

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
Pacific Life Insurance Company Political Action Committee

ADDRESS (number and street) 700 Newport Center Drive
 Check if different than previously reported. (ACC)
Newport Beach CA 92660

2. **FEC IDENTIFICATION NUMBER** C00068528
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 12 01 2009 through 12 31 2009

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 Robert Haskell

Signature of Treasurer Electronically Filed by Robert Haskell Date 01 21 2010

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									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Pacific Life Insurance Company Political Action Committee

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		37163.63
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	59287.84									
(c) Total Receipts (from Line 19)	16539.81	217164.02								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	75827.65	254327.65								
7. Total Disbursements (from Line 31)	13000.00	191500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	62827.65	62827.65								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Pacific Life Insurance Company Political Action Committee

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	15898.48	166155.58
(ii) Unitemized	641.33	51008.44
(iii) TOTAL (add Lines 11(a)(i) and (ii)	16539.81	217164.02
(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)	16539.81	217164.02
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))	16539.81	217164.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16539.81	217164.02

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	13000.00	191500.00
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	0.00
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))..	13000.00	191500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13000.00	191500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	16539.81	217164.02
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16539.81	217164.02
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: PAGE 6 / 89
(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

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)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MS. JUNE G ARCE

Mailing Address 20050 EMERALD MEADOW DR

City State Zip Code
WALNUT CA 91789

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

Name of Employer Pacific Life Occupation DIR MKTG COMPL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10362103443

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MS. JULIE E TRASK

Mailing Address 181 S CRAIG DR

City State Zip Code
ORANGE CA 92869

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

Name of Employer Pacific Life Occupation DIR CUSTOMER SERVICE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10362123443

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. ANTHONY J BONNO

Mailing Address 61 VERNAL SPG

City State Zip Code
IRVINE CA 92603

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

Name of Employer Pacific Life Occupation SR VP HR, FAC & CORP TECH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10362233443

Amount of Each Receipt this Period
400.00

P/R Deduction (\$400.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **490.00**

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 7 / 89
	<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)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MR. ALAN H BROWN

Mailing Address 505 13TH ST

City State Zip Code
HUNTINGTON BEACH CA 92648

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

Name of Employer Pacific Life Occupation AVP ITS STRATEGIC SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10362253443

Amount of Each Receipt this Period 70.00

P/R Deduction (\$70.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MS. KATHLEEN N WILSON

Mailing Address 2525 JUANITA WAY

City State Zip Code
LAGUNA BEACH CA 92651

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

Name of Employer Pacific Life Occupation SR PROJECT ANALYST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10362273443

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. DEWEY P BUSHAW

Mailing Address 29132 ALFIERI ST

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation EXEC VP ANNUITIES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2004.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10362303443

Amount of Each Receipt this Period 167.00

P/R Deduction (\$167.00 Monthly)

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: PAGE 8 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MR. EDWARD R BYRD

Mailing Address 17520 PAGE CT

City State Zip Code
YORBA LINDA CA 92886

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

Name of Employer Pacific Life Occupation SR VP & CHF ACTG OFCR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10362323443

Amount of Each Receipt this Period 90.00

P/R Deduction (\$90.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. JOSEPH E CELENTANO

Mailing Address 26661 CAMPESINO

City State Zip Code
MISSION VIEJO CA 92691

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

Name of Employer Pacific Life Occupation SVP PROD, RISK, FIN&INFO MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10362383443

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. SHARON A CHEEVER

Mailing Address 33512 VALLE RD

City State Zip Code
SN JUAN CAPISTRANO CA 92675

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

Name of Employer Pacific Life Occupation SR VP & GEN COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10362403443

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 290.00

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 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MS. LAURIE A CHURCH

Mailing Address 21851 NEWLAND ST SPC 246

City State Zip Code
HUNTINGTON BEACH CA 92646

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life Occupation STRCT STTLMNTS CONS (G)

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt M M / D D / Y Y Y Y
12 / 31 / 2009

Transaction ID: PR10362423443

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. KATHLEEN A CLUNE

Mailing Address 858 S BLUEBIRD CIR

City State Zip Code
ANAHEIM CA 92807

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life Occupation AVP ASST TREASURER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y
12 / 31 / 2009

Transaction ID: PR10362463443

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. GAIL C MOSCOSO

Mailing Address 31558 WEST NINE DR

City State Zip Code
LAGUNA NIGUEL CA 92677

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life Occupation VP CLIENT SERVICES

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt M M / D D / Y Y Y Y
12 / 31 / 2009

Transaction ID: PR10362483443

Amount of Each Receipt this Period 60.00

P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional) 125.00

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 10 / 89

(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)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. CHRISTINE L KELLERMAN

Mailing Address 26571 VIA CALIFORNIA

City State Zip Code
CAPISTRANO BEACH CA 92624

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

Name of Employer Occupation
Pacific Life APPLIC DEV MGR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 333.30

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10362493443

Amount of Each Receipt this Period
0.00

P/R Deduction (\$0.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. DENNIS M CORBETT

Mailing Address 15136 TOURAIN WAY

City State Zip Code
IRVINE CA 92604

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

Name of Employer Occupation
Pacific Life VP TAX COMPLIANCE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10362513443

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. DANIEL C CRAIN

Mailing Address 36 WINTERGREEN

City State Zip Code
IRVINE CA 92604

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

Name of Employer Occupation
Pacific Life MGR PROD COMPLIANCE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10362543443

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

130.00

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 / 89
	<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)
Pacific Life Insurance Company Political Action Committee

A.	Full Name (Last, First, Middle Initial) MR. PAUL J CROXTON		Date of Receipt
	Mailing Address 30132 HILLSIDE TER		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	SN JUAN CAPISTRANO	CA	92675
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10362553443
Name of Employer Pacific Life		Occupation FVP FIELD WHOLESALING	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 600.00	<input type="text"/> 50.00
			P/R Deduction (\$50.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MS. DEBRA CUNNINGHAM HONERKAMP		Date of Receipt
	Mailing Address 2712 LIGHTHOUSE LN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	CORONA DEL MAR	CA	92625
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10362563443
Name of Employer Pacific Life		Occupation AVP RE ASSET MGMT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 900.00	<input type="text"/> 75.00
			P/R Deduction (\$75.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. MICHAEL R CURRY		Date of Receipt
	Mailing Address 12162 WICKLOW LN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	NAPLES	FL	34120
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10362573443
Name of Employer Pacific Life		Occupation FVP FIELD WHOLESALING	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1200.00	<input type="text"/> 100.00
			P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 225.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 89

(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)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MS. STEPHANIE J CURRY

Mailing Address PO BOX 15358

City State Zip Code
IRVINE CA 92623

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

Name of Employer Occupation
Pacific Life AVP ADVANCED SALES

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1080.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10362593443

Amount of Each Receipt this Period

90.00

P/R Deduction (\$90.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MS. DIANE W DALES

Mailing Address 28 CLERMONT

City State Zip Code
NEWPORT COAST CA 92657

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

Name of Employer Occupation
Pacific Life AVP CREDIT ANALYSIS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10362603443

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MS. LINDA D LARSON

Mailing Address 8315 ROAD R NW

City State Zip Code
QUINCY WA 98848

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

Name of Employer Occupation
Pacific Life AVP IND COMPLIANCE

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10362623443

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

240.00

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 13 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MR. MARK R FALK

Mailing Address 64 SUMMERSTONE

City State Zip Code
IRVINE CA 92614

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

Name of Employer Pacific Life Occupation AVP STRATEGIC PROGRAMS

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10362713443
Amount of Each Receipt this Period: 125.00
P/R Deduction (\$125.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. PETER S FIEK

Mailing Address 22 ARCADE

City State Zip Code
IRVINE CA 92603

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

Name of Employer Pacific Life Occupation AVP PORTFOLIO MGMT

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10362773443
Amount of Each Receipt this Period: 25.00
P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. DAVID R FINEAR

Mailing Address 718 K THANGA DR

City State Zip Code
CORONA DEL MAR CA 92625

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

Name of Employer Pacific Life Occupation AVP RE INVESTMENTS

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10362783443
Amount of Each Receipt this Period: 35.00
P/R Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 185.00

