



A. Form/Schedule : **F3X**

Transaction ID :

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		35905.96
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	69007.89									
(c) Total Receipts (from Line 19) .....	15900.14	179514.07								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	84908.03	215420.03								
7. Total Disbursements (from Line 31) .....	21500.00	152012.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	63408.03	63408.03								
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	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	12179.74	93485.35
(ii) Unitemized .....	3720.40	83028.72
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	15900.14	176514.07
(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) .....	15900.14	176514.07
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	3000.00
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)) .....	15900.14	179514.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15900.14	179514.07

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	116750.00
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	12.00
(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	12.00
29. Other Disbursements.....	12500.00	35250.00
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))..	21500.00	152012.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21500.00	152012.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 125

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 .....	15900.14	176514.07
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	12.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15900.14	176502.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 125  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.**

Full Name (Last, First, Middle Initial) Noel John Anderson		Date of Receipt MM / DD / YYYY 12 / 15 / 2009
Mailing Address 201 Jones Road Principal Financial Grp		<b>Transaction ID:</b> 201001055527-921
City Waltham	State MA	Zip Code 24511-605
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Principal Life Ins Co.	Occupation Reg VP - Nonqualified Plans	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

**B.**

Full Name (Last, First, Middle Initial) Noel John Anderson		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 201 Jones Road Principal Financial Grp		<b>Transaction ID:</b> 201001055527-922
City Waltham	State MA	Zip Code 24511-605
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Principal Life Ins Co.	Occupation Reg VP - Nonqualified Plans	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

**C.**

Full Name (Last, First, Middle Initial) John E. Aschenbrenner		Date of Receipt MM / DD / YYYY 12 / 01 / 2009
Mailing Address 8717 Horton Circle		<b>Transaction ID:</b> D7123ECE206414B30DF
City Urbandale	State IA	Zip Code 50322-2212
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 3300.00
Name of Employer Principal Life Ins Co.	Occupation President Ins & Fin Svcs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3340.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 125  
(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)  
David M. Ashton

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 ▼ 219.00

Date of Receipt  
MM / DD / YYYY  
12 / 11 / 2009

**Transaction ID:** 201001055527-236

Amount of Each Receipt this Period  
9.00

**B.**

Full Name (Last, First, Middle Initial)  
David M. Ashton

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 ▼ 219.00

Date of Receipt  
MM / DD / YYYY  
12 / 24 / 2009

**Transaction ID:** 201001055527-237

Amount of Each Receipt this Period  
9.00

**C.**

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

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 VP-CEO/President PTC & Bank

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 669.08

Date of Receipt  
MM / DD / YYYY  
12 / 11 / 2009

**Transaction ID:** 201001055527-47

Amount of Each Receipt this Period  
28.84

**SUBTOTAL** of Receipts This Page (optional) ..... ► **46.84**

**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 9 / 125  
(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)  
Arthur John Bacci

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 VP-CEO/President PTC & Bank

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 669.08

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-48

Amount of Each Receipt this Period  
28.84

**B.**

Full Name (Last, First, Middle Initial)  
Craig Lawrence Bassett

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 & Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 825.24

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-188

Amount of Each Receipt this Period  
31.74

**C.**

Full Name (Last, First, Middle Initial)  
Craig Lawrence Bassett

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 & Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 825.24

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-189

Amount of Each Receipt this Period  
31.74

**SUBTOTAL** of Receipts This Page (optional) ..... ► **92.32**

**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 10 / 125  
(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)  
Neil Andrew Baxter

Mailing Address 28411 Northwestern Highway Suite 7  
Principal Financial Group

City State Zip Code  
Southfield MI 48034

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-915

Amount of Each Receipt this Period  
15.00

**B.** Full Name (Last, First, Middle Initial)  
Neil Andrew Baxter

Mailing Address 28411 Northwestern Highway Suite 7  
Principal Financial Group

City State Zip Code  
Southfield MI 48034

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-916

Amount of Each Receipt this Period  
15.00

**C.** Full Name (Last, First, Middle Initial)  
Michael Jon Beer

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-Mutual Funds & Broker Dealer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-841

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 65.00

**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 11 / 125

(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 Jon Beer

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-Mutual Funds & Broker Dealer

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 910.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-842

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Darin Lee Bennigsdorf

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. Asst Mng Dir-Special Servicing

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 200.20

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-231

Amount of Each Receipt this Period

7.70

**C.**

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 Occupation  
Principal Life Ins Co. VP - Health IT

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1014.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-728

Amount of Each Receipt this Period

39.00

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

81.70

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 125

(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 Occupation  
Principal Life Ins Co. VP - Health IT

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1014.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: 201001055527-729

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 Occupation  
Principal Life Ins Co. Manager

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 309.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	9

Transaction ID: 201001055527-961

Amount of Each Receipt this Period

11.90
-------

**C.**

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 Occupation  
Principal Life Ins Co. Manager

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 309.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: 201001055527-962

Amount of Each Receipt this Period

11.90
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**SUBTOTAL** of Receipts This Page (optional) .....

62.80
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**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 13 / 125  
(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)  
Debra K. Blackman

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-Operational Excellence

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
MM / DD / YYYY  
12 / 24 / 2009

**Transaction ID:** 201001055527-271

Amount of Each Receipt this Period  
8.00

**B.** 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 ▼ 520.00

Date of Receipt  
MM / DD / YYYY  
12 / 11 / 2009

**Transaction ID:** 201001055527-638

Amount of Each Receipt this Period  
20.00

**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 ▼ 520.00

Date of Receipt  
MM / DD / YYYY  
12 / 24 / 2009

**Transaction ID:** 201001055527-639

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **48.00**

**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 / 125  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

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 Principal Life Ins Co. Occupation Director, Federal Gov Rel-DC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1258.40

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-945

Amount of Each Receipt this Period  
48.40

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

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 Principal Life Ins Co. Occupation Director, Federal Gov Rel-DC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1258.40

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-946

Amount of Each Receipt this Period  
48.40

**C.** Full Name (Last, First, Middle Initial)  
Dexter R. Bodin

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 219.96

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-294

Amount of Each Receipt this Period  
8.61

**SUBTOTAL** of Receipts This Page (optional) ..... ► **105.41**

**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 / 125  
(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)  
Dexter R. Bodin

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 219.96

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-295

Amount of Each Receipt this Period  
8.61

**B.** Full Name (Last, First, Middle Initial)  
Christopher J. Bowman

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 Strategic Dev & Mktg

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 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-161

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Christopher J. Bowman

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 Strategic Dev & Mktg

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 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-162

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **108.61**

**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 / 125  
(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)  
Jonette Rae Brandsgard

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 Medical Management Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-546

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
Jonette Rae Brandsgard

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 Medical Management Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-547

Amount of Each Receipt this Period  
10.00

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

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,Product &Distrib Compliance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 825.24

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-242

Amount of Each Receipt this Period  
31.74

**SUBTOTAL** of Receipts This Page (optional) ..... ► **51.74**

**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 17 / 125  
(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)  
David James Brown

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, Product & Distrib Compliance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 825.24

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-243

Amount of Each Receipt this Period  
31.74

**B.**

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

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 CFO-Principal Funds

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 399.88

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-504

Amount of Each Receipt this Period  
15.38

**C.**

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

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 CFO-Principal Funds

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 399.88

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-505

Amount of Each Receipt this Period  
15.38

**SUBTOTAL** of Receipts This Page (optional) ..... ► **62.50**

**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 / 125

(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)  
Paul Alvin Brown

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- Institutional Mkt Segment
--------------------------------------------	---------------------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1014.00
---------------------------------------------------------------------------------------------------------------------------------	-------------------------------------

Date of Receipt

M M / D D / Y Y Y Y  
12 / 11 / 2009

Transaction ID: 201001055527-947

Amount of Each Receipt this Period  
39.00

**B.**

Full Name (Last, First, Middle Initial)  
Paul Alvin Brown

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- Institutional Mkt Segment
--------------------------------------------	---------------------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1014.00
---------------------------------------------------------------------------------------------------------------------------------	-------------------------------------

Date of Receipt

M M / D D / Y Y Y Y  
12 / 24 / 2009

Transaction ID: 201001055527-948

Amount of Each Receipt this Period  
39.00

**C.**

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

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 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 ▼ 1300.00
---------------------------------------------------------------------------------------------------------------------------------	-------------------------------------

Date of Receipt

M M / D D / Y Y Y Y  
12 / 11 / 2009

Transaction ID: 201001055527-913

Amount of Each Receipt this Period  
50.00

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

128.00

**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 / 125

(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)

Ned Alan Burmeister

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, VP, CFO & Risk Mgr-Prin Intrn'l  
Inc.

