

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Principal Life Insurance Company Political Action Committee

ADDRESS (number and street) 711 High St.  
Government Relations  
 Check if different than previously reported. (ACC)  
Des Moines IA 50392 0220

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on 11 04 2008 in the State of  
(d) 30-Day **Post -Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 10 01 2008 through 10 15 2008

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

Type or Print Name of Treasurer Terry Tobin

Signature of Treasurer Electronically Filed by Terry Tobin Date 10 21 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Principal Life Insurance Company Political Action Committee

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		26325.17
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	15311.22									
(c) Total Receipts (from Line 19) .....	7140.93	145781.98								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	22452.15	172107.15								
7. Total Disbursements (from Line 31) .....	13250.00	162905.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	9202.15	9202.15								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Principal Life Insurance Company Political Action Committee

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

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	4585.60	69858.27
(i) Itemized (use Schedule A) .....	2555.33	75923.71
(ii) Unitemized .....	7140.93	145781.98
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	7140.93	145781.98
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	7140.93	145781.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7140.93	145781.98

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	55.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	55.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	121250.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	3750.00	41600.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	13250.00	162905.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13250.00	162905.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	7140.93	145781.98
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7140.93	145781.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	55.00
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	55.00



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 53  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Principal Life Insurance Company Political Action Committee

**A.**

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

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Principal Life Ins Co. Occupation VP - Health IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-826

Amount of Each Receipt this Period  
39.00

**B.**

Full Name (Last, First, Middle Initial)  
Paula J. Binkley-Bittick

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Principal Life Ins Co. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-1077

Amount of Each Receipt this Period  
11.90

**C.**

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

Mailing Address 910 W Main Street Suite 316

City State Zip Code  
Boise ID 83702-5733

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 ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-724

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 70.90

**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 8 / 53  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Patti R. Blumer</p> <p>Mailing Address 1350 I Street Northwest Suite 880</p> <p>City State Zip Code Washington D.C. DC 20005-7207</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Principal Life Ins Co. Director, Federal Gov Rel-Dc</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">906.40</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 10 / 03 / 2008</p> <p><b>Transaction ID:</b> 201020-1057</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">48.40</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Christopher J. Bowman</p> <p>Mailing Address 711 High Street</p> <p>City State Zip Code Des Moines IA 50309-2732</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Principal Life Ins Co. VP-Corp Strategic Dev &amp; Mktg</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 10 / 03 / 2008</p> <p><b>Transaction ID:</b> 201020-188</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">50.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) David J. Brown</p> <p>Mailing Address 711 High Street</p> <p>City State Zip Code Des Moines IA 50309-2732</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Principal Life Ins Co. VP,Product &amp;Distrib Compliance</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">569.58</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 10 / 03 / 2008</p> <p><b>Transaction ID:</b> 201020-277</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">31.74</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">130.14</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# 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 / 53
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jill R. Brown		Date of Receipt MM / DD / YYYY 10 / 03 / 2008		
	Mailing Address 1100 Investment Boulevard		<b>Transaction ID:</b> 201020-584		
	City El Dorado Hills	State CA	Zip Code 95762-5710	Amount of Each Receipt this Period 15.38	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Principal Life Ins Co.	Occupation CFO-Principal Funds			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 307.60			

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul A. Brown		Date of Receipt MM / DD / YYYY 10 / 03 / 2008		
	Mailing Address 711 High Street		<b>Transaction ID:</b> 201020-1059		
	City Des Moines	State IA	Zip Code 50309-2732	Amount of Each Receipt this Period 39.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Principal Life Ins Co.	Occupation VP- Institutional Mkt Segment			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 780.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Ned A. Burmeister		Date of Receipt MM / DD / YYYY 10 / 03 / 2008		
	Mailing Address 711 High Street		<b>Transaction ID:</b> 201020-1026		
	City Des Moines	State IA	Zip Code 50309-2732	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Principal International, Inc.	Occupation VP,CFO & Risk Mgr-Prin Intrn'l			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>104.38</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: PAGE 10 / 53  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Principal Life Insurance Company Political Action Committee

**A.**

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

Mailing Address 18101 Von Karman Avenue  
Suite 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 ▼ 577.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-1352

Amount of Each Receipt this Period  
28.85

**B.**

Full Name (Last, First, Middle Initial)  
Gregory J. Burrows

Mailing Address 711 High Street

City Des Moines State IA Zip Code 50309-2732

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-450

Amount of Each Receipt this Period  
57.69

**C.**

Full Name (Last, First, Middle Initial)  
Teresa M. Button

Mailing Address 711 High Street

City Des Moines State IA Zip Code 50309-2732

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

Name of Employer Principal Life Ins Co. Occupation Chief Accounting Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-1332