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 14 / 89
(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)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MS. MARTHA A GATES

Mailing Address 31411 MONTEREY ST

City State Zip Code
LAGUNA BEACH CA 92651

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

Name of Employer Pacific Life Occupation SR VP OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2040.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10362863443

Amount of Each Receipt this Period
170.00

P/R Deduction (\$170.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. FRANK J GOETZ

Mailing Address 7 SOVENTE

City State Zip Code
IRVINE CA 92606

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

Name of Employer Pacific Life Occupation AVP NEW BUSINESS SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10362903443

Amount of Each Receipt this Period
70.00

P/R Deduction (\$70.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. KEVIN P GOODMAN

Mailing Address 310 ALISO AVE

City State Zip Code
NEWPORT BEACH CA 92663

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

Name of Employer Pacific Life Occupation ACCUM PROD CONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10362913443

Amount of Each Receipt this Period
0.00

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **240.00**

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 15 / 89
	<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)
Pacific Life Insurance Company Political Action Committee

A.	Full Name (Last, First, Middle Initial) MS. MILDA C GOODMAN		Date of Receipt
	Mailing Address 310 ALISO AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	NEWPORT BEACH	CA	92663
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10362923443
Name of Employer Pacific Life		Occupation AVP ADV & PUB RLNS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	<input type="text"/>
			P/R Deduction (\$50.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MS. LORENE C GORDON		Date of Receipt
	Mailing Address 37 LANTANA		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	ALISO VIEJO	CA	92656
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10362933443
Name of Employer Pacific Life		Occupation VP OPERATIONS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/>
			P/R Deduction (\$25.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MS. C MARLA GRAHAM		Date of Receipt
	Mailing Address 23672 BRASILIA ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	MISSION VIEJO	CA	92691
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10362943443
Name of Employer Pacific Life		Occupation MGR PROJECT ANA & QA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	<input type="text"/>
			P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 125.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 16 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MR. WILLIAM C GREEN

Mailing Address 12889 RALSTON CIR

City State Zip Code
SAN DIEGO CA 92130

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

Name of Employer Pacific Life Occupation SR CONSTR LOAN ACCT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y Y
12 / 31 / 2009

Transaction ID: PR10362953443

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. ADRIAN S GRIGGS

Mailing Address 8766 CANARY AVE

City State Zip Code
FOUNTAIN VALLEY CA 92708

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

Name of Employer Pacific Life Occupation SVP FINANCE & COMPL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt M M / D D / Y Y Y Y Y
12 / 31 / 2009

Transaction ID: PR10362963443

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. IRENE L JACOBSEN

Mailing Address 6052 SAN YSIDRO CIR

City State Zip Code
BUENA PARK CA 90620

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

Name of Employer Pacific Life Occupation NATL ACCOUNTS SUPR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt M M / D D / Y Y Y Y Y
12 / 31 / 2009

Transaction ID: PR10362993443

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 155.00

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 17 / 89
(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)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MS. BRENDA K HARDWIG

Mailing Address 13112 EARLHAM ST

City State Zip Code
SANTA ANA CA 92705

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

Name of Employer Pacific Life Occupation COMMUNITY RELTNS COORD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10363033443

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. ROBERT G HASKELL

Mailing Address 1880 N EL CAMINO REAL

City State Zip Code
SAN CLEMENTE CA 92672

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

Name of Employer Pacific Life Occupation SR VP PUBLIC AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.92

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10363063443

Amount of Each Receipt this Period 416.66

P/R Deduction (\$416.66 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. DALE E HAWLEY

Mailing Address 1137 SUNSET CLIFFS BLVD.

City State Zip Code
SAN DIEGO CA 92107

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

Name of Employer Pacific Life Occupation AVP INVEST CNSL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 888.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10363073443

Amount of Each Receipt this Period 74.00

P/R Deduction (\$74.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **540.66**

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 18 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MR. ROBERT J HEMSTEAD

Mailing Address 310 E MCCOY LN

City State Zip Code
SANTA MARIA CA 93455

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

Name of Employer Pacific Life Occupation AVP & VALUATION ACTUARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10363103443
Amount of Each Receipt this Period: 85.00
P/R Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. KEVIN A HENDRA

Mailing Address 58 VIAGGIO LN

City State Zip Code
FOOTHILL RANCH CA 92610

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

Name of Employer Pacific Life Occupation CORP TAX DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10363113443
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. HOWARD T HIRAKAWA

Mailing Address 23972 GOLDENEYE DR

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation VP INV ADVISOR OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10363163443
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 235.00

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 19 / 89
(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)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MS. MARYBETH HUGHES

Mailing Address 2283 WATERMAN WAY

City State Zip Code
COSTA MESA CA 92627

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

Name of Employer Pacific Life Occupation DIR CORPORATE RISK

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10363203443

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. KENNETH E JACK

Mailing Address 27 TOULON AVE

City State Zip Code
FOOTHILL RANCH CA 92610

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

Name of Employer Pacific Life Occupation AVP FACILITIES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10363223443

Amount of Each Receipt this Period 45.00

P/R Deduction (\$45.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. CHRIS M JANOWIAK

Mailing Address 1298 CLEVELAND AVE #3

City State Zip Code
SAN DIEGO CA 92103

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

Name of Employer Pacific Life Occupation DIR CORP INTERNET STRATEGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10363233443

Amount of Each Receipt this Period 0.00

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **85.00**

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 20 / 89
	<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)
Pacific Life Insurance Company Political Action Committee

A.	Full Name (Last, First, Middle Initial) MS. CAROL A JENSEN	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 8554 202ND STREET SW	Transaction ID: PR10363243443
	City State Zip Code EDMONDS WA 98026	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation DIVISION VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 3000.00	P/R Deduction (\$250.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. JEFF R JOHNSON	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 1 SAND OAKS RD.	Transaction ID: PR10363253443
	City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation AVP TREASURER PAF Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 600.00	P/R Deduction (\$50.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. KENT R JOHNSON	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 25621 DEL NORTE	Transaction ID: PR10363263443
	City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation VP ACTUARIAL & REINS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 600.00	P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	350.00
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 21 / 89

(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)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MR. MARK J JOHNSON

Mailing Address 1812 LEADBURN RD

City State Zip Code
TOWSON MD 21204

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

Name of Employer Occupation
Pacific Life FVP FIELD WHOLESALING

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10363273443

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. SCOTT E JOHNSON

Mailing Address 906 NEWTON LN

City State Zip Code
PLACENTIA CA 92870

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

Name of Employer Occupation
Pacific Life VP CORP APPL SYSTEMS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 960.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10363283443

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MS. LORI A JOHNSTONE

Mailing Address 27 GRAY STONE WAY

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Occupation
Pacific Life AVP CREDIT ANALYSIS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10363293443

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

235.00

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 22 / 89
	<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)
Pacific Life Insurance Company Political Action Committee

A.	Full Name (Last, First, Middle Initial) MS. SUZANNE T KAMPA		Date of Receipt
	Mailing Address 5531 STANFORD AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	GARDEN GROVE	CA	92845
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10363323443
Name of Employer Pacific Life		Occupation IT AUDIT CONS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 720.00	<input type="text"/> 60.00
			P/R Deduction (\$60.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. BRIAN D KLEMENS		Date of Receipt
	Mailing Address 24611 BENJAMIN CIR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	DANA POINT	CA	92629
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10363373443
Name of Employer Pacific Life		Occupation VP CORPORATE CONTROLLER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 960.00	<input type="text"/> 80.00
			P/R Deduction (\$80.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MS. JUNE E KNUTH		Date of Receipt
	Mailing Address 30862 PASEO DEL NIGUEL		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	LAGUNA NIGUEL	CA	92677
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10363383443
Name of Employer Pacific Life		Occupation VP & INVEST COUNSEL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 0.00
			P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 140.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 23 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MR. JOHN P KONTOS

Mailing Address 6307 CAMINO MARINERO

City State Zip Code
SAN CLEMENTE CA 92673

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

Name of Employer Pacific Life Occupation VP KEY ACCOUNT MKTG

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10363423443
Amount of Each Receipt this Period: 125.00
P/R Deduction (\$125.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. JODY L LINNEMAN