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-914

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Barbara B. Burnett

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. Sr Corp Negotiator

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-57

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Barbara B. Burnett

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. Sr Corp Negotiator

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-58

Amount of Each Receipt this Period

20.00

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

90.00

**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 20 / 125

(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 State Zip Code  
Irvine CA 92612-7169

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

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

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 750.10

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-1219

Amount of Each Receipt this Period  
28.85

**B.**

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

Mailing Address 18101 Von Karman Avenue  
Suite 1170

City State Zip Code  
Irvine CA 92612-7169

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

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

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 750.10

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-1220

Amount of Each Receipt this Period  
28.85

**C.**

Full Name (Last, First, Middle Initial)  
Gregory John Burrows

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 Retirement & Investor Svcs

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1615.14

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-398

Amount of Each Receipt this Period  
63.45

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

121.15

**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 21 / 125  
(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 John Burrows

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 ▼ 1615.14

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-399

Amount of Each Receipt this Period  
63.45

**B.**

Full Name (Last, First, Middle Initial)  
Teresa Marie Button

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-1199

Amount of Each Receipt this Period  
15.00

**C.**

Full Name (Last, First, Middle Initial)  
Teresa Marie Button

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-1200

Amount of Each Receipt this Period  
15.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **93.45**

**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 / 125

(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 Tonnis Calos

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 828.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	9

Transaction ID: 201001055527-151

Amount of Each Receipt this Period

31.85
-------

**B.**

Full Name (Last, First, Middle Initial)

Chris Tonnis Calos

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 828.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: 201001055527-152

Amount of Each Receipt this Period

31.85
-------

**C.**

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-Individual Distribution

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 999.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	9

Transaction ID: 201001055527-917

Amount of Each Receipt this Period

38.46
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**SUBTOTAL** of Receipts This Page (optional) ..... ▶

102.16
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**TOTAL** This Period (last page this line number only) ..... ▶

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 125

(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)  
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 Principal Life Ins Co.	Occupation VP-Individual Distribution
--------------------------------------------	------------------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96
---------------------------------------------------------------------------------------------------------------------------------	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-918

Amount of Each Receipt this Period

38.46

**B.**

Full Name (Last, First, Middle Initial)  
Lillian Ilin 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 Principal Life Ins Co.	Occupation VP Tax
--------------------------------------------	----------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 832.00
---------------------------------------------------------------------------------------------------------------------------------	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-692

Amount of Each Receipt this Period

32.00

**C.**

Full Name (Last, First, Middle Initial)  
Lillian Ilin 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 Principal Life Ins Co.	Occupation VP Tax
--------------------------------------------	----------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 832.00
---------------------------------------------------------------------------------------------------------------------------------	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-693

Amount of Each Receipt this Period

32.00

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

102.46

**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 / 125

(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)

Barrie Gibb Christman

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-Individual Investor Svcs

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.22

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-67

Amount of Each Receipt this Period

38.47

**B.**

Full Name (Last, First, Middle Initial)

Barrie Gibb Christman

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-Individual Investor Svcs

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.22

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-68

Amount of Each Receipt this Period

38.47

**C.**

Full Name (Last, First, Middle Initial)

Timothy Joseph Cleary

Mailing Address 11100 Wayzata Boulevard, Suite 211  
Principal Financial Group

City State Zip Code  
Minnetonka MN 55305-5517

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) ▼ 399.88

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-1231

Amount of Each Receipt this Period

15.38

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

92.32

**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 / 125

(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)  
Timothy Joseph Cleary

Mailing Address 11100 Wayzata Boulevard, Suite 211  
Principal Financial Group

City State Zip Code  
Minnetonka MN 55305-5517

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

Name of Employer Occupation  
Principal Life Ins Co. VP Consulting

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 399.88

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-1232

Amount of Each Receipt this Period

15.38

**B.**

Full Name (Last, First, Middle Initial)  
Cindy Mae Close

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

Name of Employer Occupation  
Principal Life Ins Co. Director Field Office Ops

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-171

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)  
Cindy Mae Close

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

Name of Employer Occupation  
Principal Life Ins Co. Director Field Office Ops

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-172

Amount of Each Receipt this Period

10.00

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

35.38

**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 / 125  
(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)  
Eileen Mary Conroy

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-Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 399.88

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-352

Amount of Each Receipt this Period  
15.38

**B.**

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

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-Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 399.88

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-353

Amount of Each Receipt this Period  
15.38

**C.**

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 ▼ 437.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-141

Amount of Each Receipt this Period  
17.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **47.76**

**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 27 / 125  
(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 ▼ 437.00

Date of Receipt  
MM / DD / YYYY  
12 / 24 / 2009

**Transaction ID:** 201001055527-142

Amount of Each Receipt this Period  
17.00

**B.** Full Name (Last, First, Middle Initial)  
Martha Peairs Crist

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 ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
12 / 11 / 2009

**Transaction ID:** 201001055527-777

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
Martha Peairs Crist

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 ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
12 / 24 / 2009

**Transaction ID:** 201001055527-778

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **37.00**

**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 / 125  
(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)  
Martin Lee Cropp

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-Investment Production

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 214.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-781

Amount of Each Receipt this Period  
8.25

**B.**

Full Name (Last, First, Middle Initial)  
Martin Lee Cropp

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-Investment Production

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 214.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-782

Amount of Each Receipt this Period  
8.25

**C.**

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 ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-847

Amount of Each Receipt this Period  
15.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **31.50**

**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 / 125  
(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) Michael W. Cumings		Date of Receipt MM / DD / YYYY 12 / 24 / 2009		
	Mailing Address 711 High Street		<b>Transaction ID:</b> 201001055527-848		
	City Des Moines	State IA	Zip Code 50309-2732	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Principal Life Ins Co.	Occupation Counsel	Aggregate Year-to-Date 390.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Andrew Piper Dalgliesh		Date of Receipt MM / DD / YYYY 12 / 11 / 2009		
	Mailing Address 4141 Parklake Ave; Suite 400		<b>Transaction ID:</b> 201001055527-23		
	City Raleigh	State NC	Zip Code 27612-2333	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Principal Life Ins Co.	Occupation Director-Non-Qualified	Aggregate Year-to-Date 390.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Andrew Piper Dalgliesh		Date of Receipt MM / DD / YYYY 12 / 24 / 2009		
	Mailing Address 4141 Parklake Ave; Suite 400		<b>Transaction ID:</b> 201001055527-24		
	City Raleigh	State NC	Zip Code 27612-2333	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Principal Life Ins Co.	Occupation Director-Non-Qualified	Aggregate Year-to-Date 390.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 125  
(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 ▼ 1690.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-1063

Amount of Each Receipt this Period  
65.00

**B.**

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 ▼ 1690.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-1064

Amount of Each Receipt this Period  
65.00

**C.**

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

Mailing Address 6525 Chancellor Drive  
Cedar Falls Industrial Park

City State Zip Code  
Cedar Falls IA 50613-6957

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

Name of Employer Principal Life Ins Co. Occupation AVP-Retirement & Investor Serv

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-849

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **140.00**

**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 31 / 125  
(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)  
Michael John Daugherty

Mailing Address 6525 Chancellor Drive  
Cedar Falls Industrial Park

City Cedar Falls State IA Zip Code 50613-6957

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

Name of Employer Principal Life Ins Co. Occupation AVP-Retirement & Investor Serv

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 24 / 2009  
Transaction ID: 201001055527-850  
Amount of Each Receipt this Period 10.00

**B.** Full Name (Last, First, Middle Initial)  
Douglas Scott Dornacker

Mailing Address 711 High Street

City Des Moines State IA Zip Code 50392-0001

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 11 / 2009  
Transaction ID: 201001055527-328  
Amount of Each Receipt this Period 10.00

**C.** Full Name (Last, First, Middle Initial)  
Douglas Scott Dornacker

Mailing Address 711 High Street

City Des Moines State IA Zip Code 50392-0001

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 24 / 2009  
Transaction ID: 201001055527-329  
Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 30.00

**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 32 / 125  
(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)  
Gary Lane Dorton

Mailing Address 4141 Parklake Ave; 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-Employer Solutions & Serv

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 825.24

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-378

Amount of Each Receipt this Period

31.74

**B.**

Full Name (Last, First, Middle Initial)  
Gary Lane Dorton

Mailing Address 4141 Parklake Ave; 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-Employer Solutions & Serv

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 825.24

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-379

Amount of Each Receipt this Period

31.74

**C.**

Full Name (Last, First, Middle Initial)  
Timothy Mark Dunbar

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

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

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1649.96

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-1237

Amount of Each Receipt this Period

63.46

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

126.94

**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 / 125

(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)

Timothy Mark Dunbar

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1649.96

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-1238

Amount of Each Receipt this Period

63.46

**B.**

Full Name (Last, First, Middle Initial)

Gregory Bernard 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 Occupation  
Principal Life Ins Co. SVP & Controller

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1664.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-400

Amount of Each Receipt this Period

64.00

**C.**

Full Name (Last, First, Middle Initial)

Gregory Bernard 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 Occupation  
Principal Life Ins Co. SVP & Controller

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1664.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-401

Amount of Each Receipt this Period

64.00

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

191.46

**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 34 / 125  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Ralph Craig Eucher  
Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation SVP HR, Corp Svcs & RIS

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 11 / 2009  
**Transaction ID:** 201001055527-989  
Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
Ralph Craig Eucher  
Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation SVP HR, Corp Svcs & RIS

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 24 / 2009  
**Transaction ID:** 201001055527-990  
Amount of Each Receipt this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
Nora Mary 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 ▼ 1170.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 11 / 2009  
**Transaction ID:** 201001055527-923  
Amount of Each Receipt this Period 45.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 95.00

**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 35 / 125  
(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)  
Nora Mary 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 ▼ 1170.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-924

Amount of Each Receipt this Period  
45.00

**B.**

Full Name (Last, First, Middle Initial)  
Todd Eugene Everett

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation Mng Dir-Head of RE Fixed Inc

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-1250

Amount of Each Receipt this Period  
8.00

**C.**

Full Name (Last, First, Middle Initial)  
Douglas Alan 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 ▼ 958.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-330

Amount of Each Receipt this Period  
38.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **91.00**

**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 36 / 125

(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 Alan 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 Occupation  
Principal Life Ins Co. VP - SBD IT

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 958.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: 201001055527-331

Amount of Each Receipt this Period

38.00
-------

**B.**

Full Name (Last, First, Middle Initial)

James C. Fifield

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. Assistant General Counsel

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	9

Transaction ID: 201001055527-420

Amount of Each Receipt this Period

10.00
-------

**C.**

Full Name (Last, First, Middle Initial)

James C. Fifield

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. Assistant General Counsel

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: 201001055527-421

Amount of Each Receipt this Period

10.00
-------

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

58.00
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**TOTAL** This Period (last page this line number only) .....

