

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 711 HIGH STREET GOVERNMENT RELATIONS DES MOINES IA 50392 0220 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 02 01 2008 through 02 29 2008

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

Type or Print Name of Treasurer SHELLY MEIGHAN

Signature of Treasurer Electronically Filed by SHELLY MEIGHAN Date 03 14 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 2 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 2 |

| | |
|---|---|
| D | D |
| 2 | 9 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 8 | | 26325.17 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 8 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 38618.93 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 14145.32 | 28189.08 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 52764.25 | 54514.25 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 22750.00 | 24500.00 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 30014.25 | 30014.25 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY 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 |
| 0 | 2 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 2 |

| | |
|---|---|
| D | D |
| 2 | 9 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 2932.11 | 3745.94 |
| (i) Itemized (use Schedule A) | 11213.21 | 24443.14 |
| (ii) Unitemized | 14145.32 | 28189.08 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 14145.32 | 28189.08 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 14145.32 | 28189.08 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 14145.32 | 28189.08 |

DETAILED SUMMARY PAGE

of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 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..... | 22750.00 | 22750.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 1750.00 |
| 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)).. | 22750.00 | 24500.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 22750.00 | 24500.00 |

DETAILED SUMMARY PAGE
of Disbursements

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 14145.32 | 28189.08 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 14145.32 | 28189.08 |
| 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: (check only one) | PAGE 6 / 19 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

| | | | | |
|---|---|------------------------------------|--|------------------------------------|
| A. | Full Name (Last, First, Middle Initial) GREGORY BURROWS | | Date of Receipt | |
| | Mailing Address Principal Financial Group 711 High Street | | M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 8 | |
| | City | State | Zip Code | Transaction ID: SA11AI.7811 |
| | Des Moines | IA | 50392-0001 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 57.69 | |
| | Name of Employer Principal Financial Group | | Occupation VP - Full Svc Accum Client Svc | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 230.76 | | |

| | | | | |
|---|---|------------------------------------|--|------------------------------------|
| B. | Full Name (Last, First, Middle Initial) RONALD DANILSON | | Date of Receipt | |
| | Mailing Address Principal Financial Group 711 High Street | | M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 8 | |
| | City | State | Zip Code | Transaction ID: SA11AI.7929 |
| | Des Moines | IA | 50392-0001 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 65.00 | |
| | Name of Employer Principal Financial Group | | Occupation SVP Retirement & Investor Svcs | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 260.00 | | |

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|---|---|------------------------------------|--|------------------------------------|
| C. | Full Name (Last, First, Middle Initial) GREGORY ELMING | | Date of Receipt | |
| | Mailing Address Principal Financial Group 711 High Street | | M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 8 | |
| | City | State | Zip Code | Transaction ID: SA11AI.8000 |
| | Des Moines | IA | 50392-0001 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 64.00 | |
| | Name of Employer Principal Financial Group | | Occupation SVP & Controller | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 256.00 | | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 186.69 |
| 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 7 / 19 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) MICHAEL GERSIE | Date of Receipt MM / DD / YYYY 02 / 08 / 2008 |
| | Mailing Address Principal Financial Group 711 High Street | Transaction ID: SA11AI.8113 |
| | City State Zip Code Des Moines IA 50392-0001 | Amount of Each Receipt this Period 80.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Principal Financial Group Occupation Exec VP & CFO | |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) MICHAEL GERSIE | Date of Receipt MM / DD / YYYY 02 / 22 / 2008 |
| | Mailing Address Principal Financial Group 711 High Street | Transaction ID: SA11AI.8112 |
| | City State Zip Code Des Moines IA 50392-0001 | Amount of Each Receipt this Period 80.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Principal Financial Group Occupation Exec VP & CFO | |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 320.00 |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) THOMAS GRAF | Date of Receipt MM / DD / YYYY 02 / 08 / 2008 |
| | Mailing Address Principal Financial Group 711 High Street | Transaction ID: SA11AI.8143 |
| | City State Zip Code Des Moines IA 50392-0001 | Amount of Each Receipt this Period 150.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Principal Financial Group Occupation SVP Investor Relations | |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 |

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| SUBTOTAL of Receipts This Page (optional) | 310.00 |
| 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 8 / 19
(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