Mailing Address 262 S FAIRFIELD LN

City State Zip Code
ORANGE CA 92869

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

Name of Employer Pacific Life Occupation AVP INVEST CNSL

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10363453443
Amount of Each Receipt this Period: 75.00
P/R Deduction (\$75.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. FLETCHER C LARSON

Mailing Address 709 AVENIDA MIROLA

City State Zip Code
PALOS VERDES EST CA 90274

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4800.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10363473443
Amount of Each Receipt this Period: 400.00
P/R Deduction (\$400.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 600.00

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 24 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MR. DAVID LAWS

Mailing Address 10935 E BERRY AVE

City State Zip Code
ENGLEWOOD CO 80111

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10363483443

Amount of Each Receipt this Period 0.00

P/R Deduction (\$0.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. TERESA M LORD

Mailing Address 24 FULMAR LN

City State Zip Code
ALISO VIEJO CA 92656

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

Name of Employer Pacific Life Occupation SR SYSTEMS ANALYST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10363543443

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. LAURENE E MAC ELWEE

Mailing Address 1033 SECRETARIAT CIR

City State Zip Code
COSTA MESA CA 92626

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

Name of Employer Pacific Life Occupation AVP VARIABLE REG COMPL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10363563443

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **130.00**

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 25 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MS. STEPHANIE J BABKOW

Mailing Address 9901 OCEANCREST DR

City State Zip Code
HUNTINGTON BEACH CA 92646

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

Name of Employer Pacific Life Occupation AVP CLIENT SVCS

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY
12 / 31 / 2009

Transaction ID: PR10363583443

Amount of Each Receipt this Period: 25.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. DESMOND G MARSH

Mailing Address 74 SETON RD

City State Zip Code
IRVINE CA 92612

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

Name of Employer Pacific Life Occupation AVP ANNUITY APPS ADMIN

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1440.00

Date of Receipt: MM / DD / YYYY
12 / 31 / 2009

Transaction ID: PR10363593443

Amount of Each Receipt this Period: 120.00

P/R Deduction (\$120.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. THOMAS J MAYS

Mailing Address 7406 PALOMA DR

City State Zip Code
HUNTINGTON BEACH CA 92648

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

Name of Employer Pacific Life Occupation VP GOVT RELNS

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt: MM / DD / YYYY
12 / 31 / 2009

Transaction ID: PR10363603443

Amount of Each Receipt this Period: 50.00

P/R Deduction (\$50.00 Monthly)

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: PAGE 26 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MS. GAIL H MC INTOSH

Mailing Address 622 18TH ST

City State Zip Code
HUNTINGTON BEACH CA 92648

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

Name of Employer Pacific Life Occupation AVP INS CNSL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10363613443
Amount of Each Receipt this Period: 80.00
P/R Deduction (\$80.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. ROBERT B MC KIBBIN

Mailing Address 6911 W 129TH PL

City State Zip Code
OVERLAND PARK KS 66209

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

Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10363623443
Amount of Each Receipt this Period: 25.00
P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. JULIA C MC KINNEY

Mailing Address 3615 PASEO DEL CAMPO

City State Zip Code
PALOS VERDES EST CA 90274

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

Name of Employer Pacific Life Occupation AVP INS CNSL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10363633443
Amount of Each Receipt this Period: 75.00
P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 180.00

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 27 / 89
	<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)
Pacific Life Insurance Company Political Action Committee

A.	Full Name (Last, First, Middle Initial) MR. MORGAN C MC KNIGHT		Date of Receipt
	Mailing Address 1217 HIGHCREST DR		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	BURLESON	TX	76028
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10363643443
Name of Employer Pacific Life		Occupation APPLIC DEV CONS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	<input type="text" value="50.00"/>
			P/R Deduction (\$50.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. HENRY M MC MILLAN		Date of Receipt
	Mailing Address 4006 INLET ISLE DR		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	CORONA DEL MAR	CA	92625
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10363663443
Name of Employer Pacific Life		Occupation SR VP & CHIEF RISK OFCR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1200.00"/>	<input type="text" value="100.00"/>
			P/R Deduction (\$100.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MS. CAROLYN J MIDDLEBROOKS		Date of Receipt
	Mailing Address 2024 E OCEAN BLVD		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	NEWPORT BEACH	CA	92661
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10363693443
Name of Employer Pacific Life		Occupation VP & CHIEF LIFE UNDERWRITER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	<input type="text" value="25.00"/>
			P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="175.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 28 / 89
	<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)
Pacific Life Insurance Company Political Action Committee

A.	Full Name (Last, First, Middle Initial) MS. AUDREY L MILFS		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 26922 ROCKING HORSE LN		Transaction ID: PR10363713443
	City LAGUNA HILLS	State CA	Zip Code 92653
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Pacific Life	Occupation VP & SECRETARY	P/R Deduction (\$250.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00		

B.	Full Name (Last, First, Middle Initial) MR. JOSE T MISCOLTA		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 20 BRYCE CYN		Transaction ID: PR10363753443
	City ALISO VIEJO	State CA	Zip Code 92656
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 65.00
	Name of Employer Pacific Life	Occupation AVP PROD & PORT MKTG	P/R Deduction (\$65.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00		

C.	Full Name (Last, First, Middle Initial) MS. ELIZABETH A MOORE		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 6412 N 159TH ST		Transaction ID: PR10363763443
	City OMAHA	State NE	Zip Code 68116
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
	Name of Employer Pacific Life	Occupation SYSTEMS ANALYSIS CONS	P/R Deduction (\$45.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00		

SUBTOTAL of Receipts This Page (optional)	360.00
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 29 / 89

(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)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MR. JAMES T MORRIS

Mailing Address 29022 PINTAIL CIR

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Occupation
Pacific Life CHAIRMAN, PRESIDENT & CEO

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10363793443

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. JOHN C MULVIHILL

Mailing Address 27822 HOMESTEAD RD

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Occupation
Pacific Life VP RE ASSET MGMT

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10363803443

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. RICHARD P OLSON

Mailing Address 22501 CHASE

City State Zip Code
ALISO VIEJO CA 92656

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

Name of Employer Occupation
Pacific Life DIR SECURITY SVCS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10363933443

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

641.00

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 30 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MS. JOYCE J PEAD

Mailing Address 25 SUNRISE

City State Zip Code
IRVINE CA 92603

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

Name of Employer Pacific Life Occupation AVP TALENT ACQ & DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10364003443

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. ALYCE PETERSON

Mailing Address 10033 WINESAP AVE

City State Zip Code
CHERRY VALLEY CA 92223

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

Name of Employer Pacific Life Occupation VP MARKETING SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10364023443

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. B P PILLION

Mailing Address 915 STOKE RD

City State Zip Code
VILLANOVA PA 19085

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10364043443

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **165.00**

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 31 / 89

(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)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MR. YVES F PINKOWITZ

Mailing Address 20541 VIA EL TAJO

City State Zip Code
YORBA LINDA CA 92887

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

Name of Employer Pacific Life Occupation VP CORP AUDIT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR10364053443

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. THEODORE A PREMIER

Mailing Address 20 MOLINO

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation VP REAL ESTATE FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR10364083443

Amount of Each Receipt this Period
150.00

P/R Deduction (\$150.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. JOSEPH A PUM

Mailing Address 33 BOLERO

City State Zip Code
MISSION VIEJO CA 92692

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

Name of Employer Pacific Life Occupation INTERNAL AUDIT DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: PR10364093443

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	▶	230.00
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 32 / 89
(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)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MR. JAMES R RICE

Mailing Address 11 STILLWATER

City IRVINE State CA Zip Code 92603

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

Name of Employer Pacific Life Occupation VP M FINANCIAL DISTRIBUTION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1320.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10364143443
 Amount of Each Receipt this Period: 110.00
 P/R Deduction (\$110.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. THOMAS M RONCE

Mailing Address 19 GLEN ELLEN

City IRVINE State CA Zip Code 92602

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

Name of Employer Pacific Life Occupation VP & TAX COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10364203443
 Amount of Each Receipt this Period: 30.00
 P/R Deduction (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. RICHARD J SCHINDLER