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 125  
(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)  
Michael Patrick 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 ▼ 832.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-853

Amount of Each Receipt this Period  
32.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael Patrick 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 ▼ 832.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-854

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 ▼ 590.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-460

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **84.00**

**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 38 / 125  
(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)  
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 ▼ 590.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-461

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Jonathan W. Flentgen

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 Financial Analyst Iv

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-542

Amount of Each Receipt this Period  
10.00

**C.**

Full Name (Last, First, Middle Initial)  
Jonathan W. Flentgen

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 Financial Analyst Iv

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-543

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **40.00**

**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 39 / 125  
(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)  
Louis E. Flori

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 - Capital Markets

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 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-726

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
Louis E. Flori

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 - Capital Markets

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 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-727

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Melita L. Frankford

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 IT-Quality Assurance Anlst Iii

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-835

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 50.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 125  
(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)  
Melita L. Frankford  
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 IT-Quality Assurance Anlst Iii  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00  
Date of Receipt 12 / 24 / 2009  
Transaction ID: 201001055527-836  
Amount of Each Receipt this Period 10.00

**B.** Full Name (Last, First, Middle Initial)  
Christopher P. Freese  
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- Chief Actuary  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 208.00  
Date of Receipt 12 / 24 / 2009  
Transaction ID: 201001055527-166  
Amount of Each Receipt this Period 8.00

**C.** Full Name (Last, First, Middle Initial)  
Brent Eugene Fritz  
Mailing Address 711 High Street  
City Des Moines State IA Zip Code 50392-0001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Principal Life Ins Co. Occupation VP & Actuary-Individual  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 793.50  
Date of Receipt 12 / 11 / 2009  
Transaction ID: 201001055527-105  
Amount of Each Receipt this Period 31.74

**SUBTOTAL** of Receipts This Page (optional) ..... ► 49.74  
**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 41 / 125

(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 Eugene Fritz

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 793.50

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-106

Amount of Each Receipt this Period  
31.74

**B.**

Full Name (Last, First, Middle Initial)

Paul E. Fromm

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

Name of Employer Occupation  
Principal Life Ins Co. AVP-Retirement & Investor Serv

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 499.98

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-951

Amount of Each Receipt this Period  
19.23

**C.**

Full Name (Last, First, Middle Initial)

Paul E. Fromm

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

Name of Employer Occupation  
Principal Life Ins Co. AVP-Retirement & Investor Serv

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 499.98

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-952

Amount of Each Receipt this Period  
19.23

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

70.20

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 125

(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)

Cary Allan 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 Occupation  
Principal Life Ins Co. AVP-Principal Funds Distrib

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-133

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Cary Allan 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 Occupation  
Principal Life Ins Co. AVP-Principal Funds Distrib

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-134

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas John Graf

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-1223

Amount of Each Receipt this Period

165.00

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

205.00

**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 43 / 125  
(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)  
Thomas John Graf

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4215.00

Date of Receipt: 12 / 24 / 2009  
Transaction ID: 201001055527-1224  
Amount of Each Receipt this Period: 165.00

**B.** Full Name (Last, First, Middle Initial)  
Lynn Marie 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 ▼ 1040.00

Date of Receipt: 12 / 11 / 2009  
Transaction ID: 201001055527-734  
Amount of Each Receipt this Period: 40.00

**C.** Full Name (Last, First, Middle Initial)  
Lynn Marie 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 ▼ 1040.00

Date of Receipt: 12 / 24 / 2009  
Transaction ID: 201001055527-735  
Amount of Each Receipt this Period: 40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 245.00

**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 44 / 125

(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)

Steven Kent 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 Occupation  
Principal Life Ins Co. Mng Dir-Real Estate Operation

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 832.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-1165

Amount of Each Receipt this Period  
32.00

**B.**

Full Name (Last, First, Middle Initial)

Steven Kent 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 Occupation  
Principal Life Ins Co. Mng Dir-Real Estate Operation

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 832.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-1166

Amount of Each Receipt this Period  
32.00

**C.**

Full Name (Last, First, Middle Initial)

Victoria Whitaker Gray

Mailing Address 51 Germantown Court Suite 101  
Principal Financial Group

City State Zip Code  
Cordova TN 38018

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

Name of Employer Occupation  
Principal Life Ins Co. Sr Account Exec-Retirement Svc

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1950.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-1269

Amount of Each Receipt this Period  
75.00

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

139.00

**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 45 / 125  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Victoria Whitaker 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 ▼ 1950.00

Date of Receipt 12 / 24 / 2009  
Transaction ID: 201001055527-1270  
Amount of Each Receipt this Period 75.00

**B.** Full Name (Last, First, Middle Initial)  
Gregg R. Griesemer

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 Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 11 / 2009  
Transaction ID: 201001055527-394  
Amount of Each Receipt this Period 10.00

**C.** Full Name (Last, First, Middle Initial)  
Gregg R. Griesemer

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 Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 24 / 2009  
Transaction ID: 201001055527-395  
Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 95.00

**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 46 / 125

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Connie Kane Gunter		Date of Receipt																				
	Mailing Address 13860 Ballantyne Corp Place, Suite Principal Financial Group		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	5	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	2	/	1	5	/	2	0	0	9													
	City	State	Zip Code																				
Charlotte	NC	28277-2467																					
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 201001055527-178																					
Name of Employer Principal Life Ins Co.		Occupation Development Director	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 ▼	<table border="1"><tr><td>10.00</td></tr></table>	10.00																			
10.00																							
		<table border="1"><tr><td>240.00</td></tr></table>	240.00																				
240.00																							

<b>B.</b>	Full Name (Last, First, Middle Initial) Connie Kane Gunter		Date of Receipt																				
	Mailing Address 13860 Ballantyne Corp Place, Suite Principal Financial Group		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	3	1	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	2	/	3	1	/	2	0	0	9													
	City	State	Zip Code																				
Charlotte	NC	28277-2467																					
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 201001055527-179																					
Name of Employer Principal Life Ins Co.		Occupation Development Director	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 ▼	<table border="1"><tr><td>10.00</td></tr></table>	10.00																			
10.00																							
		<table border="1"><tr><td>240.00</td></tr></table>	240.00																				
240.00																							

<b>C.</b>	Full Name (Last, First, Middle Initial) Patrick Gregory Halter		Date of Receipt																				
	Mailing Address 711 High Street		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	1	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	2	/	1	1	/	2	0	0	9													
	City	State	Zip Code																				
Des Moines	IA	50309-2732																					
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 201001055527-939																					
Name of Employer Principal Life Ins Co.		Occupation Head of PrinREI	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 ▼	<table border="1"><tr><td>31.74</td></tr></table>	31.74																			
31.74																							
		<table border="1"><tr><td>825.24</td></tr></table>	825.24																				
825.24																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1"><tr><td>51.74</td></tr></table>	51.74
51.74		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 125  
(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)  
Patrick Gregory Halter

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 Head of PrinREI

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 825.24

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-940

Amount of Each Receipt this Period  
31.74

**B.**

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

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-CRE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-755

Amount of Each Receipt this Period  
100.00

**C.**

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

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-CRE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-756

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **231.74**

**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 48 / 125  
(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)  
Elizabeth B. Happe

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 Gen Counsel & CCO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-355

Amount of Each Receipt this Period  
8.00

**B.** 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- Chief Admin Officer Health

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-714

Amount of Each Receipt this Period  
35.00

**C.** 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- Chief Admin Officer Health

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-715

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **78.00**

**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 49 / 125  
(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)  
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 ▼  
499.98

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-895

Amount of Each Receipt this Period  
19.23

**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 ▼  
499.98

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-896

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 ▼  
309.92

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-975

Amount of Each Receipt this Period  
11.92

**SUBTOTAL** of Receipts This Page (optional) ..... ► **50.38**

**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 50 / 125

(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)  
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 Occupation  
Principal Life Ins Co. Nat'l Advanced Solution Specia

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 309.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	4		2	0	0	9

Transaction ID: 201001055527-976

Amount of Each Receipt this Period

11.92
-------

**B.**

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 Occupation  
Principal Life Ins Co. VP & Associate General Counsel

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 832.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	9

Transaction ID: 201001055527-167

Amount of Each Receipt this Period

32.00
-------

**C.**

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 Occupation  
Principal Life Ins Co. VP & Associate General Counsel

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 832.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	4		2	0	0	9

Transaction ID: 201001055527-168

Amount of Each Receipt this Period

32.00
-------

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

75.92

**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 51 / 125  
(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)  
Timothy Allen 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 ▼ 468.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-1239

Amount of Each Receipt this Period  
18.00

**B.**

Full Name (Last, First, Middle Initial)  
Timothy Allen 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 ▼ 468.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-1240

Amount of Each Receipt this Period  
18.00

**C.**

Full Name (Last, First, Middle Initial)  
Jill Marie 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 ▼ 825.24

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-506

Amount of Each Receipt this Period  
31.74

**SUBTOTAL** of Receipts This Page (optional) ..... ► **67.74**

**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 52 / 125

(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)

Jill Marie 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 Occupation  
Principal Life Ins Co. Chief Financial Officer-PGI

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 825.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: 201001055527-507

Amount of Each Receipt this Period

31.74
-------

**B.**

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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1649.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	9

Transaction ID: 201001055527-566

Amount of Each Receipt this Period

63.46
-------

**C.**

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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1649.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: 201001055527-567

Amount of Each Receipt this Period

63.46
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**SUBTOTAL** of Receipts This Page (optional) ..... ▶

158.66
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**TOTAL** This Period (last page this line number only) ..... ▶

