The Principal Financial Group®

PrinPac

Principal Mutual Life Insurance Company Political Action Committee

JUL 17 9 19 AM '95

July 13, 1995

Federal Election Commission
999 E Street N.M.
Washington, DC 20463

Board of Directors
Executive Committee
Chair
Thomas A. Malone
Vice Chair
Robert K. Near
Treasurer
Marsha K. Aldridge
Secretary
Cathy L. Cory
Directors
Stuart J. Beales
Kathy M. Gantz
Julia M. Lawler
Tracy F. Lewis
Shelley Lucas
Mona T. Pedersen
Karen K. Sharf
Michael D. Tichen

RE Principal Mutual Life Insurance Company
Political Action Committee
Amended Statement of Organization

Enclosed is an amended statement of organization form for the fiscal year of July 1, 1995 through June 30, 1996.

Sincerely

Marsha Aldridge

Marsha Aldridge
Treasurer
Phone (515) 247-6129

the Principal Financial Group

PrinPac Treasurer, Government Relations Department
The Principal Financial Group®
Des Moines, IA 50309-3223 515 248 5347

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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

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

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

2. DATE
July 14, 1995

3. FEC IDENTIFICATION NUMBER
C00128898

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

5. TYPE OF COMMITTEE (Check one)

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

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

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District

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

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

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

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

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

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

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

Full Name	Mailing Address	Title or Position

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

Full Name	Mailing Address	Title or Position
Shelley Lucas	711 High Street Des Moines, IA 50392-3890	Secretary/ Assistant Treasurer

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

Name of Bank, Depository, etc.	Mailing Address and ZIP Code

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

TYPE OR PRINT NAME OF TREASURER	SIGNATURE OF TREASURER	DATE
Marsha K. Aldridge	Marsha Aldridge	7/11/95

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

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

FEC FORM 1
(revised 4/87)

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	DATE OF RECEIPT
☑	First Class Mail	POSTMARKED 7/13/95
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☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

EJ.

PREPARER

7/17/95

DATE PREPARED

FEC FORM 70-2 (12/92)

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