Mailing Address 24972 CATHERINE WAY

City DANA POINT State CA Zip Code 92629

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

Name of Employer Pacific Life Occupation SR VP LIFE CHF MKTG OFCR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10364263443
 Amount of Each Receipt this Period: 250.00
 P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 390.00

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 33 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MS. KIMBERLY K SCHULTZ

Mailing Address 28392 CALLE PINON

City State Zip Code
SN JUAN CAPISTRANO CA 92675

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10364303443

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. CATHY L SCHWARTZ

Mailing Address 87 PELICAN CT

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation AVP CREDIT ANALYSIS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10364313443

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. ALAN L SCHWITZGEBEL

Mailing Address 18612 MORONGO ST

City State Zip Code
FOUNTAIN VALLEY CA 92708

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

Name of Employer Pacific Life Occupation SR HR GENERALIST COORDINATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10364323443

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 150.00

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 34 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MS. SONJA V SCOTT

Mailing Address 30 CANYONWOOD

City State Zip Code
IRVINE CA 92620

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

Name of Employer Pacific Life Occupation AVP COMPENSATION

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10364333443
Amount of Each Receipt this Period: 40.00
P/R Deduction (\$40.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. BRADLEY W SHERRELL

Mailing Address 2315 VIA ZAFIRO

City State Zip Code
SAN CLEMENTE CA 92673

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

Name of Employer Pacific Life Occupation AVP TECH OFFICE

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10364353443
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. JOAN M SMITH

Mailing Address 33342 COVE ISLAND PL

City State Zip Code
DANA POINT CA 92629

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

Name of Employer Pacific Life Occupation ACCOUNTING DIR

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10364413443
Amount of Each Receipt this Period: 20.00
P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 110.00

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 35 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MS. PENNY S SPARKS
Mailing Address 1661 UTAH CIR
City COSTA MESA State CA Zip Code 92626
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation DIR PORTFOLIO OPS
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00
Date of Receipt 12 / 31 / 2009
Transaction ID: PR10364443443
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM E STODDART
Mailing Address 2413 W 123RD TER
City LEAWOOD State KS Zip Code 66209
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation REGIONAL VP
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 12 / 31 / 2009
Transaction ID: PR10364473443
Amount of Each Receipt this Period 25.00
P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. CAROL R SUDBECK
Mailing Address 11 SOMMET
City NEWPORT COAST State CA Zip Code 92657
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation VP TALENT ACQ & DEV
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00
Date of Receipt 12 / 31 / 2009
Transaction ID: PR10364503443
Amount of Each Receipt this Period 100.00
P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 175.00
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 36 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MS. ALICE P TERLECKY

Mailing Address 2130 CAMINO LAUREL

City State Zip Code
SAN CLEMENTE CA 92673

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

Name of Employer Pacific Life Occupation AVP NEW BUSINESS SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10364573443
Amount of Each Receipt this Period: 25.00
P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. JOHN G TORELL

Mailing Address 355 S LORETTA DR

City State Zip Code
ORANGE CA 92869

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

Name of Employer Pacific Life Occupation VP ACCTG & RPTG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10364583443
Amount of Each Receipt this Period: 85.00
P/R Deduction (\$85.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. STEPHEN J TORETTO

Mailing Address 22862 ORENSE

City State Zip Code
MISSION VIEJO CA 92691

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

Name of Employer Pacific Life Occupation VP COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10364593443
Amount of Each Receipt this Period: 55.00
P/R Deduction (\$55.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 165.00

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 37 / 89

(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)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MR. KHANH T TRAN

Mailing Address 47 VERNAL SPG

City State Zip Code
IRVINE CA 92603

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

Name of Employer Occupation
Pacific Life EXEC VP CFO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4999.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10364603443

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

B.

Full Name (Last, First, Middle Initial)
MS. SUSAN L TULLY

Mailing Address 6929 N HAYDEN RD PMB 157

City State Zip Code
SCOTTSDALE AZ 85250

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

Name of Employer Occupation
Pacific Life SR WHOLESALER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10364613443

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. EDDIE D TUNG

Mailing Address PO BOX 10386

City State Zip Code
NEWPORT BEACH CA 92658

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

Name of Employer Occupation
Pacific Life AVP REGULATORY PROD ACCTG

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 840.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10364623443

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

486.66

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 38 / 89
(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)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MS. GATHRYN L VAN WEY

Mailing Address 41974 CARSON CT

City State Zip Code
MURRIETA CA 92562

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

Name of Employer Pacific Life Occupation AVP NATL ACCTS & BD SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10364633443

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MS. MELANIE G WAGNER

Mailing Address 1842 MOORPARK DR

City State Zip Code
BREA CA 92821

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

Name of Employer Pacific Life Occupation DIR HR & PR SERVICES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10364643443

Amount of Each Receipt this Period 35.00

P/R Deduction (\$35.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. JOHN M WALDECK

Mailing Address 67 LAURELHURST DR

City State Zip Code
LADERA RANCH CA 92694

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

Name of Employer Pacific Life Occupation VP RE UWG & CONST SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10364653443

Amount of Each Receipt this Period 125.00

P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **210.00**

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 39 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MS. NANCY A WEBB

Mailing Address 36 BLACK HAWK

City State Zip Code
IRVINE CA 92603

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

Name of Employer Pacific Life Occupation VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10364703443

Amount of Each Receipt this Period 0.00

P/R Deduction (\$0.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. NAOMI D WHEELER

Mailing Address 1827 MAIN ST

City State Zip Code
HUNTINGTON BEACH CA 92648

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

Name of Employer Pacific Life Occupation AVP FINANCIAL ANALYSIS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10364733443

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. JOHN WHITE

Mailing Address 32122 VIA CARLOS

City State Zip Code
SN JUAN CAPISTRANO CA 92675

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

Name of Employer Pacific Life Occupation VP SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10364743443

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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 40 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MS. KAREN S WILEY

Mailing Address 2921 PLAYER LANE

City State Zip Code
TUSTIN CA 92782

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

Name of Employer Pacific Life Occupation DIR COMMUNICATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10364753443
Amount of Each Receipt this Period: 0.00
P/R Deduction (\$0.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. ALAN D WUEST

Mailing Address 32 COLORIDO

City State Zip Code
RCHO STA MARGARITA CA 92688

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

Name of Employer Pacific Life Occupation AVP OPERATIONS SUPPORT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10364803443
Amount of Each Receipt this Period: 30.00
P/R Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. ROBIN S YONIS

Mailing Address 8 CASTLEBAR

City State Zip Code
IRVINE CA 92618

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

Name of Employer Pacific Life Occupation VP VAR REGULATORY COMPL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10364823443
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 80.00

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 41 / 89
(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)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MS. MARIA ZAMBELLI-DOUGHERTY

Mailing Address 525 LOMBARDY RD

City State Zip Code
DREXEL HILL PA 19026

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

Name of Employer Pacific Life Occupation SUPR OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10364833443

Amount of Each Receipt this Period 60.00

P/R Deduction (\$60.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. MICHAEL J WAUTERS

Mailing Address 2942 COPA DE ORO DR

City State Zip Code
LOS ALAMITOS CA 90720-5207

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

Name of Employer Pacific Life Occupation AVP FINANCIAL OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10365123443

Amount of Each Receipt this Period 0.00

P/R Deduction (\$0.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. MICHAEL A BELL

Mailing Address 2 PRECIPICE

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation EVP LIFE INSURANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10365143443

Amount of Each Receipt this Period 300.00

P/R Deduction (\$300.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **360.00**

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 42 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MR. PAUL V LIGEROS

Mailing Address 44 RABANO

City State Zip Code
RCHO STA MARGARITA CA 92688

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

Name of Employer Pacific Life Occupation PROD & COMPETITION CONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10365203443

Amount of Each Receipt this Period 20.00

P/R Deduction (\$20.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. REED J LLOYD

Mailing Address 6 SANDERLING LN

City State Zip Code
ALISO VIEJO CA 92656

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

Name of Employer Pacific Life Occupation AVP ADVANCED MKTG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10365213443