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 125

(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)  
Rebecca L. Hoffman

Mailing Address 690 Berkmar Circle

City State Zip Code  
Charlottesville VA 22901-1464

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

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

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-1001

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)  
Rebecca L. Hoffman

Mailing Address 690 Berkmar Circle

City State Zip Code  
Charlottesville VA 22901-1464

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

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

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-1002

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)  
Dyan D. Holterhaus

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

Name of Employer Occupation  
Principal Life Ins Co. Director-Financial Services

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 200.14

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-347

Amount of Each Receipt this Period

7.70

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

27.70

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

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

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

FOR LINE NUMBER: PAGE 54 / 125  
(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)  
Roger (Daryl) D. Holton

Mailing Address 7077 Bonneval Road  
Suite 380

City Jacksonville State FL Zip Code 32216-6055

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 388.50

Date of Receipt 12 / 15 / 2009  
**Transaction ID:** 201001055527-1057  
Amount of Each Receipt this Period 16.50

**B.** Full Name (Last, First, Middle Initial)  
Roger (Daryl) D. Holton

Mailing Address 7077 Bonneval Road  
Suite 380

City Jacksonville State FL Zip Code 32216-6055

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 388.50

Date of Receipt 12 / 31 / 2009  
**Transaction ID:** 201001055527-1058  
Amount of Each Receipt this Period 16.50

**C.** Full Name (Last, First, Middle Initial)  
Daniel Joseph Houston

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 President Ret & Investor Svcs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3042.00

Date of Receipt 12 / 11 / 2009  
**Transaction ID:** 201001055527-214  
Amount of Each Receipt this Period 117.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

**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 55 / 125

(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 Joseph 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: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 3042.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: 201001055527-215

Amount of Each Receipt this Period

117.00
--------

**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. **C**

Name of Employer Occupation  
Principal Life Ins Co. CAO - Investment Accounting

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 767.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	9

Transaction ID: 201001055527-93

Amount of Each Receipt this Period

28.84
-------

**C.**

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. **C**

Name of Employer Occupation  
Principal Life Ins Co. CAO - Investment Accounting

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 767.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: 201001055527-94

Amount of Each Receipt this Period

28.84
-------

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

174.68
--------

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

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 125  
(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)  
Betsy Rae Jepsen

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. Dir-Field Development

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 208.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-74

Amount of Each Receipt this Period  
8.00

**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. **C**

Name of Employer Occupation  
Principal Life Ins Co. Dir IDI Oper-New & Exist Bus

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 312.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-1025

Amount of Each Receipt this Period  
12.00

**C.**

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. **C**

Name of Employer Occupation  
Principal Life Ins Co. Dir IDI Oper-New & Exist Bus

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 312.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-1026

Amount of Each Receipt this Period  
12.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **32.00**

**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 57 / 125

(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)  
Roman E. Kalpas

Mailing Address Wilmington Retirement Serv  
1013 Centre Road

City State Zip Code  
Wilmington DE 19805-1265

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

Name of Employer Occupation  
Principal Trust Company IT Application Analyst-Sr

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 281.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-1061

Amount of Each Receipt this Period  
11.00

**B.**

Full Name (Last, First, Middle Initial)  
Roman E. Kalpas

Mailing Address Wilmington Retirement Serv  
1013 Centre Road

City State Zip Code  
Wilmington DE 19805-1265

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

Name of Employer Occupation  
Principal Trust Company IT Application Analyst-Sr

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 281.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-1062

Amount of Each Receipt this Period  
11.00

**C.**

Full Name (Last, First, Middle Initial)  
Patrick J. Kane

Mailing Address 1227 Stony Hill Road

City State Zip Code  
Wilbraham MA 01095-2424

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

Name of Employer Occupation  
Principal Life Ins Co. Reg VP - Life

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 201001055527-941

Amount of Each Receipt this Period  
10.00

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

32.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 125  
(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)  
Patrick J. Kane

Mailing Address 1227 Stony Hill Road

City State Zip Code  
Wilbraham MA 01095-2424

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

Name of Employer Principal Life Ins Co. Occupation Reg VP - Life

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

**Transaction ID:** 201001055527-942

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
Clifford P. Karthaus

Mailing Address 19407 Camden Avenue

City State Zip Code  
Elkhorn NE 68022-1124

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 ▼ 660.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

**Transaction ID:** D48EB203EF745C16095

Amount of Each Receipt this Period  
55.00

**C.** Full Name (Last, First, Middle Initial)  
Jill E. R. Kempkes

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 Assoc Director of GovRelations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-508

Amount of Each Receipt this Period  
7.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► 72.50

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 125

(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)

Jill E. R. Kempkes

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. Assoc Director of GovRelations

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 208.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	4		2	0	9	

Transaction ID: 201001055527-509

Amount of Each Receipt this Period

7.50
------

**B.**

Full Name (Last, First, Middle Initial)

Mark A. Kinback

Mailing Address 405 Grove Street

City State Zip Code  
Worcester MA 01605-1270

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

Name of Employer Occupation  
Principal Life Ins Co. AVP-Di Multi Life Marketing

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	9	

Transaction ID: 201001055527-759

Amount of Each Receipt this Period

10.00
-------

**C.**

Full Name (Last, First, Middle Initial)

Mark A. Kinback

Mailing Address 405 Grove Street

City State Zip Code  
Worcester MA 01605-1270

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

Name of Employer Occupation  
Principal Life Ins Co. AVP-Di Multi Life Marketing

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	4		2	0	9	

Transaction ID: 201001055527-760

Amount of Each Receipt this Period

10.00
-------

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

27.50

**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 60 / 125

(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)

Monica Jean Kirgan

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

Name of Employer Occupation  
Principal Life Ins Co. VP-National Service Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 936.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-897

Amount of Each Receipt this Period

36.00

**B.**

Full Name (Last, First, Middle Initial)

Monica Jean Kirgan

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

Name of Employer Occupation  
Principal Life Ins Co. VP-National Service Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 936.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-898

Amount of Each Receipt this Period

36.00

**C.**

Full Name (Last, First, Middle Initial)

Kara Marie Kohler-Hoogensen

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. Strategy Director-Prin Funds

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-588

Amount of Each Receipt this Period

10.00

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

82.00

**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 61 / 125  
(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)  
Kara Marie Kohler-Hoogensen

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 Strategy Director-Prin Funds

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-589

Amount of Each Receipt this Period  
10.00

**B.**

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 ▼ 286.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-192

Amount of Each Receipt this Period  
11.00

**C.**

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 ▼ 286.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-193

Amount of Each Receipt this Period  
11.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **32.00**

**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 62 / 125

(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)

Ellen Ruth Lamale

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

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

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1820.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	9

Transaction ID: 201001055527-360

Amount of Each Receipt this Period

70.00
-------

**B.**

Full Name (Last, First, Middle Initial)

Ellen Ruth Lamale

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

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

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1820.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: 201001055527-361

Amount of Each Receipt this Period

70.00
-------

**C.**

Full Name (Last, First, Middle Initial)

Blaine William Laverick

Mailing Address 4141 Parklake Ave; 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: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 399.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	9

Transaction ID: 201001055527-77

Amount of Each Receipt this Period

15.38
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**SUBTOTAL** of Receipts This Page (optional) .....

155.38

**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 63 / 125

(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)  
Blaine William Laverick

Mailing Address 4141 Parklake Ave; 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 ▼ 399.88

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-78

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 ▼ 1430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-572

Amount of Each Receipt this Period

55.00

**C.**

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 ▼ 1430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-573

Amount of Each Receipt this Period

55.00

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

125.38

**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 64 / 125
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard C. Lawson	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 1350 I Street Northwest Suite 880	<b>Transaction ID:</b> 201001055527-1027
	City State Zip Code Washington D.C. DC 20005-7207	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Principal Life Ins Co. Occupation VP-Federal Govt Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 961.50

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard C. Lawson	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 1350 I Street Northwest Suite 880	<b>Transaction ID:</b> 201001055527-1028
	City State Zip Code Washington D.C. DC 20005-7207	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Principal Life Ins Co. Occupation VP-Federal Govt Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 961.50

<b>C.</b>	Full Name (Last, First, Middle Initial) Scott Patrick Leiberton	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 711 High Street	<b>Transaction ID:</b> 201001055527-1103
	City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Principal Life Ins Co. Occupation Mng Dir-Product Specialist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	96.92
<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 65 / 125  
(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)  
Scott Patrick Leiberton

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-1104

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Brayton T. Li

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 Sr Managing Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.10

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-95

Amount of Each Receipt this Period  
8.85

**C.**

Full Name (Last, First, Middle Initial)  
Brayton T. Li

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 Sr Managing Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.10

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-96

Amount of Each Receipt this Period  
8.85

**SUBTOTAL** of Receipts This Page (optional) ..... ► **37.70**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 125

(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)  
Terrance Joseph 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 Occupation  
Principal Life Ins Co. SVP & Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1040.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-1205

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)  
Terrance Joseph 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 Occupation  
Principal Life Ins Co. SVP & Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1040.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-1206

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)  
Gregory Allen 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 Occupation  
Principal Life Ins Co. VP-Individual Life Operations

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-402

Amount of Each Receipt this Period

25.00

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

105.00

**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 67 / 125

(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 Allen 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 Occupation  
Principal Life Ins Co. VP-Individual Life Operations

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	4		2	0	0	9

Transaction ID: 201001055527-403

Amount of Each Receipt this Period

25.00
-------

**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) ▼ 390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	9

Transaction ID: 201001055527-282

Amount of Each Receipt this Period

15.00
-------

**C.**

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) ▼ 390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	4		2	0	0	9

