

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

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

FOR LINE NUMBER: PAGE 26 OF 106

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Egan, John, Michael, ,

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 (for Individual)
Principal Life Ins Co.

Occupation (for Individual)
VP-Investor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2018

Transaction ID : 201808075334-674

Amount of Each Receipt this Period

77.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Egan, John, Michael, ,

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 (for Individual)
Principal Life Ins Co.

Occupation (for Individual)
VP-Investor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2018

Transaction ID : 201808075334-675

Amount of Each Receipt this Period

77.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Emanuel, John, P, ,

Mailing Address 1155 Avenue of the Americas
1120

City
New York

State
NY

Zip Code
10036-2711

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Principal Life Ins Co.

Occupation (for Individual)
Disability Income RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2018

Transaction ID : 201808075334-676

Amount of Each Receipt this Period

19.23

☐ Memo Item

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

173.23

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