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) THOMAS GRAF</p> <p>Mailing Address Principal Financial Group 711 High Street</p> <p>City State Zip Code Des Moines IA 50392-0001</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Principal Financial Group Occupation SVP Investor Relations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p> | <p>Date of Receipt MM / DD / YYYY 02 / 22 / 2008</p> <p>Transaction ID: SA11AI.8142</p> <p>Amount of Each Receipt this Period 150.00</p> |
|---|---|

| | |
|---|--|
| <p>B. Full Name (Last, First, Middle Initial) VICTORIA GRAY</p> <p>Mailing Address Principal Financial Group 711 High Street</p> <p>City State Zip Code Des Moines IA 50392-0001</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Principal Financial Group Occupation Sr Account Exec-Retirement Svc</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 225.00</p> | <p>Date of Receipt MM / DD / YYYY 02 / 08 / 2008</p> <p>Transaction ID: SA11AI.8152</p> <p>Amount of Each Receipt this Period 75.00</p> |
|---|--|

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|---|--|
| <p>C. Full Name (Last, First, Middle Initial) VICTORIA GRAY</p> <p>Mailing Address Principal Financial Group 711 High Street</p> <p>City State Zip Code Des Moines IA 50392-0001</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Principal Financial Group Occupation Sr Account Exec-Retirement Svc</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p> | <p>Date of Receipt MM / DD / YYYY 02 / 22 / 2008</p> <p>Transaction ID: SA11AI.8153</p> <p>Amount of Each Receipt this Period 75.00</p> |
|---|--|

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|--|--|
| SUBTOTAL of Receipts This Page (optional) | 300.00 |
| 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 9 / 19
(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) J BARRY GRISWELL | | Date of Receipt MM / DD / YYYY 02 / 08 / 2008 |
| Mailing Address Principal Financial Group 711 High Street | | Transaction ID: SA11AI.8157 |
| City Des Moines | State IA | Zip Code 50392-0001 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 192.30 |
| Name of Employer Principal Financial Group | Occupation Chairman & CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 576.90 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) J BARRY GRISWELL | | Date of Receipt MM / DD / YYYY 02 / 22 / 2008 |
| Mailing Address Principal Financial Group 711 High Street | | Transaction ID: SA11AI.8156 |
| City Des Moines | State IA | Zip Code 50392-0001 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 192.30 |
| Name of Employer Principal Financial Group | Occupation Chairman & CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 769.20 | |

