711 High St		Amount of Each Receipt this Period 32.00
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 Sr Exec Dir-Strat&Boutique Ops		Aggregate Year-to-Date ▼ 576.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	116.60
<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 126 OF 151
<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. Ellen Wilson Shumway**  
 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-Strat&Boutique Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-748**  
 Amount of Each Receipt this Period  
 32.00

**B. Ellen Wilson Shumway**  
 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-Strat&Boutique Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-749**  
 Amount of Each Receipt this Period  
 32.00

**C. Tom Smith**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 490.45

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-2493**  
 Amount of Each Receipt this Period  
 28.85

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	92.85
<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: PAGE 127 OF 151  
(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. 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 ▼ **490.45**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 15 / 2014**  
**Transaction ID : 201409029149-2494**  
 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 ▼ **490.45**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 29 / 2014**  
**Transaction ID : 201409029149-2495**  
 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 ▼ **761.40**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 01 / 2014**  
**Transaction ID : 201409029149-717**  
 Amount of Each Receipt this Period  
**42.30**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **100.00**  
**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: PAGE 128 OF 151  
(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. Dwight N. Soethout**

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 Finance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 761.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-718**

Amount of Each Receipt this Period  
 42.30

Full Name (Last, First, Middle Initial)  
**B. Dwight N. Soethout**

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 Finance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 761.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-719**

Amount of Each Receipt this Period  
 42.30

Full Name (Last, First, Middle Initial)  
**C. Kathleen M. Souhrada**

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-Recruiting & Diversity

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 276.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-1286**

Amount of Each Receipt this Period  
 15.38

**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: PAGE 129 OF 151  
(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. Kathleen M. Souhrada**

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-Recruiting & Diversity

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 276.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-1287**

Amount of Each Receipt this Period  
 15.38

Full Name (Last, First, Middle Initial)  
**B. Kathleen M. Souhrada**

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-Recruiting & Diversity

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 276.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-1288**

Amount of Each Receipt this Period  
 15.38

Full Name (Last, First, Middle Initial)  
**C. Deanna Dawnette Strable-Soethout**

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 - U.S. Insurance Solutions

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1728.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-561**

Amount of Each Receipt this Period  
 96.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 126.76

**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: PAGE 130 OF 151  
(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) <b>A. Deanna Dawnette Strable-Soethout</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>15</td> <td>/</td> <td>2014</td> </tr> </table> <b>Transaction ID : 201409029149-562</b>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	15	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y									
08	/	15	/	2014									
Mailing Address 711 High St			Amount of Each Receipt this Period <table border="1"> <tr> <td>96.00</td> </tr> </table>	96.00									
96.00													
City Des Moines	State IA	Zip Code 50392-0001											
FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> </tr> </table>			C										
C													
Name of Employer Principal Life Ins Co.	Occupation SVP - U.S. Insurance Solutions												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1728.00</td> </tr> </table>		1728.00										
1728.00													

Full Name (Last, First, Middle Initial) <b>B. Deanna Dawnette Strable-Soethout</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>29</td> <td>/</td> <td>2014</td> </tr> </table> <b>Transaction ID : 201409029149-563</b>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	29	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y									
08	/	29	/	2014									
Mailing Address 711 High St			Amount of Each Receipt this Period <table border="1"> <tr> <td>96.00</td> </tr> </table>	96.00									
96.00													
City Des Moines	State IA	Zip Code 50392-0001											
FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> </tr> </table>			C										
C													
Name of Employer Principal Life Ins Co.	Occupation SVP - U.S. Insurance Solutions												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1728.00</td> </tr> </table>		1728.00										
1728.00													

Full Name (Last, First, Middle Initial) <b>C. Michael Jerome Streck</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>01</td> <td>/</td> <td>2014</td> </tr> </table> <b>Transaction ID : 201409029149-1808</b>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	01	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y									
08	/	01	/	2014									
Mailing Address 711 High St			Amount of Each Receipt this Period <table border="1"> <tr> <td>15.40</td> </tr> </table>	15.40									
15.40													
City Des Moines	State IA	Zip Code 50392-0001											
FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> </tr> </table>			C										
C													
Name of Employer Principal Life Ins Co.	Occupation AVP & Corporate Actuary												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>277.20</td> </tr> </table>		277.20										
277.20													