Amount of Each Receipt this Period  
15.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **101.54**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Chris T. Calos

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Occupation  
Principal Life Ins Co. VP Group Sales

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 622.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: 201020-176

Amount of Each Receipt this Period

31.85

**B.**

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

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 769.20

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: 201020-1030

Amount of Each Receipt this Period

38.46

**C.**

Full Name (Last, First, Middle Initial)  
Lillian I. Chen

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Occupation  
Principal Life Ins Co. VP Tax

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 640.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: 201020-788

Amount of Each Receipt this Period

32.00

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

102.31

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 53
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Barrie G. Christman		Date of Receipt
	Mailing Address 711 High Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 3 / 2 0 0 8
	City	State	Zip Code
	Des Moines	IA	50309-2732
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 201020-71
Name of Employer Principal Life Ins Co.		Occupation VP-Individual Investor Svcs	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"/> 769.40	<input type="text"/> 38.47

<b>B.</b>	Full Name (Last, First, Middle Initial) Timothy J. Cleary		Date of Receipt
	Mailing Address 11100 Wayzata Boulevard, Suite 211 Principal Financial Group		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 3 / 2 0 0 8
	City	State	Zip Code
	Minnetonka	MN	55305-5517
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 201020-1364
Name of Employer Principal Life Ins Co.		Occupation VP Consulting	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"/> 307.60	<input type="text"/> 15.38

<b>C.</b>	Full Name (Last, First, Middle Initial) Eileen M. Conroy		Date of Receipt
	Mailing Address 711 High Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 3 / 2 0 0 8
	City	State	Zip Code
	Des Moines	IA	50309-2732
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 201020-398
Name of Employer Principal Life Ins Co.		Occupation AVP-Marketing	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"/> 307.60	<input type="text"/> 15.38

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 69.23
<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: PAGE 13 / 53  
(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.** Full Name (Last, First, Middle Initial)  
Cathy L. Cory

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Principal Life Ins Co. Occupation State/Fed Compl Consult

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-162

Amount of Each Receipt this Period  
16.00

**B.** Full Name (Last, First, Middle Initial)  
Michael W. Cumings

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Principal Life Ins Co. Occupation Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-958

Amount of Each Receipt this Period  
15.00

**C.** Full Name (Last, First, Middle Initial)  
Andrew P. Dalgliesh

Mailing Address 4141 Park Lake ; Suite 400

City State Zip Code  
Raleigh NC 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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-25

Amount of Each Receipt this Period  
15.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 46.00

**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 14 / 53  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Ronald L. Danilson

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-1182

Amount of Each Receipt this Period  
65.00

**B.**

Full Name (Last, First, Middle Initial)  
Gary L. Dorton

Mailing Address 4141 Park Lake ; Suite 400

City State Zip Code  
Raleigh NC 27612-2333

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 634.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-424

Amount of Each Receipt this Period  
31.74

**C.**

Full Name (Last, First, Middle Initial)  
Timothy M. Dunbar

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Principal Life Ins Co. Occupation Exec Dir - Equities

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1043.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-1369

Amount of Each Receipt this Period  
63.46

**SUBTOTAL** of Receipts This Page (optional) ..... ► **160.20**

**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 15 / 53  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

**A.**

Full Name (Last, First, Middle Initial)  
Gregory B. Elming

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer: Principal Life Ins Co. Occupation: Svp & Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1280.00

Date of Receipt: 10 / 03 / 2008

Transaction ID: 201020-452

Amount of Each Receipt this Period: 64.00

**B.**

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

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer: Principal Life Ins Co. Occupation: Svp HR, Corp Svcs & Ris

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 03 / 2008

Transaction ID: 201020-1104

Amount of Each Receipt this Period: 25.00

**C.**

Full Name (Last, First, Middle Initial)  
Nora M. Everett

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 893.46

Date of Receipt: 10 / 03 / 2008

Transaction ID: 201020-1034

Amount of Each Receipt this Period: 45.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **134.00**

**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 16 / 53  
(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.** Full Name (Last, First, Middle Initial)  
Douglas A. Fick

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Principal Life Ins Co. Occupation VP - Sbd IT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-374

Amount of Each Receipt this Period  
32.00

**B.** Full Name (Last, First, Middle Initial)  
Michael P. Finnegan

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Principal Life Ins Co. Occupation VP & Chief Invest Officer- Pmc

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 563.38

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-964

Amount of Each Receipt this Period  
32.00

**C.** Full Name (Last, First, Middle Initial)  
Jed A. Fisk

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Principal Life Ins Co. Occupation VP Corp Svc