Amount of Each Receipt this Period 65.00

P/R Deduction (\$65.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. REX A OLSON

Mailing Address 1963 PORT LAURENT PL

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation VP&SR MANAGING DIR (LEV FIN)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10365223443

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 110.00

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 43 / 89
	<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)
Pacific Life Insurance Company Political Action Committee

A.	Full Name (Last, First, Middle Initial) MR. SAMUEL TANG		Date of Receipt
	Mailing Address 9 KEMPTON LN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	LADERA RANCH	CA	92694
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10365233443
Name of Employer Pacific Life		Occupation PRINCIPAL PAC TRIGUARD COO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	<input type="text"/> 30.00
			P/R Deduction (\$30.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MS. CAROLYN DEAN		Date of Receipt
	Mailing Address PO BOX 3051		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	DANA POINT	CA	92629
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10365343443
Name of Employer Pacific Life		Occupation ACCOUNTING DIR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00	<input type="text"/> 40.00
			P/R Deduction (\$40.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MS. ANGELA D HARRELSON		Date of Receipt
	Mailing Address 286 VIRGINIA PL		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	COSTA MESA	CA	92627
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10365403443
Name of Employer Pacific Life		Occupation BUS SYSTEMS ANALYST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 25.00
			P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 95.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 89
(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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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)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MS. CAROL E RUMSEY

Mailing Address 25221 SPINDLEWOOD

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation COMPLIANCE MGR (FUNDS)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10365453443

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. PHILIP A TEETER

Mailing Address 376 MYRTLE ST

City State Zip Code
LAGUNA BEACH CA 92651

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

Name of Employer Pacific Life Occupation VP ANN TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10365473443

Amount of Each Receipt this Period 150.00

P/R Deduction (\$150.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. RICHARD BAUDOIN

Mailing Address 12 INDIAN SPRING RD

City State Zip Code
NORWALK CT 06853

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

Name of Employer Pacific Life Occupation MANAGING DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10365493443

Amount of Each Receipt this Period 35.00

P/R Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 210.00

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 45 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MR. BENJAMIN JUNG

Mailing Address 115 VIA KORON

City State Zip Code
NEWPORT BEACH CA 92663

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

Name of Employer Pacific Life Occupation MANAGING DIR & COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y Y
12 / 31 / 2009

Transaction ID: PR10365513443

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. RICHARD G CHERNEY

Mailing Address 27835 HOMESTEAD RD

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation EXECUTIVE VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt M M / D D / Y Y Y Y Y
12 / 31 / 2009

Transaction ID: PR10365543443

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. LOREN M DOLLET

Mailing Address 8 JUPITER HLS

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation EXEC VP GEN COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y Y
12 / 31 / 2009

Transaction ID: PR10365553443

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 100.00

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 46 / 89
(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)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MS. KAREN S WALL

Mailing Address 1811 RIVERFORD RD

City State Zip Code
TUSTIN CA 92780

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

Name of Employer Pacific Life Occupation SYS ANALYSIS DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10365583443

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. TENNYSON S OYLER

Mailing Address 112 CLEARBROOK

City State Zip Code
IRVINE CA 92614

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

Name of Employer Pacific Life Occupation AVP PUBLIC AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10365613443

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. WILLIAM D COTTON

Mailing Address 703 KAHN PL

City State Zip Code
ALEXANDRIA VA 22314

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10365623443

Amount of Each Receipt this Period
0.00

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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 47 / 89
(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)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MS. VALERIE MORRIS

Mailing Address 48 W YALE LOOP

City State Zip Code
IRVINE CA 92604

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

Name of Employer Pacific Life Occupation VP HR PRGMS & SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10365683443

Amount of Each Receipt this Period 90.00

P/R Deduction (\$90.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MS. PATRICIA S DOUGLASS

Mailing Address 640 SAINT JAMES RD

City State Zip Code
NEWPORT BEACH CA 92663

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

Name of Employer Pacific Life Occupation VP GOVT RELNS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2700.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10365733443

Amount of Each Receipt this Period 225.00

P/R Deduction (\$225.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. WILLIAM D BURKE

Mailing Address 2216 NELDA WAY

City State Zip Code
ALAMO CA 94507

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10365783443

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **415.00**

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 48 / 89

(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)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MR. SILAS K DUNN

Mailing Address 14 ELDERWOOD

City State Zip Code
IRVINE CA 92614

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

Name of Employer Occupation
Pacific Life AVP PSD COMPLIANCE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10365843443

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. RODERICK P HANSEN

Mailing Address 21612 MARIGOT DR

City State Zip Code
BOCA RATON FL 33428

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

Name of Employer Occupation
Pacific Life REGIONAL VP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10365853443

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MS. CHRISTINA Q HE

Mailing Address 16625 SONORA STREET

City State Zip Code
TUSTIN CA 92782

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

Name of Employer Occupation
Pacific Life AVP PORTFOLIO MGMT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10365873443

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

180.00

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 49 / 89

(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)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MR. ERIC B MILLS

Mailing Address 25202 LA ESTRADA DR

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Occupation
Pacific Life AVP ADVANCED DESIGN

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10365953443

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. JOHN F O'DONNELL

Mailing Address 30 BRIAN RD

City State Zip Code
BRIDGEWATER MA 02324

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

Name of Employer Occupation
Pacific Life DIVISION VP

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10365963443

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. EVAN P OHS

Mailing Address 8124 WESTLAWN AVE

City State Zip Code
LOS ANGELES CA 90045

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

Name of Employer Occupation
Pacific Life FIELD VICE PRES

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10365973443

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

150.00

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 50 / 89
	<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)
Pacific Life Insurance Company Political Action Committee

A.	Full Name (Last, First, Middle Initial) MS. JULIET A PINKERTON	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	Mailing Address 30 HISTORY ROW	Transaction ID: PR10365993443
	City State Zip Code THE WOODLANDS TX 77380	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation REGIONAL VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00	P/R Deduction (\$250.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. PHILLIP L SALEMNO	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	Mailing Address 47 BETSY LN	Transaction ID: PR10366033443
	City State Zip Code AMBLER PA 19002	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation SALES MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$25.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. RICHARD A TAUBE	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	Mailing Address 24081 NUTHATCH LN	Transaction ID: PR10366043443
	City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation VP PRODUCT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00	P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	350.00
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 51 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MR. TRAVIS R MC KAY

Mailing Address 15222 LINCOLNWAY CIR

City State Zip Code
PLAINFIELD IL 60544

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt M M / D D / Y Y Y Y Y
12 / 31 / 2009

Transaction ID: PR10366063443

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. JOANN ROGERS

Mailing Address 909 DREXEL AVE

City State Zip Code
DREXEL HILL PA 19026

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

Name of Employer Pacific Life Occupation SUPR OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt M M / D D / Y Y Y Y Y
12 / 31 / 2009

Transaction ID: PR10366083443

Amount of Each Receipt this Period 20.00

P/R Deduction (\$20.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. KATHARINE B YOUNG

Mailing Address 18647 SANTA ISADORA ST

City State Zip Code
FOUNTAIN VALLEY CA 92708

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

Name of Employer Pacific Life Occupation AVP VAL & RISK MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt M M / D D / Y Y Y Y Y
12 / 31 / 2009

Transaction ID: PR10366103443

Amount of Each Receipt this Period 80.00

P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 200.00

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 52 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MR. DALE W PATRICK

Mailing Address 11975 LAMBERT

City State Zip Code
TUSTIN CA 92782

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

Name of Employer Pacific Life Occupation AVP PORTFOLIO MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10366143443
Amount of Each Receipt this Period: 25.00
P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER VAN MIERLO

Mailing Address 400 EL VUELO

City State Zip Code
SAN CLEMENTE CA 92672

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

Name of Employer Pacific Life Occupation SR VP AMF CHF MKTG OFCR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10366153443
Amount of Each Receipt this Period: 60.00
P/R Deduction (\$60.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. DOUGLAS J URATA