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>207.40</td> </tr> </table>	207.40
207.40		
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

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

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

FOR LINE NUMBER: PAGE 131 OF 151  
(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 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 ▼  
 277.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-1809**

Amount of Each Receipt this Period  
 15.40

Full Name (Last, First, Middle Initial)  
**B. 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 ▼  
 277.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-1810**

Amount of Each Receipt this Period  
 15.40

Full Name (Last, First, Middle Initial)  
**C. Karen S. Thomann**

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-Retire Investor Svcs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 761.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-1274**

Amount of Each Receipt this Period  
 42.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 73.10

**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 132 OF 151  
(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**

**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 ▼ 761.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-1275**  
 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 ▼ 761.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-1276**  
 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 ▼ 346.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-501**  
 Amount of Each Receipt this Period  
 19.23

**SUBTOTAL** of Receipts This Page (optional).....▶ 103.83  
**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 133 OF 151
	<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. Daniel J. Thomas</b>		Date of Receipt MM / DD / YYYY 08 / 15 / 2014 <b>Transaction ID : 201409029149-502</b>
Mailing Address 4141 Parklake Ave Ste 400		Amount of Each Receipt this Period 19.23
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: <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) <b>B. Daniel J. Thomas</b>		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 <b>Transaction ID : 201409029149-503</b>
Mailing Address 4141 Parklake Ave Ste 400		Amount of Each Receipt this Period 19.23
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: <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) <b>C. Joni Lynn Tibbetts</b>		Date of Receipt MM / DD / YYYY 08 / 01 / 2014 <b>Transaction ID : 201409029149-1172</b>
Mailing Address 711 High St		Amount of Each Receipt this Period 45.00
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- Sales Engineering	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 810.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	83.46
<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 134 OF 151
	<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. 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 ▼ 810.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-1173**  
 Amount of Each Receipt this Period  
 45.00

**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 ▼ 810.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-1174**  
 Amount of Each Receipt this Period  
 45.00

**C. Terrence Michael Tobin**  
 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 Senior Managing Partner, PEC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-2436**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.00
<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: (check only one)	PAGE 135 OF 151
	<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. Terrence Michael Tobin</b>		Date of Receipt MM / DD / YYYY 08 / 15 / 2014 <b>Transaction ID : 201409029149-2437</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 ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. Terrence Michael Tobin</b>		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 <b>Transaction ID : 201409029149-2438</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 ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. John N. Urban</b>		Date of Receipt MM / DD / YYYY 08 / 01 / 2014 <b>Transaction ID : 201409029149-1139</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 ▼ 346.14	

<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: PAGE 136 OF 151  
(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**

**A. John N. Urban**  
 Full Name (Last, First, Middle Initial)  
 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 Dir-Portfolio Mgmt  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 346.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-1140**  
 Amount of Each Receipt this Period  
 19.23

**B. John N. Urban**  
 Full Name (Last, First, Middle Initial)  
 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 Dir-Portfolio Mgmt  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 346.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-1141**  
 Amount of Each Receipt this Period  
 19.23

**C. Leanne M. Valentine**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 571.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-1453**  
 Amount of Each Receipt this Period  
 31.74

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.20  
**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 137 OF 151  
(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. Leanne M. Valentine**  
 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 ▼  
 571.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-1454**  
 Amount of Each Receipt this Period  
 31.74

Full Name (Last, First, Middle Initial)  
**B. Leanne M. Valentine**  
 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 ▼  
 571.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-1455**  
 Amount of Each Receipt this Period  
 31.74

Full Name (Last, First, Middle Initial)  
**C. 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 ▼  
 346.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-1008**  
 Amount of Each Receipt this Period  
 19.23

**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 138 OF 151  
(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 ▼  
 346.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-1009**

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 ▼  
 346.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-1010**

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 ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-1540**