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 568.15

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-538

Amount of Each Receipt this Period  
28.85

**SUBTOTAL** of Receipts This Page (optional) ..... ► 92.85

**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 17 / 53  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Brent Fritz

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 571.32

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-111

Amount of Each Receipt this Period  
31.74

**B.**

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

Mailing Address 711 High St

City State Zip Code  
Des Moines IA 50309-2732

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 ▼ 384.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-1063

Amount of Each Receipt this Period  
19.23

**C.**

Full Name (Last, First, Middle Initial)  
Cary A. Fuchs

Mailing Address 1100 Investment Boulevard

City State Zip Code  
El Dorado Hills CA 95762-5710

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-152

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **70.97**

**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 / 53  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

**A.**

Full Name (Last, First, Middle Initial)  
Michael H. Gersie

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-968

Amount of Each Receipt this Period  
80.00

**B.**

Full Name (Last, First, Middle Initial)  
Thomas J. Graf

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Principal Life Ins Co. Occupation Svp Investor Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-1356

Amount of Each Receipt this Period  
150.00

**C.**

Full Name (Last, First, Middle Initial)  
Lynn M. Graves

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 785.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-834

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 270.00

**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 19 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Steven K. Graves

Mailing Address 711 High Street

City

Des Moines

State

IA

Zip Code

50309-2732

FEC ID number of contributing federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Mng Dir-Real Estate Operation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

MM / DD / YYYY  
10 / 03 / 2008

Transaction ID: 201020-1296

Amount of Each Receipt this Period

32.00

**B.**

Full Name (Last, First, Middle Initial)

Victoria I. Gray

Mailing Address 51 Germantown Court Suite 101  
Principal Financial Group

City

Cordova

State

TN

Zip Code

38018

FEC ID number of contributing federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Sr Account Exec-Retirement Svc

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
10 / 03 / 2008

Transaction ID: 201020-1413

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

J. B. Griswell

Mailing Address 711 High Street

City

Des Moines

State

IA

Zip Code

50309-2732

FEC ID number of contributing federal political committee.

C

Name of Employer  
Principal Life Ins Co.

Occupation

Chairman

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

MM / DD / YYYY  
10 / 03 / 2008

Transaction ID: 201020-472

Amount of Each Receipt this Period

192.30

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

299.30

**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 20 / 53  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

**A.**

Full Name (Last, First, Middle Initial)  
Douglas E. Grove

Mailing Address 700 E Butterfield Road, Suite 450  
Principal Financial Group

City Lombard State IL Zip Code 60148-5671

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

Name of Employer Principal Life Ins Co. Occupation VP - Nat'l Sales Dir Ret Svc

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 03 / 2008  
**Transaction ID:** 201020-378  
Amount of Each Receipt this Period 35.00

**B.**

Full Name (Last, First, Middle Initial)  
Patrick G. Halter

Mailing Address 711 High Street

City Des Moines State IA Zip Code 50309-2732

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

Name of Employer Principal Life Ins Co. Occupation Head of Prinrei

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 591.32

Date of Receipt 10 / 03 / 2008  
**Transaction ID:** 201020-1052  
Amount of Each Receipt this Period 31.74

**C.**

Full Name (Last, First, Middle Initial)  
Mark A. Hanrahan

Mailing Address 711 High Street

City Des Moines State IA Zip Code 50309-2732

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

Name of Employer Principal Life Ins Co. Occupation Mng Dir-Cre

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 03 / 2008  
**Transaction ID:** 201020-864  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 166.74

**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: PAGE 21 / 53  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Loraine N. Hardin

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Principal Life Ins Co. Occupation VP-Insured Medical Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 670.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-812

Amount of Each Receipt this Period  
35.00

**B.**

Full Name (Last, First, Middle Initial)  
Monica L. Haun

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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 ▼ 384.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-1006

Amount of Each Receipt this Period  
19.23

**C.**

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

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Principal Life Ins Co. Occupation Nat'l Advanced Solution Specia

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-1091

Amount of Each Receipt this Period  
11.92

**SUBTOTAL** of Receipts This Page (optional) ..... ► **66.15**

**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 22 / 53  
(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
							17

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

**A.**

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

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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 ▼ 636.85

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: 201020-194

Amount of Each Receipt this Period  
32.00

**B.**

Full Name (Last, First, Middle Initial)  
Timothy A. Hill

Mailing Address 3727 South Hills Way

City State Zip Code  
Eagan MN 55123-1215

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: 201020-1371

Amount of Each Receipt this Period  
18.00

**C.**

Full Name (Last, First, Middle Initial)  
Jill M. Hittner

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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 ▼ 451.12