Mailing Address 28202 MILLWOOD RD

City State Zip Code
TRABUCO CANYON CA 92679

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

Name of Employer Pacific Life Occupation SR MKTG ANA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10366163443
Amount of Each Receipt this Period: 25.00
P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 110.00

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 53 / 89

(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)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MR. MICHAEL S ROBB

Mailing Address 34 CLIFFHOUSE BLF

City State Zip Code
NEWPORT COAST CA 92657

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

Name of Employer Occupation
Pacific Life EXEC VP RE INVEST

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366193443

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MS. JANE K WONG-HSU

Mailing Address 1121 EBBTIDE RD

City State Zip Code
CORONA DEL MAR CA 92625

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

Name of Employer Occupation
Pacific Life VP MKT & CREDIT RISK

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366213443

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. WILLIAM B ARMSTRONG

Mailing Address 5322 LAIRD RD

City State Zip Code
LOOMIS CA 95650

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

Name of Employer Occupation
Pacific Life FVP FIELD WHOLESALING

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366223443

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

325.00

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 54 / 89 (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)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) MR. MICHAEL P BORGATTI Mailing Address 978 BALD CYPRESS DR City State Zip Code MANDEVILLE LA 70448 FEC ID number of contributing federal political committee. C Name of Employer Occupation Pacific Life SR WHOLESALER Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 600.00	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9 Transaction ID: PR10366243443 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 Monthly)
---	---

B. Full Name (Last, First, Middle Initial) MR. RAYMOND S GETTINS Mailing Address 218 WORTHINGTON AVE City State Zip Code WYOMING OH 45215 FEC ID number of contributing federal political committee. C Name of Employer Occupation Pacific Life SR WHOLESALER Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9 Transaction ID: PR10366253443 Amount of Each Receipt this Period 0.00 P/R Deduction (\$0.00 Monthly)
---	---

C. Full Name (Last, First, Middle Initial) MS. LISA M HENSGEN Mailing Address 7900 INNISBROOK CT City State Zip Code PROSPECT KY 40059 FEC ID number of contributing federal political committee. C Name of Employer Occupation Pacific Life SR WHOLESALER Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 240.00	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9 Transaction ID: PR10366263443 Amount of Each Receipt this Period 20.00 P/R Deduction (\$20.00 Monthly)
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SUBTOTAL of Receipts This Page (optional) ▶	70.00
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 55 / 89

(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

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)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MR. RICHARD M WILKES

Mailing Address 7124 HAWKSBEARD DR

City State Zip Code
WESTERVILLE OH 43082

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

Name of Employer Occupation
Pacific Life SR WHOLESALER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366273443

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. RICHARD S BANNO

Mailing Address 26666 WHITE OAKS DR

City State Zip Code
LAGUNA HILLS CA 92653

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

Name of Employer Occupation
Pacific Life AVP CAPITAL MKTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366283443

Amount of Each Receipt this Period
75.00

P/R Deduction (\$75.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. THOMAS C BILELLO

Mailing Address 17812 BIGELOW PARK

City State Zip Code
TUSTIN CA 92780

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

Name of Employer Occupation
Pacific Life AVP OPERATIONS COMPL

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366293443

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

200.00

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 56 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MR. STEPHEN M BOLLINGER

Mailing Address 17345 FLAME TREE CIR

City State Zip Code
FOUNTAIN VALLEY CA 92708

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

Name of Employer Pacific Life Occupation AVP E-COMMERCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366303443

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. MARY ANN BROWN

Mailing Address 304 WEYMOUTH PL

City State Zip Code
LAGUNA BEACH CA 92651

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

Name of Employer Pacific Life Occupation SR VP CORP DEVELOPMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.92

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366313443

Amount of Each Receipt this Period 416.66

P/R Deduction (\$416.66 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. LORI K CARRASCO

Mailing Address 2742 PORTOLA DR

City State Zip Code
COSTA MESA CA 92626

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

Name of Employer Pacific Life Occupation SR PARALEGAL ANA III

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366323443

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **481.66**

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 57 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MR. EDWARD T CREECH

Mailing Address 168 HIGH HILLS DR

City State Zip Code
MOORESVILLE NC 28117

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366333443

Amount of Each Receipt this Period 0.00

P/R Deduction (\$0.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. SIMON S FENG

Mailing Address 10 CANDELA

City State Zip Code
IRVINE CA 92620

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

Name of Employer Pacific Life Occupation AVP BUS & TECH INTEG

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1800.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366353443

Amount of Each Receipt this Period 150.00

P/R Deduction (\$150.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. THOMAS GIBBONS

Mailing Address 3010 PARK NEWPORT

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation VP TAX

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2160.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366363443

Amount of Each Receipt this Period 180.00

P/R Deduction (\$180.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **330.00**

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 58 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MS. PAM M HAUK

Mailing Address 88 CALLE DE FELICIDAD

City State Zip Code
RCHO STA MARGARITA CA 92688

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

Name of Employer Pacific Life Occupation FVP M MKTG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366383443

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. MARY M HAWKINS

Mailing Address 6182 S 177TH ST

City State Zip Code
OMAHA NE 68135

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

Name of Employer Pacific Life Occupation AVP OPS BUS SOLUTNS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366393443

Amount of Each Receipt this Period 45.00

P/R Deduction (\$45.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. JAMES KARAFKA

Mailing Address 182 STANHOPE RD

City State Zip Code
SPARTA NJ 07871

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366403443

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **170.00**

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 59 / 89

(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)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MR. MARK A KARPE

Mailing Address 16 AUTUMNLEAF

City State Zip Code
IRVINE CA 92614

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

Name of Employer Occupation
Pacific Life DIR COMPLIANCE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366413443

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. GREGORY L KEELING

Mailing Address 406 1/2 HELIOTROPE AVE

City State Zip Code
CORONA DEL MAR CA 92625

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

Name of Employer Occupation
Pacific Life AVP FINANCE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 420.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366423443

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. JOSEPH W KRUM

Mailing Address 43 LEMANS

City State Zip Code
NEWPORT COAST CA 92657

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

Name of Employer Occupation
Pacific Life VP STRATEGIC PRGMS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366443443

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

90.00

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 60 / 89
(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)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MS. DARCY L LEWIS

Mailing Address 1850 INDUSTRIAL ST

City State Zip Code
LOS ANGELES CA 90021

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

Name of Employer Pacific Life Occupation AVP CREDIT ANALYSIS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366453443

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. STEPHAN P MITCHELL

Mailing Address 18111 THEODORA DR

City State Zip Code
TUSTIN CA 92780

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

Name of Employer Pacific Life Occupation PROD & COMPETITION CONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366463443

Amount of Each Receipt this Period 20.00

P/R Deduction (\$20.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. CHAD A ROSS

Mailing Address 851 VIA BARQUERO

City State Zip Code
SAN MARCOS CA 92069

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

Name of Employer Pacific Life Occupation KEY ACCOUNT SUPR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366493443

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **75.00**

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 61 / 89
(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)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MR. DAVID K ROSUCK

Mailing Address 20 SAINT JOHN DR

City State Zip Code
HAWTHORN WOODS IL 60047

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

Name of Employer Pacific Life Occupation FIELD VICE PRES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366503443

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MS. PATRICIA A SANDBERG

Mailing Address 400 FLINT AVE

City State Zip Code
LONG BEACH CA 90814

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

Name of Employer Pacific Life Occupation AVP INVEST CNSL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366523443

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MS. ELIZABETH H SKINNER

Mailing Address 57 CORAL LK

City State Zip Code
IRVINE CA 92614

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

Name of Employer Pacific Life Occupation AVP TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366553443

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **80.00**

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 62 / 89
	<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)
Pacific Life Insurance Company Political Action Committee

A.	Full Name (Last, First, Middle Initial) MS. CHERYL L TOBIN	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 24426 PEACOCK ST	Transaction ID: PR10366573443
	City State Zip Code LAKE FOREST CA 92630	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Monthly)
	Name of Employer Pacific Life Occupation AVP COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) MS. CATHLEEN H PULFORD	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 33742 PEQUITO DR	Transaction ID: PR10366613443
	City State Zip Code DANA POINT CA 92629	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Monthly)
	Name of Employer Pacific Life Occupation REG RPTG & ANA CONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) MR. DENNIS L BAHLMANN	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 6052 MEADOW VIEW CT	Transaction ID: PR10366623443
	City State Zip Code JOHNSTON IA 50131	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Monthly)
	Name of Employer Pacific Life Occupation AVP NEW BUSINESS SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	100.00
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 63 / 89