Transaction ID: 201001055527-283

Amount of Each Receipt this Period

15.00
-------

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

55.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 125
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Joseph E. Marx	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 5500 Main Street Principal Financial Group	<b>Transaction ID:</b> 201001055527-556
	City State Zip Code Williamsville NY 14221	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Principal Life Ins Co. Occupation VP Consulting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Joseph E. Marx	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 5500 Main Street Principal Financial Group	<b>Transaction ID:</b> 201001055527-557
	City State Zip Code Williamsville NY 14221	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Principal Life Ins Co. Occupation VP Consulting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Chris Lee Mayer	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 6200 Park Avenue	<b>Transaction ID:</b> 201001055527-153
	City State Zip Code Des Moines IA 50321-1270	Amount of Each Receipt this Period 32.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Principal Life Ins Co. Occupation CFO-Bank & Trust Segment Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 832.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	62.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 125  
(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 Lee Mayer

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 CFO-Bank & Trust Segment

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 832.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-154

Amount of Each Receipt this Period  
32.00

**B.**

Full Name (Last, First, Middle Initial)  
Joseph W. McCarty

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation AVP-Annuity Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-558

Amount of Each Receipt this Period  
10.00

**C.**

Full Name (Last, First, Middle Initial)  
Joseph W. McCarty

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation AVP-Annuity Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-559

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **52.00**

**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 70 / 125  
(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)  
Daniel John 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 Principal Life Ins Co. Occupation VP-Managing Dir, RIS Distrib

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 11 / 2009  
**Transaction ID:** 201001055527-218  
Amount of Each Receipt this Period 40.00

**B.** Full Name (Last, First, Middle Initial)  
Daniel John 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 Principal Life Ins Co. Occupation VP-Managing Dir, RIS Distrib

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 24 / 2009  
**Transaction ID:** 201001055527-219  
Amount of Each Receipt this Period 40.00

**C.** 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 ▼ 832.00

Date of Receipt 12 / 11 / 2009  
**Transaction ID:** 201001055527-63  
Amount of Each Receipt this Period 32.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 112.00

**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 71 / 125

(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)

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 Occupation  
Principal Life Ins Co. Chief Operations Officer-Pgi

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 832.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-64

Amount of Each Receipt this Period

32.00

**B.**

Full Name (Last, First, Middle Initial)

Kathern S. McLaughlin

Mailing Address 111 West State Street

City State Zip Code  
Mason City IA 50401-3131

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

Name of Employer Occupation  
Principal Life Ins Co. Asst Mgr-Services

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-611

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Arthur Michael 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 Occupation  
Principal Life Ins Co. AVP-Product Management

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 620.62

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-49

Amount of Each Receipt this Period

23.87

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

65.87

**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 72 / 125  
(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)  
Arthur Michael 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 ▼ 620.62

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-50

Amount of Each Receipt this Period  
23.87

**B.** Full Name (Last, First, Middle Initial)  
Shelly Marie 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 - Strategy & Mkt Developme

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-1129

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Shelly Marie 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 - Strategy & Mkt Developme

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-1130

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **73.87**

**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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one) <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 73 / 125
-------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kevin L. Meinders		Date of Receipt MM / DD / YYYY 12 / 24 / 2009		
	Mailing Address 711 High Street		<b>Transaction ID:</b> 201001055527-635		
	City Des Moines	State IA	Zip Code 50309-2732	Amount of Each Receipt this Period 8.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Principal Life Ins Co.	Occupation Director - IT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Andrew C. Miller		Date of Receipt MM / DD / YYYY 12 / 11 / 2009		
	Mailing Address 18 Foxcroft Run		<b>Transaction ID:</b> 201001055527-27		
	City Avon	State CT	Zip Code 06001-2509	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Principal Life Ins Co.	Occupation Sr Relationship Mgr - AMG PFD			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Andrew C. Miller		Date of Receipt MM / DD / YYYY 12 / 24 / 2009		
	Mailing Address 18 Foxcroft Run		<b>Transaction ID:</b> 201001055527-28		
	City Avon	State CT	Zip Code 06001-2509	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Principal Life Ins Co.	Occupation Sr Relationship Mgr - AMG PFD			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	28.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 74 / 125  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

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 ▼ 999.96

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 11 / 2009

**Transaction ID:** 201001055527-15

Amount of Each Receipt this Period  
38.46

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

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 ▼ 999.96

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 24 / 2009

**Transaction ID:** 201001055527-16

Amount of Each Receipt this Period  
38.46

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

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 Distribution

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1690.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 11 / 2009

**Transaction ID:** 201001055527-1243

Amount of Each Receipt this Period  
65.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **141.92**

**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 75 / 125  
(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)  
Timothy Jon Minard

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 Distribution

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1690.00

Date of Receipt: 12 / 24 / 2009  
Transaction ID: 201001055527-1244  
Amount of Each Receipt this Period: 65.00

**B.** Full Name (Last, First, Middle Initial)  
Donald E. Moffett

Mailing Address 1714 Abbey Trace Drive

City State Zip Code  
Dover FL 33527-6006

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

Name of Employer Principal Life Ins Co. Occupation Regional Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 12 / 24 / 2009  
Transaction ID: 201001055527-313  
Amount of Each Receipt this Period: 10.00

**C.** Full Name (Last, First, Middle Initial)  
Jacque Sue Mohs

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation VP- Dynamic Market Segment

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 832.00

Date of Receipt: 12 / 11 / 2009  
Transaction ID: 201001055527-416  
Amount of Each Receipt this Period: 32.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 107.00

**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 76 / 125  
(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)  
Jacque Sue Mohs  
Mailing Address 711 High Street  
City Des Moines State IA Zip Code 50392-0001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Principal Life Ins Co. Occupation VP- Dynamic Market Segment  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 832.00  
Date of Receipt 12 / 24 / 2009  
Transaction ID: 201001055527-417  
Amount of Each Receipt this Period 32.00

**B.** Full Name (Last, First, Middle Initial)  
Barbara Carlson Mueller  
Mailing Address 6200 Park Avenue  
City Des Moines State IA Zip Code 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 ▼ 399.88  
Date of Receipt 12 / 11 / 2009  
Transaction ID: 201001055527-65  
Amount of Each Receipt this Period 15.38

**C.** Full Name (Last, First, Middle Initial)  
Barbara Carlson Mueller  
Mailing Address 6200 Park Avenue  
City Des Moines State IA Zip Code 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 ▼ 399.88  
Date of Receipt 12 / 24 / 2009  
Transaction ID: 201001055527-66  
Amount of Each Receipt this Period 15.38

**SUBTOTAL** of Receipts This Page (optional) ..... ► 62.76  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 77 / 125

(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)

Naim A. Munir

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 & Sr Chief Medical Officer

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	9

Transaction ID: 201001055527-899

Amount of Each Receipt this Period

32.00
-------

**B.**

Full Name (Last, First, Middle Initial)

Naim A. Munir

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 & Sr Chief Medical Officer

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	4		2	0	0	9

Transaction ID: 201001055527-900

Amount of Each Receipt this Period

32.00
-------

**C.**

Full Name (Last, First, Middle Initial)

Philip K. Nordhus

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. Portfolio Manager

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 208.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	4		2	0	0	9

Transaction ID: 201001055527-980

Amount of Each Receipt this Period

8.00
------

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

72.00
-------

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

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 125

(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 Agnes O'Keefe

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

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

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1149.98

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-805

Amount of Each Receipt this Period

44.23

**B.**

Full Name (Last, First, Middle Initial)

Mary Agnes O'Keefe

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

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

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1149.98

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-806

Amount of Each Receipt this Period

44.23

**C.**

Full Name (Last, First, Middle Initial)

Susan A. Palmer

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. Director-Consumer Health

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 224.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-1187

Amount of Each Receipt this Period

8.80

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

97.26

**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 79 / 125

(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)

Susan A. Palmer

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. Director-Consumer Health

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 224.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: 201001055527-1188

Amount of Each Receipt this Period  
8.80

**B.**

Full Name (Last, First, Middle Initial)

Gerald W. Patterson

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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	9

Transaction ID: 201001055527-386

Amount of Each Receipt this Period  
28.85

**C.**

Full Name (Last, First, Middle Initial)

Gerald W. Patterson

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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: 201001055527-387

Amount of Each Receipt this Period  
28.85

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

66.50

**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 80 / 125

(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 Arlene Pearston

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing federal political committee. C

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 825.24

Date of Receipt M M / D D / Y Y Y Y  
12 / 11 / 2009

**Transaction ID:** 201001055527-598

Amount of Each Receipt this Period 31.74

**B.**

Full Name (Last, First, Middle Initial)  
Karen Arlene Pearston

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing federal political committee. C

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 825.24

Date of Receipt M M / D D / Y Y Y Y  
12 / 24 / 2009

**Transaction ID:** 201001055527-599

Amount of Each Receipt this Period 31.74

**C.**

Full Name (Last, First, Middle Initial)  
Merle T. Pederson

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-Govt Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 832.00

Date of Receipt M M / D D / Y Y Y Y  
12 / 11 / 2009

**Transaction ID:** 201001055527-837

Amount of Each Receipt this Period 32.00

**SUBTOTAL** of Receipts This Page (optional) ..... 95.48

**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 81 / 125  
(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)  
Merle T. Pederson

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-Govt Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 832.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-838

Amount of Each Receipt this Period  
32.00

**B.**

Full Name (Last, First, Middle Initial)  
R. Kelly Prey

Mailing Address 7780 Office Plaza Drive, Suite 112  
Principal Financial Group

City State Zip Code  
West Des Moines IA 50266

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 ▼ 208.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-986

Amount of Each Receipt this Period  
8.00

**C.**

Full Name (Last, First, Middle Initial)  
John P. Prodoehl

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 Director- Consulting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-529

Amount of Each Receipt this Period  
8.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **48.00**

**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 82 / 125  
(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)  
Peter John Prodoehl