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: 201020-586

Amount of Each Receipt this Period  
31.74

**SUBTOTAL** of Receipts This Page (optional) ..... ► **81.74**

**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: PAGE 23 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)

Joyce N. Hoffman

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Occupation  
Principal Life Ins Co. Svp & Corporate Secretary

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1244.20

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: 201020-648

Amount of Each Receipt this Period

63.46

**B.**

Full Name (Last, First, Middle Initial)

Roger D. Holton

Mailing Address 7077 Bonneval Road  
Suite 380

City State Zip Code  
Jacksonville FL 32216-6055

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: 201020-1177

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Daniel J. Houston

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Occupation  
Principal Life Ins Co. President Ret & Investor Svcs

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2142.92

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: 201020-245

Amount of Each Receipt this Period

117.00

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

195.46

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 53

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bradley G. Jensen Mailing Address 711 High Street City State Zip Code Des Moines IA 50309-2732 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Principal Life Ins Co. Occupation VP-Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 634.80	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 8 <b>Transaction ID:</b> 201020-97 Amount of Each Receipt this Period 31.74
<b>B.</b>	Full Name (Last, First, Middle Initial) Richard C. Johnson Mailing Address 711 High Street City State Zip Code Des Moines IA 50309-2732 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Principal Life Ins Co. Occupation Dir Idi Oper-New & Exist Bus Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 216.00	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 8 <b>Transaction ID:</b> 201020-1145 Amount of Each Receipt this Period 12.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Monica J. Kirgan Mailing Address 711 High Street City State Zip Code Des Moines IA 50309-2732 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Principal Life Ins Co. Occupation VP-National Service Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 720.98	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 8 <b>Transaction ID:</b> 201020-1008 Amount of Each Receipt this Period 36.00

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

79.74

**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: PAGE 25 / 53  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Curtis S. Krause

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Principal Life Ins Co. Occupation Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-223

Amount of Each Receipt this Period  
11.00

**B.**

Full Name (Last, First, Middle Initial)  
Mark Lagomarcino

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Principal Life Ins Co. Occupation Assistant General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-872

Amount of Each Receipt this Period  
15.38

**C.**

Full Name (Last, First, Middle Initial)  
Ellen Z. Lamale

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-408

Amount of Each Receipt this Period  
70.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **96.38**

**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 26 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Blaine W. Laverick

Mailing Address 4141 Park Lake ; Suite 400

City State Zip Code  
Raleigh NC 27612-2333

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

Name of Employer Occupation  
Principal Life Ins Co. VP-Executive Benefit Services

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 307.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: 201020-83

Amount of Each Receipt this Period

15.38

**B.**

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

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Occupation  
Principal Life Ins Co. Svp & Chief Inv Officer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: 201020-654

Amount of Each Receipt this Period

55.00

**C.**

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

Mailing Address 1350 I Street Northwest  
Suite 880

City State Zip Code  
Washington D.C. DC 20005-7207

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: 201020-1147

Amount of Each Receipt this Period

38.46

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

108.84

**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: PAGE 27 / 53  
(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.** Full Name (Last, First, Middle Initial)  
Scott P. Leiberton  
 Mailing Address 711 High Street  
 City State Zip Code  
Des Moines IA 50309-2732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation Mng Dir-Product Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00  
 Date of Receipt 10 / 03 / 2008  
**Transaction ID:** 201020-1228  
 Amount of Each Receipt this Period 20.00

**B.** Full Name (Last, First, Middle Initial)  
Terrance J. Lillis  
 Mailing Address 711 High Street  
 City State Zip Code  
Des Moines IA 50309-2732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation Svp & Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00  
 Date of Receipt 10 / 03 / 2008  
**Transaction ID:** 201020-1338  
 Amount of Each Receipt this Period 40.00

**C.** Full Name (Last, First, Middle Initial)  
Gregory A. Linde  
 Mailing Address 711 High Street  
 City State Zip Code  
Des Moines IA 50309-2732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Life Ins Co. Occupation VP-Individual Life Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00  
 Date of Receipt 10 / 03 / 2008  
**Transaction ID:** 201020-454  
 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 85.00  
**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 28 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Principal Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dennis J. Long

Mailing Address 1025 E South River Street

City State Zip Code  
Appleton WI 54915-2225

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

Name of Employer Occupation  
Principal Life Ins Co. Vice President- Pcg

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 769.20

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: 201020-331

Amount of Each Receipt this Period

38.46

**B.**

Full Name (Last, First, Middle Initial)

