07/07/2003 12 : 54

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

ADDRESS (Number and Street)

711 HIGH ST/GOVERNMENT RELATIONS

(Check if address is changed)

DES MOINES | IA | 50392 - 0220

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

fiene.scott@principal.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

5152488469

2. DATE M M / D D / Y Y Y Y 07 07 2003

3. FEC IDENTIFICATION NUMBER C C00128918

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

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 SCOTT FIENE

Signature of Treasurer Electronically Filed by SCOTT FIENE Date M M / D D / Y Y Y Y 07 07 2003

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

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-110

FEC FORM 1
(Revised 02/2003)

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: House Senate President

State District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

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

(e) X 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 party committee.

6. **Name of Any Connected Organization or Affiliated Committee**

Mailing Address

CITY ▲ **STATE ▲** **ZIP CODE ▲**

Relationship

Type of Connected Organization:

Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

Write or Type Committee Name

PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number ___ - ___ - ___

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 of Treasurer: **SCOTT FIENE**

Mailing Address: **Principal Financial Group**
711 High Street
Des Moines IA 50392 - 0990

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 515 - 248 - 2146

Full Name of Designated Agent: **DOUGLAS FICK**

Mailing Address: **Principal Financial Group**
711 High Street
Des Moines IA 50392 - 2740

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Chairman of Board Telephone number 515 - 248 - 2558

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

CITY △ STATE △ ZIP CODE △