Mailing Address 11821 Palm Beach Boulevard, Suite

City State Zip Code  
Fort Myers FL 33905-5908

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 ▼ 499.98

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-971

Amount of Each Receipt this Period  
19.23

**B.**

Full Name (Last, First, Middle Initial)  
Peter John Prodoehl

Mailing Address 11821 Palm Beach Boulevard, Suite

City State Zip Code  
Fort Myers FL 33905-5908

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 ▼ 499.98

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-972

Amount of Each Receipt this Period  
19.23

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey K. Rader

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 Head of Financial Communicatio

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-474

Amount of Each Receipt this Period  
16.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **54.46**

**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 83 / 125

(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)

Jeffrey K. Rader

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. Head of Financial Communicatio

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 416.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: 201001055527-475

Amount of Each Receipt this Period

16.00
-------

**B.**

Full Name (Last, First, Middle Initial)

Christopher J. Reddy

Mailing Address 888 7th Ave; 25th Floor

City State Zip Code  
New York NY 10106-2599

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

Name of Employer Occupation  
Principal Life Ins Co. Chief Admin Officer-PGI

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 584.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	9

Transaction ID: 201001055527-169

Amount of Each Receipt this Period

21.85
-------

**C.**

Full Name (Last, First, Middle Initial)

Christopher J. Reddy

Mailing Address 888 7th Ave; 25th Floor

City State Zip Code  
New York NY 10106-2599

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

Name of Employer Occupation  
Principal Life Ins Co. Chief Admin Officer-PGI

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 584.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: 201001055527-170

Amount of Each Receipt this Period

21.85
-------

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

59.70

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 125

(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) R. Lucia Riddle		Date of Receipt MM / DD / YYYY 12 / 11 / 2009		
	Mailing Address 1350 I Street Northwest Suite 880		<b>Transaction ID:</b> 201001055527-987		
	City Washington D.C.	State DC	Zip Code 20005-7207	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Principal Life Ins Co.		Occupation VP-Federal Govt Relations		

Aggregate Year-to-Date ▼  
1300.00

<b>B.</b>	Full Name (Last, First, Middle Initial) R. Lucia Riddle		Date of Receipt MM / DD / YYYY 12 / 24 / 2009		
	Mailing Address 1350 I Street Northwest Suite 880		<b>Transaction ID:</b> 201001055527-988		
	City Washington D.C.	State DC	Zip Code 20005-7207	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Principal Life Ins Co.		Occupation VP-Federal Govt Relations		

Aggregate Year-to-Date ▼  
1300.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Dennis Roughton		Date of Receipt MM / DD / YYYY 12 / 11 / 2009		
	Mailing Address 711 High Street		<b>Transaction ID:</b> 201001055527-867		
	City Des Moines	State IA	Zip Code 50309-2732	Amount of Each Receipt this Period 32.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Principal Life Ins Co.		Occupation VP & Associate General Counsel		

Aggregate Year-to-Date ▼  
832.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	132.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 85 / 125  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Michael Dennis 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 Principal Life Ins Co. Occupation VP & Associate General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 832.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-868

Amount of Each Receipt this Period  
32.00

**B.** Full Name (Last, First, Middle Initial)  
Angela Rae Sanders

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-33

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Angela Rae Sanders

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-34

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **72.00**

**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 86 / 125  
(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)  
Valerie Clough Sandford

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation Dir-Product Marketing Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-1263

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
Valerie Clough Sandford

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation Dir-Product Marketing Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-1264

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
Lisa Annette Sandos

Mailing Address 2202 Kehrsgrrove Court

City State Zip Code  
Chesterfield MO 63005-6519

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

Name of Employer Principal Life Ins Co. Occupation Supplier Diversity Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-708

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **30.00**

**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 87 / 125  
(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)  
Lisa Annette Sandos

Mailing Address 2202 Kehrsgrrove Court

City State Zip Code  
Chesterfield MO 63005-6519

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

Name of Employer Principal Life Ins Co. Occupation Supplier Diversity Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-709

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
Irene Susan Scalfani

Mailing Address 888 7th Ave; 25th Floor

City State Zip Code  
New York NY 10106-2599

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

Name of Employer Principal Life Ins Co. Occupation Dir-Alliance Mgmt Group, RIS

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 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-414

Amount of Each Receipt this Period  
15.38

**C.** Full Name (Last, First, Middle Initial)  
Irene Susan Scalfani

Mailing Address 888 7th Ave; 25th Floor

City State Zip Code  
New York NY 10106-2599

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

Name of Employer Principal Life Ins Co. Occupation Dir-Alliance Mgmt Group, RIS

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 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-415

Amount of Each Receipt this Period  
15.38

**SUBTOTAL** of Receipts This Page (optional) ..... ► **40.76**

**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 88 / 125  
(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)  
Renee Vachelle Schaaf

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 ▼ 832.00

Date of Receipt 12 / 11 / 2009  
**Transaction ID:** 201001055527-1009  
Amount of Each Receipt this Period 32.00

**B.** Full Name (Last, First, Middle Initial)  
Renee Vachelle Schaaf

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 ▼ 832.00

Date of Receipt 12 / 24 / 2009  
**Transaction ID:** 201001055527-1010  
Amount of Each Receipt this Period 32.00

**C.** Full Name (Last, First, Middle Initial)  
Donald James Schamay

Mailing Address 2000 Riveredge Parkway Northwest,

City Atlanta State GA Zip Code 30328-4618

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

Name of Employer Principal Life Ins Co. Occupation Disability Income RVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.24

Date of Receipt 12 / 15 / 2009  
**Transaction ID:** 201001055527-314  
Amount of Each Receipt this Period 8.76

**SUBTOTAL** of Receipts This Page (optional) ..... ► 72.76

**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 89 / 125

(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)  
Donald James Schamay

Mailing Address 2000 Riveredge Parkway Northwest,

City State Zip Code  
Atlanta GA 30328-4618

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

Name of Employer Occupation  
Principal Life Ins Co. Disability Income RVP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.24

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 201001055527-315

Amount of Each Receipt this Period

8.76

**B.**

Full Name (Last, First, Middle Initial)  
John Dennis Schmidt

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1040.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-530

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)  
John Dennis Schmidt

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1040.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-531

Amount of Each Receipt this Period

40.00

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

88.76

**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 90 / 125

(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)  
Gary Paul Scholten

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1170.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-382

Amount of Each Receipt this Period

45.00

**B.**

Full Name (Last, First, Middle Initial)  
Gary Paul Scholten

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1170.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-383

Amount of Each Receipt this Period

45.00

**C.**

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 399.88

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-476

Amount of Each Receipt this Period

15.38

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

105.38

**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 91 / 125

(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)  
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 Occupation  
Principal Life Ins Co. VP of Bus Development-Tpa

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 399.88

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-477

Amount of Each Receipt this Period

15.38

**B.**

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 Occupation  
Principal Life Ins Co. Investment Specialist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 416.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-350

Amount of Each Receipt this Period

16.00

**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 Occupation  
Principal Life Ins Co. Investment Specialist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 416.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-351

Amount of Each Receipt this Period

16.00

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

47.38

**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 92 / 125  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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 Elizabeth 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 ▼ 2860.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-600

Amount of Each Receipt this Period  
110.00

**B.**

Full Name (Last, First, Middle Initial)  
Karen Elizabeth 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 ▼ 2860.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-601

Amount of Each Receipt this Period  
110.00

**C.**

Full Name (Last, First, Middle Initial)  
Laurel Jean Shultz

Mailing Address 111 West State Street

City State Zip Code  
Mason City IA 50401-3131

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

Name of Employer Principal Life Ins Co. Occupation VP- Emerging Mkt Segment

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 858.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-674

Amount of Each Receipt this Period  
33.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 253.00

**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 93 / 125

(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)  
Laurel Jean Shultz

Mailing Address 111 West State Street

City State Zip Code  
Mason City IA 50401-3131

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

Name of Employer Occupation  
Principal Life Ins Co. VP- Emerging Mkt Segment

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 858.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-675

Amount of Each Receipt this Period

33.00

**B.**

Full Name (Last, First, Middle Initial)  
Ellen Wilson Shumway

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. Exec Director- Affiliate Op

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 832.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-362

Amount of Each Receipt this Period

32.00

**C.**

Full Name (Last, First, Middle Initial)  
Ellen Wilson Shumway

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. Exec Director- Affiliate Op

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 832.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-363

Amount of Each Receipt this Period

32.00

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

97.00

**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 94 / 125  
(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)  
Tom Smith

Mailing Address 2000 Riveredge Parkway Northwest,

City Atlanta State GA Zip Code 30328-4657

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

Name of Employer Principal Life Ins Co. Occupation Regional VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.10

Date of Receipt 12 / 11 / 2009  
Transaction ID: 201001055527-1253  
Amount of Each Receipt this Period 28.85

**B.** Full Name (Last, First, Middle Initial)  
Tom Smith

Mailing Address 2000 Riveredge Parkway Northwest,

City Atlanta State GA Zip Code 30328-4657

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

Name of Employer Principal Life Ins Co. Occupation Regional VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.10

Date of Receipt 12 / 24 / 2009  
Transaction ID: 201001055527-1254  
Amount of Each Receipt this Period 28.85

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

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 Financial Officer- Ris

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 286.90

Date of Receipt 12 / 11 / 2009  
Transaction ID: 201001055527-344  
Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 67.70

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 95 / 125

(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)  
Dwight N. 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. Chief Financial Officer- Ris

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 286.90

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-345

Amount of Each Receipt this Period

10.00

**B.**

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:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1999.92

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-925

Amount of Each Receipt this Period

76.92

**C.**

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:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1999.92

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-926

Amount of Each Receipt this Period

76.92

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

163.84

**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 96 / 125  
(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)  
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 Principal Life Ins Co. Occupation AVP-Recruiting & Diversity