Denise A. Loomis

Mailing Address 999 Fifth Avenue  
Suite 490

City State Zip Code  
San Rafael CA 94901-2995

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

Name of Employer Occupation  
Principal Life Ins Co. Reg Client Svc Dir-Retirement

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: 201020-323

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph E. Marx

Mailing Address 5500 Main Street  
Principal Financial Group

City State Zip Code  
Williamsville NY 14221

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

Name of Employer Occupation  
Principal Life Ins Co. VP Consulting

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: 201020-641

Amount of Each Receipt this Period

15.00

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

68.46

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Chris L. Mayer

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Occupation  
Principal Life Ins Co. VP Defined Benefit & Ret Svcs

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 640.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: 201020-178

Amount of Each Receipt this Period

32.00

**B.**

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

Mailing Address 888 7th Ave; 11th Floor

City State Zip Code  
New York NY 10106-0001

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3846.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: 201020-492

Amount of Each Receipt this Period

192.30

**C.**

Full Name (Last, First, Middle Initial)  
Daniel J. McGee

Mailing Address 13860 Ballantyne Corp Place, Suite  
Principal Financial Group

City State Zip Code  
Charlotte NC 28277-2467

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

Name of Employer Occupation  
Principal Life Ins Co. VP-Managing Dir, Ris Distrib

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: 201020-251

Amount of Each Receipt this Period

40.00

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

264.30

**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 30 / 53  
(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.** Full Name (Last, First, Middle Initial)  
Barbara A. McKenzie  
Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Principal Life Ins Co. Occupation Chief Operations Officer-Pgi

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 640.00

Date of Receipt: 10 / 03 / 2008  
Transaction ID: 201020-67  
Amount of Each Receipt this Period: 32.00

**B.** Full Name (Last, First, Middle Initial)  
Arthur M. McMahon  
Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Principal Life Ins Co. Occupation AVP-Product Management

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 477.40

Date of Receipt: 10 / 03 / 2008  
Transaction ID: 201020-55  
Amount of Each Receipt this Period: 23.87

**C.** Full Name (Last, First, Middle Initial)  
Shelly M. Meighan  
Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Principal Life Ins Co. Occupation Dir - Career Operations

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 03 / 2008  
Transaction ID: 201020-1257  
Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 80.87

**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 31 / 53
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Amy J. Mills		Date of Receipt
	Mailing Address 711 High Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 3 / 2 0 0 8
	City	State	Zip Code
	Des Moines	IA	50309-2732
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 201020-17
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"/> 769.20	<input type="text"/> 38.46

<b>B.</b>	Full Name (Last, First, Middle Initial) Timothy J. Minard		Date of Receipt
	Mailing Address 711 High Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 3 / 2 0 0 8
	City	State	Zip Code
	Des Moines	IA	50309-2732
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 201020-1375
Name of Employer Principal Life Ins Co.		Occupation Svp Retirement Distribution	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"/> 1300.00	<input type="text"/> 65.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Jacque S. Mohs		Date of Receipt
	Mailing Address 711 High Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 3 / 2 0 0 8
	City	State	Zip Code
	Des Moines	IA	50309-2732
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 201020-476
Name of Employer Principal Life Ins Co.		Occupation VP- Dynamic Market Segment	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"/> 640.00	<input type="text"/> 32.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 135.46
<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 32 / 53  
(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.** Full Name (Last, First, Middle Initial)  
Barbara C. Mueller

Mailing Address 6200 Park Avenue

City State Zip Code  
Des Moines IA 50321-1270

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

Name of Employer Principal Life Ins Co. Occupation Chief Credit & Risk Offcr-Bank

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 253.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-69

Amount of Each Receipt this Period  
15.38

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

Mailing Address 402 Juniper Mill Trace

City State Zip Code  
Canton GA 30114-9600

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

Name of Employer Principal Life Ins Co. Occupation Sr Regional Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-609

Amount of Each Receipt this Period  
21.00

**C.** Full Name (Last, First, Middle Initial)  
Sarah O'Brien

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Principal Life Ins Co. Occupation Product Development Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-1216

Amount of Each Receipt this Period  
11.52

**SUBTOTAL** of Receipts This Page (optional) ..... ► **47.90**

**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 33 / 53  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Mary A. O'Keefe

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Principal Life Ins Co. Occupation Svp & Chief Marketing Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 884.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-922

Amount of Each Receipt this Period  
44.23

**B.**

Full Name (Last, First, Middle Initial)  
Gerald W. Patterson

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Principal Life Ins Co. Occupation VP-Marketing Life & Health

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 577.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-438

Amount of Each Receipt this Period  
28.85

**C.**

Full Name (Last, First, Middle Initial)  
Karen A. Pearston

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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 ▼ 486.36