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 139 OF 151
	<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. Luke Joseph Vandermillen</b>		Date of Receipt
Mailing Address 711 High St		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City State Zip Code Des Moines IA 50392-0001		<b>Transaction ID : 201409029149-1541</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Principal Life Ins Co. VP RIS Marketing		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="900.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Luke Joseph Vandermillen</b>		Date of Receipt
Mailing Address 711 High St		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City State Zip Code Des Moines IA 50392-0001		<b>Transaction ID : 201409029149-1542</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Principal Life Ins Co. VP RIS Marketing		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="900.00"/>	

Full Name (Last, First, Middle Initial) <b>C. James B. Vervaecke</b>		Date of Receipt
Mailing Address 1100 Technology Pkwy		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City State Zip Code Cedar Falls IA 50613-6955		<b>Transaction ID : 201409029149-906</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Principal Life Ins Co. AVP-Retirement & Investor Serv		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="346.14"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="119.23"/>
<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 140 OF 151
	<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. 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 ▼ **346.14**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 15 / 2014**

**Transaction ID : 201409029149-907**

Amount of Each Receipt this Period  
**19.23**

**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 ▼ **346.14**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 29 / 2014**

**Transaction ID : 201409029149-908**

Amount of Each Receipt this Period  
**19.23**

**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 ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 01 / 2014**

**Transaction ID : 201409029149-2499**

Amount of Each Receipt this Period  
**20.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>58.46</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 141 OF 151
	<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. Traci Lea Weldon**

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 ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

**Transaction ID : 201409029149-2500**

Amount of Each Receipt this Period  

20.00
-------

Full Name (Last, First, Middle Initial)  
**B. Traci Lea Weldon**

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 ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

**Transaction ID : 201409029149-2501**

Amount of Each Receipt this Period  

20.00
-------

Full Name (Last, First, Middle Initial)  
**C. Steven C. Whitty**

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 Marketing
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **761.40**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

**Transaction ID : 201409029149-2376**

Amount of Each Receipt this Period  

42.30
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>82.30</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 142 OF 151
	<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. Steven C. Whitty**

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 Marketing
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **761.40**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

**Transaction ID : 201409029149-2377**

Amount of Each Receipt this Period  

42.30
-------

Full Name (Last, First, Middle Initial)  
**B. Steven C. Whitty**

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 Marketing
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **761.40**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

**Transaction ID : 201409029149-2378**

Amount of Each Receipt this Period  

42.30
-------

Full Name (Last, First, Middle Initial)  
**C. Richard Harrison Wireman, II**

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 ▼ **810.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

**Transaction ID : 201409029149-2125**

Amount of Each Receipt this Period  

45.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>129.60</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: PAGE 143 OF 151  
(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**

**A. 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 ▼ **810.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-2126**  
 Amount of Each Receipt this Period  
**45.00**

**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 ▼ **810.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-2127**  
 Amount of Each Receipt this Period  
**45.00**

**C. 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 ▼ **634.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : 201409029149-708**  
 Amount of Each Receipt this Period  
**42.30**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **132.30**  
**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 144 OF 151  
(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. Douglas E. Younkin**

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 ▼ **634.50**

Date of Receipt  
 08 / 15 / 2014  
**Transaction ID : 201409029149-709**

Amount of Each Receipt this Period  
**42.30**

Full Name (Last, First, Middle Initial)  
**B. Douglas E. Younkin**

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 ▼ **634.50**

Date of Receipt  
 08 / 29 / 2014  
**Transaction ID : 201409029149-710**

Amount of Each Receipt this Period  
**42.30**

Full Name (Last, First, Middle Initial)  
**C. 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 ▼ **3461.40**

Date of Receipt  
 08 / 01 / 2014  
**Transaction ID : 201409029149-1417**

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 145 OF 151  
(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**

**A. Larry Donald Zimpleman**  
 Full Name (Last, First, Middle Initial)  
 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. Chairman, President & CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3461.40

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : 201409029149-1418**  
 Amount of Each Receipt this Period  
 192.30

**B. Larry Donald Zimpleman**  
 Full Name (Last, First, Middle Initial)  
 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. Chairman, President & CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3461.40