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 399.88

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9  
**Transaction ID:** 201001055527-612  
Amount of Each Receipt this Period 15.38

**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 Principal Life Ins Co. Occupation AVP-Recruiting & Diversity

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 399.88

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9  
**Transaction ID:** 201001055527-613  
Amount of Each Receipt this Period 15.38

**C.** Full Name (Last, First, Middle Initial)  
Deanna Dawnette 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 Principal Life Ins Co. Occupation SVP Ind Life & Spec Benefits

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1649.96

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9  
**Transaction ID:** 201001055527-258  
Amount of Each Receipt this Period 63.46

**SUBTOTAL** of Receipts This Page (optional) ..... ► 94.22

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

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

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

FOR LINE NUMBER: PAGE 97 / 125  
(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)  
Deanna Dawnette 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 Principal Life Ins Co. Occupation SVP Ind Life & Spec Benefits

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1649.96

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-259

Amount of Each Receipt this Period  
63.46

**B.** Full Name (Last, First, Middle Initial)  
Michael Jerome Streck

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-869

Amount of Each Receipt this Period  
15.40

**C.** Full Name (Last, First, Middle Initial)  
Michael Jerome Streck

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-870

Amount of Each Receipt this Period  
15.40

**SUBTOTAL** of Receipts This Page (optional) ..... ► **94.26**

**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 98 / 125  
(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) Maurice Randall Strickland		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 888 7th Ave; 25th Floor		<b>Transaction ID:</b> 201001055527-825
City New York	State NY	Zip Code 10106-2599
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 19.25
Name of Employer Principal Life Ins Co.	Occupation Mng Dir-Consultant Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.50	

**B.**

Full Name (Last, First, Middle Initial) Maurice Randall Strickland		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 888 7th Ave; 25th Floor		<b>Transaction ID:</b> 201001055527-826
City New York	State NY	Zip Code 10106-2599
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 19.25
Name of Employer Principal Life Ins Co.	Occupation Mng Dir-Consultant Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.50	

**C.**

Full Name (Last, First, Middle Initial) Connie K. Taylor		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 711 High Street		<b>Transaction ID:</b> 201001055527-183
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 8.00
Name of Employer Principal Life Ins Co.	Occupation Product Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>46.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 125

(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)

Kirk L. Tebo

Mailing Address 14755 N Outer 40, Suite 108  
Principal Financial Group

City State Zip Code  
Chesterfield MO 63017-2027

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-644

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Kirk L. Tebo

Mailing Address 14755 N Outer 40, Suite 108  
Principal Financial Group

City State Zip Code  
Chesterfield MO 63017-2027

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-645

Amount of Each Receipt this Period

10.00

**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 ▼

825.24

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-604

Amount of Each Receipt this Period

31.74

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

51.74

**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 100 / 125  
(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 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 ▼ 825.24

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-605

Amount of Each Receipt this Period  
31.74

**B.**

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 ▼ 399.88

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-222

Amount of Each Receipt this Period  
15.38

**C.**

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 ▼ 399.88

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-223

Amount of Each Receipt this Period  
15.38

**SUBTOTAL** of Receipts This Page (optional) ..... ► **62.50**

**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 101 / 125  
(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)  
James Martin Thomas

Mailing Address 7979 E Tufts Avenue Parkway; Suite  
Principal Financial Group

City State Zip Code  
Denver CO 80237

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

Name of Employer Occupation  
Principal Life Ins Co. Consultant

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-428

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
James Martin Thomas

Mailing Address 7979 E Tufts Avenue Parkway; Suite  
Principal Financial Group

City State Zip Code  
Denver CO 80237

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

Name of Employer Occupation  
Principal Life Ins Co. Consultant

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-429

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
Joni Lynn Tibbetts

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

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

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 216.75

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-550

Amount of Each Receipt this Period  
5.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 25.00

**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 102 / 125  
(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)  
Joni Lynn Tibbetts  
Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 216.75

Date of Receipt 12 / 24 / 2009  
Transaction ID: 201001055527-551  
Amount of Each Receipt this Period 5.00

**B.** Full Name (Last, First, Middle Initial)  
Terrence Michael 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 ▼ 390.00

Date of Receipt 12 / 11 / 2009  
Transaction ID: 201001055527-1207  
Amount of Each Receipt this Period 15.00

**C.** Full Name (Last, First, Middle Initial)  
Terrence Michael 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 ▼ 390.00

Date of Receipt 12 / 24 / 2009  
Transaction ID: 201001055527-1208  
Amount of Each Receipt this Period 15.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 35.00

**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 103 / 125  
(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) Mark Allen Trom		Date of Receipt
	Mailing Address 711 High Street		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Des Moines	IA	50309-2732
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<b>Transaction ID:</b> 201001055527-769
Name of Employer Principal Life Ins Co.		Occupation Asst Dir-Operation Excellence	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="10.00"/>
		<input type="text" value="260.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark Allen Trom		Date of Receipt
	Mailing Address 711 High Street		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Des Moines	IA	50309-2732
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<b>Transaction ID:</b> 201001055527-770
Name of Employer Principal Life Ins Co.		Occupation Asst Dir-Operation Excellence	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="10.00"/>
		<input type="text" value="260.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Leanne M. Valentine		Date of Receipt
	Mailing Address 711 High Street		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Des Moines	IA	50309-2732
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<b>Transaction ID:</b> 201001055527-684
Name of Employer Principal Life Ins Co.		Occupation VP & Associate General Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="31.74"/>
		<input type="text" value="825.24"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="51.74"/>
<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 104 / 125  
(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 ▼ 825.24

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-685

Amount of Each Receipt this Period  
31.74

**B.** Full Name (Last, First, Middle Initial)  
Patricia Rae Van Thomme

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation AVP-Sourcing/Supplier Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-937

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
Patricia Rae Van Thomme

Mailing Address 711 High Street

City State Zip Code  
Des Moines IA 50392-0001

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

Name of Employer Principal Life Ins Co. Occupation AVP-Sourcing/Supplier Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-938

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 51.74

**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 105 / 125  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Luke Joseph 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 RIS Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-732

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
Luke Joseph 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 RIS Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-733

Amount of Each Receipt this Period  
35.00

**C.** Full Name (Last, First, Middle Initial)  
Audrey M. Vaughn

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-Medical Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-51

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **80.00**

**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 106 / 125  
(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)

Audrey M. Vaughn

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-Medical Management

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-52

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph B. Wallace

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. Director-Capital Markets

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

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: 201001055527-562

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph B. Wallace

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. Director-Capital Markets

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

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 201001055527-563

Amount of Each Receipt this Period

15.00

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

40.00

**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 107 / 125  
(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)  
Dale R. Ward

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 - IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt: 12 / 24 / 2009  
Transaction ID: 201001055527-201  
Amount of Each Receipt this Period: 8.00

**B.** Full Name (Last, First, Middle Initial)  
Liliana G. Waters

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 CFO-Life & Health Distribution

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 11 / 2009  
Transaction ID: 201001055527-690  
Amount of Each Receipt this Period: 10.00

**C.** Full Name (Last, First, Middle Initial)  
Liliana G. Waters

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 CFO-Life & Health Distribution

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 24 / 2009  
Transaction ID: 201001055527-691  
Amount of Each Receipt this Period: 10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 28.00

**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 108 / 125  
(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)  
Donald Eugene Weitzel

Mailing Address 2000 Riveredge Parkway Northwest,

City Atlanta State GA Zip Code 30328-4657

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

Name of Employer Principal Life Ins Co. Occupation VP-Business Operations & Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	9

Transaction ID: 201001055527-316

Amount of Each Receipt this Period  

10.00
-------

**B.**

Full Name (Last, First, Middle Initial)  
Donald Eugene Weitzel

Mailing Address 2000 Riveredge Parkway Northwest,

City Atlanta State GA Zip Code 30328-4657

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

Name of Employer Principal Life Ins Co. Occupation VP-Business Operations & Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: 201001055527-317

Amount of Each Receipt this Period  

10.00
-------

**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 ▼ 520.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	9

Transaction ID: 201001055527-412

Amount of Each Receipt this Period  

20.00
-------

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

40.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 109 / 125  
(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) Hugh B. White		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 485 Metro Place South, Suite 206 Principal Financial Group		<b>Transaction ID:</b> 201001055527-413
City Dublin	State OH	Zip Code 43017-5332
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Principal Life Ins Co.	Occupation Vice President-Grp Non Med	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

**B.**

Full Name (Last, First, Middle Initial) Steven Whitty		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 711 High Street		<b>Transaction ID:</b> 201001055527-1177
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 VP Corporate Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 832.00	

**C.**

Full Name (Last, First, Middle Initial) Steven Whitty		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 711 High Street		<b>Transaction ID:</b> 201001055527-1178
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 VP Corporate Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 832.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	84.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 110 / 125  
(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)  
Richard Harrison Wireman, II

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-Tax Controller

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 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-1035

Amount of Each Receipt this Period  
20.00

**B.**

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

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-Tax Controller

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 2 / 2 4 / 2 0 0 9

**Transaction ID:** 201001055527-1036

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
Jayne M. Woods

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 Financial Analyst IV

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 231.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** 201001055527-452

Amount of Each Receipt this Period  
8.90

**SUBTOTAL** of Receipts This Page (optional) ..... ► **48.90**

**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 111 / 125  
(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)

Jayne M. Woods

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. Financial Analyst IV

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 231.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	4		2	0	0	9

Transaction ID: 201001055527-453

Amount of Each Receipt this Period

8.90
------

**B.**

Full Name (Last, First, Middle Initial)

Thomas F. Zimmerman

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. Technical Engineer

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 208.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	4		2	0	0	9

Transaction ID: 201001055527-1230

Amount of Each Receipt this Period

8.00
------

**C.**

Full Name (Last, First, Middle Initial)

