Principal Financial Group®

PrinPac

Principal Life Insurance Company Political Action Committee

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August 20, 2001

Board of Directors
Executive Committee
Chair
Art Filean
Vice Chair
Karen Halter
Treasurer
Kurt Jellow
Secretary
Doug Fick
Chair Emeritus
Monica Kirgan

Directors
Dexter Bodin
Stuart J. Brabs
Denny Dunkers
Scott Fiene
Merle T. Frederson
Mary Polson
Michael D. Treinen
Dan Werner

Public Records Office
Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

RE: Principal Life Insurance Company – Political Action Committee
C00128918
Amended Statement of Organization

Enclosed, please find an amended Statement of Organization form for the period July 1, 2001 through June 30, 2002.

Thank you.

Sincerely,

Art Filean
Chairperson, PrinPac
515-247-5476

Enclosure

s:\h022\hlm\prinpac\fec

cc IA Ethics Board

PrinPac Treasurer, Government Relations Department
Principal Financial Group®
Des Moines, IA 50392-3220 515-245-7073

EC 4008 5-01

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)
Principal Life Insurance Company Political Action Committee

2. DATE
August 20, 2001

(b) Number and Street Address ☐ (Check if address is changed)
711 High Street

3. FEC IDENTIFICATION NUMBER
C00128918

(c) City, State and ZIP Code
Des Moines, IA 50392-0001

4. IS THIS STATEMENT AN AMENDMENT? ☒ YES ☐ NO

5. TYPE OF COMMITTEE (Check one)

☐ (a) This committee is a principal campaign committee. (Complete the candidate information below.)

☐ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District

☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)

☐ (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)

☒ (e) This committee is a separate segregated fund.

☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

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Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Principal Life Insurance Company	711 High Street Des Moines, IA 50392-0001	Connected

Type of Connected Organization
☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

7. **Custodian of Records:** Identify by name, address (phone number — optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Kurt Lettow	711 High Street Des Moines, IA 50392-0350	Treasurer

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
Kurt Lettow	711 High Street Des Moines, IA 50392-0350	Treasurer
Art Filean	Des Moines, IA 50392-2230	Chair

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Principal Bank	711 High Street, Des Moines, IA 50392-0040

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

TYPE OR PRINT NAME OF TREASURER	SIGNATURE OF TREASURER	DATE
Kurt Lettow	Kurt Lettow	8/21/2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-376-3120

FEC FORM 1
(revised 4/87)

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☑	First Class Mail	POSTMARKED 8-23-01
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☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

dmp	8-27-01
PREPARER	DATE PREPARED

(6/2000)