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : 201409029149-1419**  
 Amount of Each Receipt this Period  
 192.30

**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).....▶	384.60
<b>TOTAL</b> This Period (last page this line number only).....▶	16744.46

**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. Pallone for Congress**

Mailing Address PO Box 3176

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement  
2014 General

011

Candidate Name

**Frank Pallone Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2014

**Transaction ID : 944FF5D9C1091A6ABD3**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Richard E Neal for Congress Committee**

Mailing Address 76 Magnolia Terrace

City State Zip Code  
Springfield MA 01108

Purpose of Disbursement  
2014 General

011

Candidate Name

**Richard Edmund Neal**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MA District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2014

**Transaction ID : 32128890933EDE11578**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

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

2000.00

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

2000.00

**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

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. Chapman for Senate**

Mailing Address 1206 Lynne Drive

City Adel State IA Zip Code 50003

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  
08 / 04 / 2014

**Transaction ID : 587654D9439CC9E0294**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Citizens to Elect Bill Dotzler**

Mailing Address 2837 Cedar Terrace Drive

City Waterloo State IA Zip Code 50702-4513

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  
08 / 05 / 2014

**Transaction ID : 1D2E183C33A80BDBAA0**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Committee for Bobby Kaufmann**

Mailing Address

City State IA Zip Code

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  
08 / 22 / 2014

**Transaction ID : 815AA2EF3664F8A0100**

Amount of Each Disbursement this Period

750.00

**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. Committee for Rita Hart**

Mailing Address

City State Zip Code  
IA

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2014

**Transaction ID : EF1B5418889DBFF5C6F**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Committee for Steve Soddors**

Mailing Address

City State Zip Code  
IA

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2014

**Transaction ID : B5628A503192E5486A1**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Cownie for Statehouse**

Mailing Address 686 58th Place

City State Zip Code  
West Des Moines IA 50266

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 25 / 2014

**Transaction ID : 2D7E32EAC60C6F31EF7**

Amount of Each Disbursement this Period

3000.00

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

5500.00

**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. Danielson for Senate**

Mailing Address 3906 Monterey Drive

City Waterloo State IA Zip Code 50701-3527

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  
08 / 05 / 2014

Transaction ID : 2F575498C57931BE44E

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Federation of Iowa Insurers PAC**

Mailing Address c/o Paula Dierenfeld  
700 Walnut, Suite 1600

City Des Moines State IA Zip Code 50309

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  
08 / 28 / 2014

Transaction ID : B8903C7949AD90BBF19

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Fry for Iowa House**

Mailing Address 1473 195th Avenue

City Osceola State IA Zip Code 50213

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  
08 / 27 / 2014

Transaction ID : 876AB6FD7521957DBB2

Amount of Each Disbursement this Period

1000.00

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

7000.00

**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. Joe Bolkcom for Iowa Senate**

Mailing Address 728 2nd Avenue

City Iowa City State IA Zip Code 52245

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 : B92CA7FB49E9046236A**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Kressig for Iowa House District 19**

Mailing Address 3523 Veralta Drive

City Cedar Falls State IA Zip Code 50618

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 : 442B07611C5C6A168B0**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Mark Smith for Iowa House**

Mailing Address 816 Roberts Terrace

City Marshalltown State IA Zip Code 50158

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 : 461DBB4EB0FB9913624**

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. Mathis for State Senate**

Mailing Address 1725 Mackenzie Drive

City Cedar Rapids State IA Zip Code 52411

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  
08 / 06 / 2014

Transaction ID : 8CBD2B1D9979CE3E2D1

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. Quirnbach for Senate**

Mailing Address 1002 Jarrett Circle

City Ames State IA Zip Code 50014

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  
08 / 29 / 2014

Transaction ID : 37E31B8C915A34B748F

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Randy Feenstra Iowa Senate Committee**

Mailing Address 641 2nd Street

City Hull State IA Zip Code 51239

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  
08 / 20 / 2014

Transaction ID : 784883E6007C5EB1F60

Amount of Each Disbursement this Period

1500.00

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

6000.00

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

25500.00