C.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) JOYCE HOFFMAN | | Date of Receipt MM / DD / YYYY 02 / 22 / 2008 |
| Mailing Address Principal Financial Group 711 High Street | | Transaction ID: SA11AI.8251 |
| City Des Moines | State IA | Zip Code 50392-0001 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 63.46 |
| Name of Employer Principal Financial Group | Occupation SVP & Corporate Secretary | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 228.84 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 448.06 |
| 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 / 19 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) DANIEL HOUSTON | Date of Receipt MM / DD / YYYY 02 / 22 / 2008 |
| | Mailing Address Principal Financial Group 711 High Street | Transaction ID: SA11AI.8274 |
| | City State Zip Code Des Moines IA 50392-0001 | Amount of Each Receipt this Period 117.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Principal Financial Group Occupation EVP Retirement & Investor Svc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.92 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) CAREY JURY | Date of Receipt MM / DD / YYYY 02 / 08 / 2008 |
| | Mailing Address Principal Financial Group 711 High Street | Transaction ID: SA11AI.8320 |
| | City State Zip Code Des Moines IA 50392-0001 | Amount of Each Receipt this Period 75.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Principal Financial Group Occupation SVP Health Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) CAREY JURY | Date of Receipt MM / DD / YYYY 02 / 22 / 2008 |
| | Mailing Address Principal Financial Group 711 High Street | Transaction ID: SA11AI.8319 |
| | City State Zip Code Des Moines IA 50392-0001 | Amount of Each Receipt this Period 75.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Principal Financial Group Occupation SVP Health Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 267.00 |
| 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 11 / 19 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) ELLEN LAMALE | Date of Receipt MM / DD / YYYY 02 / 08 / 2008 |
| | Mailing Address Principal Financial Group 711 High Street | Transaction ID: SA11AI.8392 |
| | City State Zip Code Des Moines IA 50392-0001 | Amount of Each Receipt this Period 70.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Principal Financial Group Occupation SVP & Chief Actuary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) ELLEN LAMALE | Date of Receipt MM / DD / YYYY 02 / 22 / 2008 |
| | Mailing Address Principal Financial Group 711 High Street | Transaction ID: SA11AI.8393 |
| | City State Zip Code Des Moines IA 50392-0001 | Amount of Each Receipt this Period 70.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Principal Financial Group Occupation SVP & Chief Actuary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) JULIA LAWLER-JOHNSON | Date of Receipt MM / DD / YYYY 02 / 22 / 2008 |
| | Mailing Address Principal Financial Group 711 High Street | Transaction ID: SA11AI.8406 |
| | City State Zip Code Des Moines IA 50392-0001 | Amount of Each Receipt this Period 55.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Principal Financial Group Occupation SVP & Chief Inv Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 195.00 |
| 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 12 / 19 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) JAMES MCCAUGHAN | Date of Receipt MM / DD / YYYY 02 / 08 / 2008 |
| | Mailing Address Principal Financial Group 711 High Street | Transaction ID: SA11AI.8472 |
| | City State Zip Code Des Moines IA 50392-0001 | Amount of Each Receipt this Period 192.30 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Principal Financial Group Occupation President Global Asset Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) JAMES MCCAUGHAN | Date of Receipt MM / DD / YYYY 02 / 22 / 2008 |
| | Mailing Address Principal Financial Group 711 High Street | Transaction ID: SA11AI.8473 |
| | City State Zip Code Des Moines IA 50392-0001 | Amount of Each Receipt this Period 192.30 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Principal Financial Group Occupation President Global Asset Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) TIMOTHY MINARD | Date of Receipt MM / DD / YYYY 02 / 22 / 2008 |
| | Mailing Address Principal Financial Group 711 High Street | Transaction ID: SA11AI.8518 |
| | City State Zip Code Des Moines IA 50392-0001 | Amount of Each Receipt this Period 65.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Principal Financial Group Occupation SVP Retirement Distribution Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 449.60 |
| 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 13 / 19 |
| | <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 SHAFF | Date of Receipt MM / DD / YYYY 02 / 08 / 2008 |
| | Mailing Address Principal Financial Group 711 High Street | Transaction ID: SA11AI.8810 |
| | City State Zip Code Des Moines HI 50392-0300 | Amount of Each Receipt this Period 110.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Principal Financial Group Occupation Exec VP & General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 330.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) KAREN SHAFF | Date of Receipt MM / DD / YYYY 02 / 22 / 2008 |
| | Mailing Address Principal Financial Group 711 High Street | Transaction ID: SA11AI.8809 |
| | City State Zip Code Des Moines HI 50392-0300 | Amount of Each Receipt this Period 110.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Principal Financial Group Occupation Exec VP & General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 440.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) NORMAN SORENSEN | Date of Receipt MM / DD / YYYY 02 / 08 / 2008 |
| | Mailing Address Principal Financial Group 711 High Street | Transaction ID: SA11AI.8841 |
| | City State Zip Code Des Moines IA 50392-0001 | Amount of Each Receipt this Period 76.92 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Principal Financial Group Occupation SVP Int'l Asset Accumulation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 230.76 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 296.92 |
| 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 14 / 19
(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)
NORMAN SORENSEN

Mailing Address Principal Financial Group
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 Financial Group Occupation SVP Int'l Asset Accumulation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

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

Transaction ID: SA11AI.8842

Amount of Each Receipt this Period
76.92

B. Full Name (Last, First, Middle Initial)
DEANNA STRABLE-SOETHOUT

Mailing Address Principal Financial Group
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 Financial Group Occupation SVP Ind Life & Spec Benefits

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 253.84

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

Transaction ID: SA11AI.8872

Amount of Each Receipt this Period
63.46

C. Full Name (Last, First, Middle Initial)
LARRY ZIMPLEMAN

Mailing Address Principal Financial Group
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 Financial Group Occupation Pres & Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 507.69

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

Transaction ID: SA11AI.9081

Amount of Each Receipt this Period
169.23

SUBTOTAL of Receipts This Page (optional) ▶ **309.61**

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 15 / 19 | |
| | (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"/> 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) LARRY ZIMPLEMAN | | Date of Receipt | |
| Mailing Address Principal Financial Group 711 High Street | | M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 8 | |
| City Des Moines | State IA | Zip Code 50392-0001 | Transaction ID: SA11AI.9082 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 169.23 | |
| Name of Employer Principal Financial Group | Occupation Pres & Chief Operating Officer | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 676.92 | | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 169.23 |
| TOTAL This Period (last page this line number only) | 2932.11 |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) ACLI PAC | Transaction ID: SB23.7595 Date of Disbursement 02 / 14 / 2008 |
| | Mailing Address 101 Constitution Avenue, NW Suite 700 | Amount of Each Disbursement this Period 5000.00 |
| | City Washington State DC Zip Code 20001-2133 | |
| | Purpose of Disbursement PAC to PAC Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | |