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-680

Amount of Each Receipt this Period  
31.74

**SUBTOTAL** of Receipts This Page (optional) ..... ► **104.82**

**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 34 / 53

(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

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.**

Full Name (Last, First, Middle Initial)

Merle T. Pederson

Mailing Address 711 High Street

City

Des Moines

State

IA

Zip Code

50309-2732

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
VP-Govt Relations

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

MM / DD / YYYY  
10 / 03 / 2008

Transaction ID: 201020-950

Amount of Each Receipt this Period

32.00

**B.**

Full Name (Last, First, Middle Initial)

Peter J. Prodoehl

Mailing Address 1025 E South River Street

City

Appleton

State

WI

Zip Code

54915-2225

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
VP Consulting

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

MM / DD / YYYY  
10 / 03 / 2008

Transaction ID: 201020-1087

Amount of Each Receipt this Period

19.23

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey K. Rader

Mailing Address 711 High Street

City

Des Moines

State

IA

Zip Code

50309-2732

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Principal Life Ins Co.

Occupation  
Head of Financial Communicatio

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

MM / DD / YYYY  
10 / 03 / 2008

Transaction ID: 201020-550

Amount of Each Receipt this Period

16.00

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

67.23

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

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

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

FOR LINE NUMBER: PAGE 35 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Christopher J. Reddy

Mailing Address 521 5th Avenue  
5th Floor - Nlia

City State Zip Code  
New York NY 10175-0500

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

Name of Employer Occupation  
Principal Life Ins Co. COO Nippon

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 471.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	0	8

Transaction ID: 201020-196

Amount of Each Receipt this Period

23.79
-------

**B.**

Full Name (Last, First, Middle Initial)  
R. L. Riddle

Mailing Address 1350 I Street Northwest  
Suite 880

City State Zip Code  
Washington D.C. DC 20005-7207

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

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

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	0	8

Transaction ID: 201020-1102

Amount of Each Receipt this Period

50.00
-------

**C.**

Full Name (Last, First, Middle Initial)  
Michael D. Roughton

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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 ▼ 623.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	0	8

Transaction ID: 201020-980

Amount of Each Receipt this Period

32.00
-------

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

105.79

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 53  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Angela R. Sanders

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Principal Life Ins Co. Occupation Chief Accounting Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-35

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Renee V. Schaaf

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Principal Life Ins Co. Occupation VP- Ris Mktg & Strategy Dvlpmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 585.24

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-1130

Amount of Each Receipt this Period  
32.00

**C.**

Full Name (Last, First, Middle Initial)  
John D. Schmidt

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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 ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-613

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 92.00

**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 37 / 53  
(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.** Full Name (Last, First, Middle Initial)  
Gary P. Scholten

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Principal Life Ins Co. Occupation Svp & CIO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-428

Amount of Each Receipt this Period  
45.00

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey D. Schreiber

Mailing Address 201 Jones Road  
Principal Financial Grp

City State Zip Code  
Waltham MA 02451-1605

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

Name of Employer Principal Life Ins Co. Occupation VP of Bus Development-Tpa

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 307.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-552

Amount of Each Receipt this Period  
15.38

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

Mailing Address 2732 Daniel Avenue

City State Zip Code  
Dallas TX 75205-1512

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

Name of Employer Principal Life Ins Co. Occupation Investment Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-396

Amount of Each Receipt this Period  
16.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **76.38**

**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 38 / 53  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Karen E. Shaff

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-682

Amount of Each Receipt this Period  
110.00

**B.**

Full Name (Last, First, Middle Initial)  
Daniel J. Shanahan

Mailing Address 13860 Ballantyne Corp Place, Suite  
Principal Financial Group

City State Zip Code  
Charlotte NC 28277-2467

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

Name of Employer Principal Life Ins Co. Occupation Regional Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** 201020-256

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
Martha C. Shepard

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 769.20

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-892

Amount of Each Receipt this Period  
38.46

**SUBTOTAL** of Receipts This Page (optional) ..... ► **168.46**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 53

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Laurel J. Shultz		Date of Receipt MM / DD / YYYY 10 / 03 / 2008
	Mailing Address 111 West State Street		<b>Transaction ID:</b> 201020-768
	City Mason City	State IA	Zip Code 50401-3131
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 33.00
Name of Employer Principal Life Ins Co.		Occupation VP- Emerging Mkt Segment	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 637.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ellen W. Shumway		Date of Receipt MM / DD / YYYY 10 / 03 / 2008
	Mailing Address 711 High Street		<b>Transaction ID:</b> 201020-410
	City Des Moines	State IA	Zip Code 50309-2732
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 32.00
Name of Employer Principal Life Ins Co.		Occupation Exec Director- Affiliate Op	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 640.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Tom Smith		Date of Receipt MM / DD / YYYY 10 / 03 / 2008
	Mailing Address 2000 River Edge Parkway Suite 1000 Principal Financial Group		<b>Transaction ID:</b> 201020-1391
	City Atlanta	State GA	Zip Code 30328
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 28.85
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 ▼ 577.00	