(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)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MR. KEVIN W BERWALD

Mailing Address 17601 PARKE LN

City State Zip Code
GROSSE ILE MI 48138

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

Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366633443

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. GEORGE A PAULIK

Mailing Address 2990 WINDSTONE CIR

City State Zip Code
MARIETTA GA 30062

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

Name of Employer Pacific Life Occupation SR FVP-NCM FI

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366653443

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. JEFF J BRADSHAW

Mailing Address 27302 MONDANO DR

City State Zip Code
MISSION VIEJO CA 92692

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

Name of Employer Pacific Life Occupation AVP BUSINESS DEV

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366673443

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	▶	100.00
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 64 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MS. DEBORAH K JOHNSON

Mailing Address 3019 SAN ANSELIN AVE

City State Zip Code
LONG BEACH CA 90808

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

Name of Employer Pacific Life Occupation SYSTEMS ANALYSIS SUPR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1036683443

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. KAREN M BROWN

Mailing Address 11 FOREST HILLS CT

City State Zip Code
DANA POINT CA 92629

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

Name of Employer Pacific Life Occupation AVP MODEL OFC ANN TECH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366693443

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. KENNETH W COX

Mailing Address 570 EBB CREEK DR APT P

City State Zip Code
CORONA CA 92880

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

Name of Employer Pacific Life Occupation IT DELIVERY MGR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366703443

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **140.00**

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 65 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MR. STEVEN R ELDER

Mailing Address 385 25TH AVE

City State Zip Code
MILTON WA 98354

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10366723443
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. STEPHEN K ENG

Mailing Address 324 TURTLE CREST DR

City State Zip Code
IRVINE CA 92603

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

Name of Employer Pacific Life Occupation DIR RISK MGMT (IMD)

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10366733443
Amount of Each Receipt this Period: 40.00
P/R Deduction (\$40.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. ROBERT GOLDSTONE

Mailing Address 6556 MORNINGSIDE DR

City State Zip Code
HUNTINGTON BEACH CA 92648

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

Name of Employer Pacific Life Occupation VP CHIEF MED OFCR

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10366743443
Amount of Each Receipt this Period: 20.00
P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 110.00

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 66 / 89

(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)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MS. CHARLENE A GRANT

Mailing Address 3311 SEAVIEW AVE

City State Zip Code
CORONA DEL MAR CA 92625

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

Name of Employer Occupation
Pacific Life AVP COUNSEL

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366753443

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. DAVID C HONERKAMP

Mailing Address 2712 LIGHTHOUSE LN

City State Zip Code
CORONA DEL MAR CA 92625

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

Name of Employer Occupation
Pacific Life AVP RE ACQUISITIONS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366763443

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. JEFF A JOLLEY

Mailing Address 54 ASHBROOK

City State Zip Code
IRVINE CA 92604

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

Name of Employer Occupation
Pacific Life VP AMF CHIEF ACTUARY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366773443

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

110.00

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 67 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MS. KRISTINA L KENNEDY

Mailing Address 6 CAMARIN ST

City State Zip Code
FOOTHILL RANCH CA 92610

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

Name of Employer Pacific Life Occupation VP IMD ACTUARIAL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY
12 / 31 / 2009

Transaction ID: PR10366783443

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. LINDA L KOTOWICZ

Mailing Address 795 TREPANNY LN

City State Zip Code
WAYNE PA 19087

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

Name of Employer Pacific Life Occupation FVP M MKTG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt: MM / DD / YYYY
12 / 31 / 2009

Transaction ID: PR10366793443

Amount of Each Receipt this Period 60.00

P/R Deduction (\$60.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. SHARON E PACHECO

Mailing Address 21611 BLUEJAY ST

City State Zip Code
TRABUCO CANYON CA 92679

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

Name of Employer Pacific Life Occupation VP CHIEF COMPLIANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: MM / DD / YYYY
12 / 31 / 2009

Transaction ID: PR10366823443

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 125.00

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 68 / 89

(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)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MS. DAWN M TRAUTMAN

Mailing Address 7424 CITY LIGHTS DR

City State Zip Code
ALISO VIEJO CA 92656

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

Name of Employer Occupation
Pacific Life VP INFO TCH & PRG MGT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366863443

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. WILLIAM K VINSON

Mailing Address 2111 OWENS DRIVE

City State Zip Code
FULLERTON CA 92833

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

Name of Employer Occupation
Pacific Life ACTUARIAL CONSULTANT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 288.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366873443

Amount of Each Receipt this Period

24.00

P/R Deduction (\$24.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. JEFFREY R WILT

Mailing Address 1 BAILEY DRIVE

City State Zip Code
GLENWOOD NJ 07418

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

Name of Employer Occupation
Pacific Life FIELD VICE PRES

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 660.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10366883443

Amount of Each Receipt this Period

55.00

P/R Deduction (\$55.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

164.00

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 69 / 89
(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)
Pacific Life Insurance Company Political Action Committee

A.	Full Name (Last, First, Middle Initial) MR. STUART A HOLLAND		Date of Receipt MM / DD / YYYY 12 / 31 / 2009		
	Mailing Address 4931 CAREFREE TRAIL		Transaction ID: PR10366913443		
	City PARKER	State CO	Zip Code 80134	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$75.00 Monthly)		
	Name of Employer Pacific Life	Occupation SR FVP-NCM IP	Aggregate Year-to-Date 900.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) MR. BRANDON J CAGE		Date of Receipt MM / DD / YYYY 12 / 31 / 2009		
	Mailing Address 19211 HIGHLAND VIEW LN		Transaction ID: PR10366953443		
	City PORTOLA HILLS	State CA	Zip Code 92679	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Monthly)		
	Name of Employer Pacific Life	Occupation AVP INS CNSL	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) MR. LARRY D GARDNER		Date of Receipt MM / DD / YYYY 12 / 31 / 2009		
	Mailing Address 214 S 202ND ST		Transaction ID: PR10366993443		
	City ELKHORN	State NE	Zip Code 68022	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Monthly)		
	Name of Employer Pacific Life	Occupation COMPLIANCE MANAGER, NE	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	125.00
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 70 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MS. ADRIANNE M GEORGANTAS

Mailing Address 28373 BOULDER DR

City State Zip Code
TRABUCO CANYON CA 92679

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

Name of Employer Pacific Life Occupation SR FLD SVCS PROJ ANA

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10367003443

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. DAVID L GOLDSTEIN

Mailing Address 12324 CANTURA ST

City State Zip Code
STUDIO CITY CA 91604

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

Name of Employer Pacific Life Occupation FVP COLI UNIT

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10367013443

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. CHIN H KIM

Mailing Address 24 TAOS

City State Zip Code
RCHO STA MARGARITA CA 92688

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

Name of Employer Pacific Life Occupation DIR ADVD MKTG

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10367023443

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **110.00**

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 71 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MR. WAYNE K LEE

Mailing Address 9827 E LEMON AVE

City State Zip Code
ARCADIA CA 91007

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

Name of Employer Pacific Life Occupation DATABASE MGMT CONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10367043443
Amount of Each Receipt this Period: 25.00
P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. JAMES M RUGGERIO

Mailing Address 449 SAINT ANNES DR

City State Zip Code
BIRMINGHAM AL 35244

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10367083443
Amount of Each Receipt this Period: 0.00
P/R Deduction (\$0.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. RONALD C SEXTON

Mailing Address 2800 KELLER DR APT 50

City State Zip Code
TUSTIN CA 92782

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

Name of Employer Pacific Life Occupation DATABASE ADMINISTR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10367093443
Amount of Each Receipt this Period: 25.00
P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 50.00

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 72 / 89
(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)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MR. KEITH C WERSCHKE

Mailing Address 25252 NORTHRUP DR

City State Zip Code
LAGUNA HILLS CA 92653

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

Name of Employer Pacific Life Occupation AVP AGG & INS RISK MGT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10367123443