Larry Donald 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. Chairman, President & CEO

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 4399.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	9

Transaction ID: 201001055527-670

Amount of Each Receipt this Period

169.23
--------

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

186.13
--------

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 112 / 125	
	(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) Larry Donald Zimpleman		Date of Receipt																					
	Mailing Address 711 High Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	4		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		2	4		2	0	0	9														
	City	State	Zip Code	<b>Transaction ID:</b> 201001055527-671																				
	Des Moines	IA	50309-2732	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		<b>C</b>	169.23																					
Name of Employer Principal Life Ins Co.		Occupation Chairman, President & CEO																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4399.98																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	169.23
<b>TOTAL</b> This Period (last page this line number only) .....	▶	12179.74

**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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Braley for Congress <hr/> Mailing Address PO Box 390 <hr/> City Waterloo State IA Zip Code 50704 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Bruce L. Braley <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8150066C0DE3F0294EF Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy <hr/> Mailing Address PO Box 127 <hr/> City Cheshire State CT Zip Code 06410 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Christopher S. Murphy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: C454EC5E214A14C8A8C Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Committee To Re-Elect Nydia M. Velazquez To Congress <hr/> Mailing Address 315 Inspiration Lane <hr/> City Gaithersburg State MD Zip Code 20878 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Nydia M. Velazquez <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D2B59663698839272A6 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 114 / 125

<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) Earl Pomeroy for Congress <hr/> Mailing Address Post Office Box 9336 <hr/> City Fargo State ND Zip Code 58106 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Earl Pomeroy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4AADAC7A4569363B00E Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Forward Together Pac <hr/> Mailing Address 201 North Union Street Suite 300 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement 2009 Contribution Candidate Name Forward Together Pac <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 7DDE0E968D45ADB8228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Chris Dodd <hr/> Mailing Address PO Box 270701 <hr/> City West Hartford State CT Zip Code 06127 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Christopher J. Dodd <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17EF23C78C5C8A7C04A Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mike Crapo for Us Senate <hr/> Mailing Address PO Box 1948 <hr/> City Boise State ID Zip Code 83701 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Michael D. Crapo <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District:	Transaction ID: 60C66F3B684A7D01716 Date of Disbursement 12 / 22 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Moore for Congress <hr/> Mailing Address PO Box 16646 <hr/> City Milwaukee State WI Zip Code 53216 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Gwendolynne Moore <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 04	Transaction ID: EBC211913BE1FA683F8 Date of Disbursement 12 / 14 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Tim Johnson for South Dakota Inc <hr/> Mailing Address PO Box 1536 <hr/> City Sioux Falls State SD Zip Code 57101 <hr/> Purpose of Disbursement 2014 Primary Candidate Name Tim Johnson <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SD District:	Transaction ID: 5E5535CAC517A1A91F5 Date of Disbursement 12 / 22 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	9000.00

# 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)

PAGE 116 / 125

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

<b>A.</b> Full Name (Last, First, Middle Initial) Brian Quirk for State Representative <hr/> Mailing Address 1011 Sunset <hr/> City New Hampton State IA Zip Code 50659 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 98944F55AE4205D9E7E <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Citizens for Good Government <hr/> Mailing Address 2081 410th Street <hr/> City Grafton State IA Zip Code 50440 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> C8A4F739D84EA9D7B38 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Citizens for Pat Grassley <hr/> Mailing Address 30496 Union Avenue <hr/> City New Hartford State IA Zip Code 50660 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> E31BB1AB25A965879B2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1000.00

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

**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 117 / 125

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

<b>A.</b> Full Name (Last, First, Middle Initial) Committee to Elect Joe Seng <hr/> Mailing Address 4804 Northwest Blvd <hr/> City Davenport State IA Zip Code 52806 <hr/> 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) ▼	Transaction ID: FFB136BF11D0ABD6541 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Committee to Elect Matt McCoy <hr/> Mailing Address 5016 Pleasant Street <hr/> City Des Moines State IA Zip Code 50312 <hr/> 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) ▼	Transaction ID: 01D558E576A4CEA3FFB Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 750.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Concerned Citizens for Miller <hr/> Mailing Address 6766 Ridges Court <hr/> City Bettendorf State IA Zip Code 52722 <hr/> 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) ▼	Transaction ID: 7FE831A0E406F5A7071 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<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 118 / 125

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

<b>A.</b> Full Name (Last, First, Middle Initial) Concerned Taxpayers for Schulte <hr/> Mailing Address 1734 Chestnut Lane NE <hr/> City Cedar Rapids State IA Zip Code 52402 <hr/> 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> 3F7480EFCDE179D42BB <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	8	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y											
	1	2	/	2	8	/	2	0	0	9											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																				
011																					
<b>B.</b> Full Name (Last, First, Middle Initial) Courtney for State Senate Committee <hr/> Mailing Address 2200 Summer Street <hr/> City Burlington State IA Zip Code 52601 <hr/> 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> AF2A3BE443EE2D8298B <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	5	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y											
	1	2	/	1	5	/	2	0	0	9											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>750.00</td> </tr> </table>	750.00																			
750.00																					
<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																				
011																					
<b>C.</b> Full Name (Last, First, Middle Initial) Cownie for Statehouse <hr/> Mailing Address 686 58th Place <hr/> City West Des Moines State IA Zip Code 50266 <hr/> 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> 4FB78662F42489BB09C <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	5	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y											
	1	2	/	1	5	/	2	0	0	9											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																				
011																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1750.00
<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)

PAGE 119 / 125

<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) Doris Kelley for Iowa House <hr/> Mailing Address 1922 Mayfair <hr/> City Waterloo State IA Zip Code 50701 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC874F73C5C8E6802A5 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Helland <hr/> Mailing Address 505 NW Morningside Drive <hr/> City Grimes State IA Zip Code 50111 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E7D0B9ACBBB57ED9223 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Horbach for House of Representatives <hr/> Mailing Address 1014 Oakland Drive <hr/> City Tama State IA Zip Code 52339 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7D42E6C9728AB55C5A Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1250.00
<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 120 / 125

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Huser for State Representative</p> <p>Mailing Address 213 7th Street NW</p> <p>City Altoona State IA Zip Code 50009</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> A25A69F350BC9F012E0</p> <p>Date of Disbursement 12 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kapucian for State Senate</p> <p>Mailing Address 1275 69th Street</p> <p>City Keystone State IA Zip Code 52249</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D33CE4B416FC1B83112</p> <p>Date of Disbursement 12 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) McCarthy for State Representative</p> <p>Mailing Address 5220 SE 31st Court</p> <p>City Des Moines State IA Zip Code 50320</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 090DCC80042EFF8E762</p> <p>Date of Disbursement 12 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1750.00
<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)

PAGE 121 / 125

<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) Mertz for Representative <hr/> Mailing Address 607 110th Street <hr/> City Ottosen State IA Zip Code 50570-8504 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E9EEAFFC2F72A8EAD8F Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Nancy Boettger for State Senate Committee <hr/> Mailing Address 926 Ironwood Road <hr/> City Harlan State IA Zip Code 51537 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 288B364517660AF699C Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Pettengill for Iowans <hr/> Mailing Address P.O. Box 76 <hr/> City Mt. Auburn State IA Zip Code 52313 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2780DEDf17E220B04D5 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1000.00

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

**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 122 / 125

<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) Pettengill for Iowans <hr/> Mailing Address P.O. Box 76 <hr/> City Mt. Auburn State IA Zip Code 52313 <hr/> 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) ▼	Transaction ID: 429DB958F774346C5BB Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Raecker for State Representative Committee <hr/> Mailing Address 9011 Iltis Drive <hr/> City Urbandale State IA Zip Code 50322 <hr/> 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) ▼	Transaction ID: 51F21BF442FB30D5CF6 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Randy Feenstra Iowa Senate Committee <hr/> Mailing Address 641 2nd Street <hr/> City Hull State IA Zip Code 51239 <hr/> 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) ▼	Transaction ID: B2B96A69BAA71925139 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<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 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Reynolds for Senate</p> <p>Mailing Address 1010A Park Lane</p> <p>City Osceola State IA Zip Code 50213</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E268DD3DB457ABFCBB6</p> <p>Date of Disbursement 12 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Shomshor for Iowa House</p> <p>Mailing Address 3018 Avenue M</p> <p>City Council Bluffs State IA Zip Code 51501</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> AA38822A4EBA6F5D6BA</p> <p>Date of Disbursement 12 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 750.00</p> <p>011 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Soderberg for House</p> <p>Mailing Address 800 2nd Street SE</p> <p>City LeMars State IA Zip Code 51031</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D68E425F4D551163A14</p> <p>Date of Disbursement 12 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/Type</p>

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

1750.00

**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)

PAGE 124 / 125

<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) Sweeney for State House <hr/> Mailing Address 21547 Highway S27 <hr/> City Alden State IA Zip Code 50006 <hr/> 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) ▼	Transaction ID: B2945836560C0069A5E Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Upmeyer for House <hr/> Mailing Address 2175 Pine Avenue <hr/> City Garner State IA Zip Code 50438 <hr/> 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) ▼	Transaction ID: 948BCDD2D7367EFF3E9 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Ward for Senate <hr/> Mailing Address 1545 Glen Oaks Drive <hr/> City West Des Moines State IA Zip Code 50266 <hr/> 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) ▼	Transaction ID: 6D426FBD30022423DE3 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1250.00

**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)

PAGE 125 / 125

<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) Wieck for Iowa Senate		Transaction ID: FB17527DF5734A28B72	
	Mailing Address 4362 Old Lakeport Road		Date of Disbursement 12 / 28 / 2009	
	City Sioux City	State IA	Zip Code 51106	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Nonfederal Contribution		011	
	Candidate Name		Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	12500.00