**SUBTOTAL** of Receipts This Page (optional) ..... **93.85**

**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 40 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)

Norman R. Sorensen

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Occupation  
Principal International, Inc. Exec VP Int'l Asset Accum

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1538.40

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: 201020-1036

Amount of Each Receipt this Period

76.92

**B.**

Full Name (Last, First, Middle Initial)

Kathleen M. Souhrada

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Occupation  
Principal Life Ins Co. AVP-Recruiting & Diversity

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 307.60

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: 201020-698

Amount of Each Receipt this Period

15.38

**C.**

Full Name (Last, First, Middle Initial)

Deanna D. Strable-Soethout

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Occupation  
Principal Life Ins Co. Svp Ind Life & Spec Benefits

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1269.20

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: 201020-295

Amount of Each Receipt this Period

63.46

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

155.76

**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 41 / 53  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Michael J. Streck

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Principal Life Ins Co. Occupation AVP & Corporate Actuary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.96

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-982

Amount of Each Receipt this Period  
15.40

**B.** Full Name (Last, First, Middle Initial)  
Timothy E. Stumpff

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Principal Life Ins Co. Occupation VP- Network Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 554.58

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-1379

Amount of Each Receipt this Period  
31.74

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

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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 ▼ 491.65

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-686

Amount of Each Receipt this Period  
31.74

**SUBTOTAL** of Receipts This Page (optional) ..... ► 78.88

**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 / 53  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

**A.**

Full Name (Last, First, Middle Initial)  
Daniel J. Thomas

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 307.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-257

Amount of Each Receipt this Period  
15.38

**B.**

Full Name (Last, First, Middle Initial)  
Joni L. Tibbetts

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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 ▼ 223.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-635

Amount of Each Receipt this Period  
15.00

**C.**

Full Name (Last, First, Middle Initial)  
Terrence Tobin

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Principal Life Ins Co. Occupation Director-Prin Enterprise Cap

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-1340

Amount of Each Receipt this Period  
15.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.38

**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 43 / 53  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

**A.**

Full Name (Last, First, Middle Initial)  
Leanne M. Valentine

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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 ▼ 515.84

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-778

Amount of Each Receipt this Period  
31.74

**B.**

Full Name (Last, First, Middle Initial)  
Bruce R. Valk

Mailing Address 1025 E South River Street

City State Zip Code  
Appleton WI 54915-2225

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-127

Amount of Each Receipt this Period  
15.38

**C.**

Full Name (Last, First, Middle Initial)  
Luke J. Vandermillen

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Principal Life Ins Co. Occupation VP Risd- Worksite Solutions

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-830

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **82.12**

**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 44 / 53  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Maria E. Volante

Mailing Address 1275 Northwest 128th Street  
Suite 100

City Clive State IA Zip Code 50325-7450

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

Name of Employer Principal Life Ins Co. Occupation VP-Natl Accts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 605.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-856

Amount of Each Receipt this Period  
32.00

**B.**

Full Name (Last, First, Middle Initial)  
Harvey R. Weinberg

Mailing Address 711 High Street

City Des Moines State IA Zip Code 50309-2732

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

Name of Employer Principal Life Ins Co. Occupation Director- Institutional

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.20

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-458

Amount of Each Receipt this Period  
12.26

**C.**

Full Name (Last, First, Middle Initial)  
Hugh B. White

Mailing Address 485 Metro Place South, Suite 206  
Principal Financial Group

City Dublin State OH Zip Code 43017-5332

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

Name of Employer Principal Life Ins Co. Occupation Vice President-Grp Non Med

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 201020-468

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **64.26**

**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 45 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)

Steven Whitty

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Occupation  
Principal Life Ins Co. VP Corporate Marketing

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 640.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: 201020-1305

Amount of Each Receipt this Period  
32.00

**B.**

Full Name (Last, First, Middle Initial)

William Workman

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

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

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 769.20

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: 201020-1444

Amount of Each Receipt this Period  
38.46

**C.**

Full Name (Last, First, Middle Initial)