| | | |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial) Chris PAC | Transaction ID: SB23.7585 Date of Disbursement 02 / 12 / 2008 |
| | Mailing Address c/o Chris Dodd 607 14th Street, NW, Suite 800 | Amount of Each Disbursement this Period 2000.00 |
| | City Washington State DC Zip Code 20005 | |
| | Purpose of Disbursement PAC to PAC Candidate Name Chris Dodd | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 02 | |

| | | |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial) Committee to Re-Elect Artur Davis to Congress | Transaction ID: SB23.7587 Date of Disbursement 02 / 12 / 2008 |
| | Mailing Address 499 South Capitol Street, SW Suite 404 | Amount of Each Disbursement this Period 1000.00 |
| | City Washington State DE Zip Code 20003 | |
| | Purpose of Disbursement Contribution Candidate Name Artur Davis | Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 07 | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 8000.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) Dave Camp for Congress 2008 | Transaction ID: SB23.7591 Date of Disbursement |
| | Mailing Address 2501 Wisconsin Avenue, NW #304 | <input type="text" value="02"/> <input type="text" value="14"/> / <input type="text" value="2008"/> |
| | City Washington State DC Zip Code 20007 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Contribution | <input type="text" value="1000.00"/> |
| | Candidate Name Dave Camp | Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 |
| | State: MI District: 04 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee | Transaction ID: SB23.7583 Date of Disbursement |
| | Mailing Address 430 South Capitol Street, SE | <input type="text" value="02"/> <input type="text" value="12"/> / <input type="text" value="2008"/> |
| | City Washington State DC Zip Code 20003 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Contribution | <input type="text" value="1000.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 |
| | State: District: | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Financial Services Roundtable (FSR) PAC | Transaction ID: SB23.7593 Date of Disbursement |
| | Mailing Address 1001 Pennsylvania Avenue NW Suite 500 South | <input type="text" value="02"/> <input type="text" value="14"/> / <input type="text" value="2008"/> |
| | City Washington State DC Zip Code 20004 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement PAC to PAC | <input type="text" value="5000.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 |
| | State: District: | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="7000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

| | | | | | | | | | | | | | | | | | | | | | |
|---------|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Loebsack for Congress | Transaction ID: SB23.7590 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 301 4th Street, NE Suite 202 | <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>0</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 1 | 4 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 2 | | 1 | 4 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City Washington State DC Zip Code 20002 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement Contribution | <table border="1"><tr><td>1000.00</td></tr></table> | 1000.00 | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name Dave Loebsack | Category/Type | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |
| | State: IA District: 02 | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|--------|---|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Melissa Bean for Congress | Transaction ID: SB23.7589 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 800 East Northwest Highway #700 | <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>0</td><td>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 1 | 2 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 2 | | 1 | 2 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City Palatine State IL Zip Code 60074 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement Contribution | <table border="1"><tr><td>750.00</td></tr></table> | 750.00 | | | | | | | | | | | | | | | | | | |
| 750.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name Melissa Bean | Category/Type | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |
| | State: IL District: 08 | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C. | Full Name (Last, First, Middle Initial) New Democratic Coalition-NDCPAC | Transaction ID: SB23.7586 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 607 14th Street, NW Suite 800 | <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>0</td><td>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 1 | 2 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 2 | | 1 | 2 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City Washington State DC Zip Code 20005 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement PAC to PAC | <table border="1"><tr><td>5000.00</td></tr></table> | 5000.00 | | | | | | | | | | | | | | | | | | |
| 5000.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | Category/Type | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |
| | State: District: | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | <table border="1"><tr><td>6750.00</td></tr></table> | 6750.00 |
| 6750.00 | | |
| TOTAL This Period (last page this line number only) | <table border="1"><tr><td></td></tr></table> | |
| | | |

**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 19 / 19

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | | | | |
|----|--|--|--|--|
| A. | Full Name (Last, First, Middle Initial) Wyden for Senate | | Transaction ID: SB23.7592 | |
| | Mailing Address P.O. Box 3498 | | Date of Disbursement MM / DD / YYYY 02 / 14 / 2008 | |
| | City Portland | State OR | Zip Code 97208 | Amount of Each Disbursement this Period 1000.00 |
| | Purpose of Disbursement Contribution | | Category/ Type | |
| | Candidate Name Ron Wyden | | | |
| | 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: OR | District: | | |

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

22750.00