

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

711 HIGH STREET

(Check if address is changed)

GOVERNMENT RELATIONS

DES MOINES

IA

50392

0220

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

kempkes.jill@principal.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

5152488469

2. DATE

MM / DD / YYYY  
07 / 01 / 2008

3. FEC IDENTIFICATION NUMBER

C C00128918

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

MERLE PEDERSON

Signature of Treasurer

Electronically Filed by MERLE PEDERSON

Date

MM / DD / YYYY  
06 / 26 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 12/2007)

5. TYPE OF COMMITTEE (Check One)

Candidate Committee:

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

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 District

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

Name of Candidate \_\_\_\_\_

Party Committee:

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

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____	FEC ID number	<b>C</b> _____
2. _____	FEC ID number	<b>C</b> _____
3. _____	FEC ID number	<b>C</b> _____
4. _____	FEC ID number	<b>C</b> _____
5. _____	FEC ID number	<b>C</b> _____

Write or Type Committee Name

**PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

**Principal Life Insurance Company**

Mailing Address **711 High Street**

**Des Moines** **IA** **50392 - 0220**

**CITY ▲ STATE ▲ ZIP CODE ▲**

Relationship:

Connected Organization  Affiliated Committee  Leadership PAC Sponsor  Joint Fundraising Representative

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

Full Name **JILL E KEMPKE**

Mailing Address **Principal Financial Group**

**711 High Street**

**Des Moines** **IA** **50392 - 0001**

**CITY ▲ STATE ▲ ZIP CODE ▲**

Title or Position ▼ **Sr Adm - Govt Rel** Telephone number **515 - 248 - 3047**

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

Full Name of Treasurer **TERRENCE TOBIN**

Mailing Address **Principal Financial Group**

**711 High Street**

**Des Moines** **IA** **50392 - 0001**

**CITY ▲ STATE ▲ ZIP CODE ▲**

Title or Position ▼ **Treasurer** Telephone number **515 - 248 - 2998**

Full Name of Designated Agent

MERLE PEDERSON

Mailing Address

Principal Financial Group

711 High Street

Des Moines

IA

50392 - 0001

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number

515

248

2186

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

Name of Bank, Depository, etc.

Principal Bank

Mailing Address

711 High Street

Des Moines

IA

50392 - 0040

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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

Name of Bank, Depository, etc.

[ ADDITIONAL ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

**Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative**

[ ADDITIONAL ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

**Designated Agent**

[ ADDITIONAL ]

Full Name

**KAREN SHAFF**

Mailing Address

**Principal Financial Group**

**711 High Street**

**Des Moines**

**IA**

**50392 - 0300**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

**Chair**

Telephone number **515 247 6139**

**Joint Fundraiser Participant**

[ ADDITIONAL ]

FEC ID number

**C**

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

Name of Bank, Depository, etc.

[ ADDITIONAL ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

**Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative**

[ ADDITIONAL ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

**Designated Agent**

[ ADDITIONAL ]

Full Name

**SHELLY MEIGHAN**

Mailing Address

**Principal Financial Group**

**711 High Street**

**Des Moines**

**IA**

**50392 - 0001**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

**Vice Chair**

Telephone number **515 283 8946**

**Joint Fundraiser Participant**

[ ADDITIONAL ]

FEC ID number

**C**

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

Name of Bank, Depository, etc.

[ ADDITIONAL ]

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

**Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative**

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

[ ADDITIONAL ]

**Designated Agent**

Full Name

**SARAH O'BRIEN**

Mailing Address

**Principal Financial Group**

**711 High Street**

**Des Moines**

**IA**

**50392 - 0001**

Title or Position ▼

**Secretary**

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

**515**

**248**

**8233**

**Joint Fundraiser Participant**

[ ADDITIONAL ]

\_\_\_\_\_

FEC ID number

**C**

\_\_\_\_\_