Larry D. Zimpleman

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50309-2732

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

Name of Employer Occupation  
Principal Life Ins Co. President & CEO

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 3384.60

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: 201020-762

Amount of Each Receipt this Period  
169.23

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

239.69

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

4585.60

# 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

<b>A.</b> Full Name (Last, First, Middle Initial) Ameripac: the Fund for a Greater America <hr/> Mailing Address 499 S. Capitol St. SW #414 <hr/> City Washington State DC Zip Code 20003 Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	<b>Transaction ID:</b> 48163-4626123309135 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1500.00 Category/Type: 011
<b>B.</b> Full Name (Last, First, Middle Initial) First State Pac <hr/> Mailing Address PO Box 3006 <hr/> City Wilmington State DE Zip Code 19804 Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	<b>Transaction ID:</b> 47785-2116968035697 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011
<b>C.</b> Full Name (Last, First, Middle Initial) Friends for Gregory Meeks <hr/> Mailing Address 153-01 Jamaica Ave. Suite 535 <hr/> City Jamaica State NY Zip Code 11432 Purpose of Disbursement Contribution Candidate Name Gregory W. Meeks <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution	<b>Transaction ID:</b> 47785-7001306414604 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011

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

3500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln <hr/> Mailing Address PO Box 3197 <hr/> City Little Rock State AR Zip Code 72203 <hr/> Purpose of Disbursement Contribution Candidate Name Blanche Lambert Lincoln Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District:	Transaction ID: 48163-0777246356010 Date of Disbursement 10 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Glacier Pac <hr/> Mailing Address 236 Massachusetts Avenue, NE Suite 603 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: 47785-7750665545463 Date of Disbursement 10 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Hawkeye Pac, the <hr/> Mailing Address PO Box 7255 <hr/> City Des Moines State IA Zip Code 50309 <hr/> Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: 95925-4946710467338 Date of Disbursement 10 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/Type

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

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kind for Congress Committee</p> <p>Mailing Address 205 South 5th Ave Suite 428</p> <p>City La Crosse State WI Zip Code 54601</p> <p>Purpose of Disbursement Contribution Candidate Name Ron Kind</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 48163-4738580584526 <b>Date of Disbursement</b> 10 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kind for Congress Committee</p> <p>Mailing Address 205 South 5th Ave Suite 428</p> <p>City La Crosse State WI Zip Code 54601</p> <p>Purpose of Disbursement Contribution Candidate Name Ron Kind</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 47785-3174707293510 <b>Date of Disbursement</b> 10 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Latham for Congress</p> <p>Mailing Address PO Box 71 PO Box 71</p> <p>City Clarion State IA Zip Code 50525</p> <p>Purpose of Disbursement Contribution Candidate Name Tom Latham</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 47785-1325189471244 <b>Date of Disbursement</b> 10 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

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

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

FOR LINE NUMBER:  
(check only one)

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Rangel for Congress <hr/> Mailing Address PO Box 5577 Manhattanville Sta <hr/> City New York State NY Zip Code 10027 <hr/> Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name Charles B. Rangel <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 47785-7075616717338 Date of Disbursement 10 / 03 / 2008
	Amount of Each Disbursement this Period 1000.00
<b>B.</b> Full Name (Last, First, Middle Initial) Wyden for Senate <hr/> Mailing Address PO Box 3498 <hr/> City Portland State OR Zip Code 97208 <hr/> Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name Ron Wyden <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 95610-84351748228073 Date of Disbursement 10 / 14 / 2008
	Amount of Each Disbursement this Period -1000.00

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

0.00

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

9500.00



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

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Kibbie for Senate <hr/> Mailing Address P.O. Box 190 <hr/> City Emmetsburg State IA Zip Code 50536 Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 48163-0158807635307 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/Type
	Full Name (Last, First, Middle Initial) Petersen for State Representative <hr/> Mailing Address 1346 47th Street <hr/> City Des Moines State IA Zip Code 50311 Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 250.00	
011 Category/Type	<b>Transaction ID:</b> 47785-5121118426322 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8
Amount of Each Disbursement this Period 500.00	011 Category/Type
Full Name (Last, First, Middle Initial) Rants for State House <hr/> Mailing Address 2740 South Glass Street <hr/> City Sioux City State IA Zip Code 51106 Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 47785-5121118426322 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8
Amount of Each Disbursement this Period 500.00	011 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 53

<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

A.

Full Name (Last, First, Middle Initial)

Shomshor for Iowa House

Mailing Address 3018 Avenue M

City State Zip Code  
Council Bluffs IA 51501

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 48163-3247796893119

Date of Disbursement

10 / 07 / 2008

Amount of Each Disbursement this Period

250.00

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

250.00

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

3750.00

Image# 28992863366

Form/Schedule: **F3X**

Transaction ID:

\*\*\*\*\*