

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Principal Life Insurance Company Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		54878.67
(b) Cash on Hand at Beginning of Reporting Period.....	54878.67	
(c) Total Receipts (from Line 19)	18386.64	18386.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	73265.31	73265.31
7. Total Disbursements (from Line 31).....	4000.00	4000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	69265.31	69265.31
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: 01 / 01 / 2013 To: 01 / 31 / 2013

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).....	1238.43	1238.43
(ii) Unitemized	17148.21	17148.21
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	18386.64	18386.64
(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)	18386.64	18386.64
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 Transfers (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))..... ▶	18386.64	18386.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18386.64	18386.64

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	2000.00	2000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	2000.00	2000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	4000.00	4000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4000.00	4000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	18386.64	18386.64
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18386.64	18386.64
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 OF 11
<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

Full Name (Last, First, Middle Initial)
A. Ralph Craig Eucher

Mailing Address 711 High St

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 SVP HR & Corp Svcs
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	18	/	2013

Transaction ID : 20130205594-1405

Amount of Each Receipt this Period

190.00

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

Mailing Address 711 High St

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 President - Ret, Ins & Fin Svc
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	18	/	2013

Transaction ID : 20130205594-324

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)
C. Terrance Joseph Lillis

Mailing Address 711 High St

City Des Moines	State IA	Zip Code 50392-0001
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	18	/	2013

Transaction ID : 20130205594-1679

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional).....▶	574.60
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 7 OF 11
	<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. James P. McCaughan
Full Name (Last, First, Middle Initial)

Mailing Address 888 7th Ave
FI 25

City New York State NY Zip Code 10106-2599

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

Name of Employer Principal Life Ins Co. Occupation President Global Asset Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 18 / 2013

Transaction ID : 20130205594-614

Amount of Each Receipt this Period
192.30

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

Mailing Address 711 High St

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 SVP & CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **338.46**

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 18 / 2013

Transaction ID : 20130205594-538

Amount of Each Receipt this Period
169.23

C. Karen Elizabeth Shaff
Full Name (Last, First, Middle Initial)

Mailing Address 711 High St

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 Exec VP & General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 18 / 2013

Transaction ID : 20130205594-866

Amount of Each Receipt this Period
110.00

SUBTOTAL of Receipts This Page (optional).....▶	471.53
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 OF 11
(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)
Larry Donald Zimpleman

Mailing Address 711 High St

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 Chairman, President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 18 / 2013

Transaction ID : 20130205594-971

Amount of Each Receipt this Period
192.30

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	192.30
TOTAL This Period (last page this line number only).....▶	1238.43

**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

Full Name (Last, First, Middle Initial)

A. Kind for Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
2014 Primary

011

Candidate Name

Ron Kind

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 11 / 2013

Transaction ID : 4E1A910902EA1C8F7AD

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Moore for Congress

Mailing Address PO Box 16646

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement
2014 Primary

011

Candidate Name

Gwendolynne Moore

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 04

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 15 / 2013

Transaction ID : 6A1F9EC85995510949D

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

2000.00

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

2000.00

**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)

<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

Full Name (Last, First, Middle Initial)

A. Citizens for Gronstal

Mailing Address 220 Bennett Avenue

City Council Bluffs State IA Zip Code 51503

Purpose of Disbursement
Nonfederal Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 10 / 2013

Transaction ID : B0F3F18AD1683448172

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Governor Branstad Committee

Mailing Address 1324 274th Lane

City Boone State IA Zip Code 50036

Purpose of Disbursement
Nonfederal Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 10 / 2013

Transaction ID : 53A3BD60E362B031720

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. McCarthy for State Representative/McCarthy for Iowa

Mailing Address 5220 SE 31st Court

City Des Moines State IA Zip Code 50320

Purpose of Disbursement
Nonfederal Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 10 / 2013

Transaction ID : 8F444BAB8C070D1BE0D

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1000.00

**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)

<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

Full Name (Last, First, Middle Initial)

A. Paulsen for State House Committee

Mailing Address P.O. Box 250

City Hiawatha State IA Zip Code 52233

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 10 / 2013

Transaction ID : 5EC8911FFBF9B585F6E

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. People for Jochum

Mailing Address 2368 Jackson Street

City Dubuque State IA Zip Code 52001

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 10 / 2013

Transaction ID : 1B6F98190432EC9B963

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Upmeyer for House

Mailing Address 2175 Pine Avenue

City Garner State IA Zip Code 50438

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 10 / 2013

Transaction ID : 204490329CDD38CD5C8

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

1000.00

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

2000.00