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. JIM Y CHU

Mailing Address 120 ALBERT PL APT 10

City State Zip Code
COSTA MESA CA 92627

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

Name of Employer Pacific Life Occupation AVP PROD DESIGN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10367143443

Amount of Each Receipt this Period 80.00

P/R Deduction (\$80.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MS. TIFFANY L GREGATH

Mailing Address 2820 CAMINO CAPISTRANO APT D

City State Zip Code
SAN CLEMENTE CA 92672

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

Name of Employer Pacific Life Occupation MGR GRAPHIC DESIGN & MEDIA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10367153443

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **170.00**

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 73 / 89

(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

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)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MR. ROBERT J HUNT

Mailing Address 20130 NE 28TH PL

City State Zip Code
SAMMAMISH WA 98074

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

Name of Employer Occupation
Pacific Life SR WHOLESALER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10367163443

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. STEVEN H GOLDBERG

Mailing Address 11 TWIN FLOWER ST

City State Zip Code
LADERA RANCH CA 92694

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

Name of Employer Occupation
Pacific Life DIR ANNUITIES PRODUCT DEVELOPMENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10367183443

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. JASON T TODD

Mailing Address 59 LAURELHURST DR

City State Zip Code
LADERA RANCH CA 92694

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

Name of Employer Occupation
Pacific Life CREDIT ANALYSIS DIR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR10371993443

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

115.00

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 74 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MR. ROBERT J AVELLINO

Mailing Address 3 PHEASANT DR.

City State Zip Code
MT. LAUREL NJ 08054

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt MM / DD / YYYY
12 / 31 / 2009

Transaction ID: PR10614783443

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. JOHN MCKEAN

Mailing Address PO BOX 1153

City State Zip Code
NEWPORT BEACH CA 92659

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

Name of Employer Pacific Life Occupation SVP GLOBAL MKTG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt MM / DD / YYYY
12 / 31 / 2009

Transaction ID: PR10614823443

Amount of Each Receipt this Period 27.50

P/R Deduction (\$27.50 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. CARLETON J MUENCH

Mailing Address 111 NORTHERN PINE LOOP

City State Zip Code
ALISO VIEJO CA 92656

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

Name of Employer Pacific Life Occupation AVP INVESTMENT OVERSIGHT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt MM / DD / YYYY
12 / 31 / 2009

Transaction ID: PR10614833443

Amount of Each Receipt this Period 45.00

P/R Deduction (\$45.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **122.50**

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 75 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MR. PATRICK J O'BRIEN

Mailing Address 1112 LAS POSAS

City State Zip Code
SAN CLEMENTE CA 92673

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

Name of Employer Pacific Life Occupation AVP SPECIALIZED MRKTS

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10614843443
Amount of Each Receipt this Period: 35.00
P/R Deduction (\$35.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. TIM N SHAHEEN

Mailing Address 28 STONE PNE

City State Zip Code
ALISO VIEJO CA 92656

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

Name of Employer Pacific Life Occupation AVP SLS & MKTG OPS

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10614873443
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. CHARLES J SWEENEY

Mailing Address 6614 N 158TH ST

City State Zip Code
OMAHA NE 68116

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

Name of Employer Pacific Life Occupation DIR OPERATIONS

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR10614903443
Amount of Each Receipt this Period: 25.00
P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 110.00

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 76 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MR. MATTHEW WELLS
Mailing Address 120 BONITA DR
City HOMEWOOD State AL Zip Code 35209
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation SR WHOLESALER
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00
Date of Receipt 12 / 31 / 2009
Transaction ID: PR10614923443
Amount of Each Receipt this Period 100.00
P/R Deduction (\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL J DONNELLY
Mailing Address 9 SONOMA DR
City BEDFORD State NH Zip Code 03110
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation SR WHOLESALER
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 12 / 31 / 2009
Transaction ID: PR10667993443
Amount of Each Receipt this Period 25.00
P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. JAMES P LEASURE
Mailing Address 2427 PORT WHITBY PL
City NEWPORT BEACH State CA Zip Code 92660
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation AVP&SR MANAGING DIR (LEV FIN)
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00
Date of Receipt 12 / 31 / 2009
Transaction ID: PR10668013443
Amount of Each Receipt this Period 30.00
P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 155.00
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 77 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MR. JAMES F SHERIDAN

Mailing Address 9584 ROBIN AVE

City State Zip Code
FOUNTAIN VALLEY CA 92708

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

Name of Employer Pacific Life Occupation MGR AIRCRAFT SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR11084693443

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. DAVID J VAN DE WATER

Mailing Address 6433 PALOMINO WAY

City State Zip Code
WEST LINN OR 97068

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

Name of Employer Pacific Life Occupation MARKETING CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR11106893443

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. ANN E FARLEY

Mailing Address 4014 ALADDIN DR

City State Zip Code
HUNTINGTON BEACH CA 92649

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

Name of Employer Pacific Life Occupation AVP PRODUCT DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR11323353443

Amount of Each Receipt this Period 45.00

P/R Deduction (\$45.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 120.00

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 78 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MS. ANN M DELANEY
Mailing Address 9 GRENADA ST
City LAGUNA NIGUEL State CA Zip Code 92677
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation PROJECT MANAGER
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 12 / 31 / 2009
Transaction ID: PR12361933443
Amount of Each Receipt this Period 25.00
P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. JENNIFER J FITZPATRICK
Mailing Address 31901 VIRGINIA WAY
City LAGUNA BEACH State CA Zip Code 92651
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation AVP INVEST CNSL
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00
Date of Receipt 12 / 31 / 2009
Transaction ID: PR12361943443
Amount of Each Receipt this Period 65.00
P/R Deduction (\$65.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. ROGER D BOND
Mailing Address 225 SAN TROPEZ CT.
City LAGUNA BEACH State CA Zip Code 92651
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation SR INTERNAL AUDIT ANA
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00
Date of Receipt 12 / 31 / 2009
Transaction ID: PR15598893443
Amount of Each Receipt this Period 20.00
P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 110.00
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 79 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MR. ANDREW OLEKSIW

Mailing Address 22 SKY RANCH RD

City State Zip Code
LADERA RANCH CA 92694

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

Name of Employer Pacific Life Occupation SVP BUSINESS DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR15598903443

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. RAE A MCKEATING

Mailing Address 25842 DANA BLF W

City State Zip Code
CAPISTRANO BEACH CA 92624

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

Name of Employer Pacific Life Occupation AVP LEGAL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR22130713443

Amount of Each Receipt this Period 65.00

P/R Deduction (\$65.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER S DALLAS

Mailing Address 23 EARLYMORN

City State Zip Code
IRVINE CA 92614

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

Name of Employer Pacific Life Occupation AVP COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR22130733443

Amount of Each Receipt this Period 20.00

P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **115.00**

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 80 / 89
(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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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)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MR. EDWIN J FERRELL

Mailing Address 34 CASTLEROCK

City State Zip Code
IRVINE CA 92603

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

Name of Employer Pacific Life Occupation VP CREDIT ANALYSIS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR22130753443

Amount of Each Receipt this Period 85.00

P/R Deduction (\$85.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MS. JENELLE J FRANKLIN

Mailing Address 6131 COSTA DEL REY

City State Zip Code
LONG BEACH CA 90803

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

Name of Employer Pacific Life Occupation IT AUDIT CONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR22130763443

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. DONAL P HANLEY

Mailing Address 591 S MARENGO AVE UNIT 7

City State Zip Code
PASADENA CA 91106

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

Name of Employer Pacific Life Occupation VP LEGAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR22130773443

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **135.00**

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 81 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MS. JENNIFER L KRUMM
Mailing Address 1083 CAMPANILE
City NEWPORT BEACH State CA Zip Code 92660
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation DIR INV ACCTG & RPTG
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00
Date of Receipt 12 / 31 / 2009
Transaction ID: PR22130803443
Amount of Each Receipt this Period 45.00
P/R Deduction (\$45.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. SUSAN MELEIKA
Mailing Address 233 ROBIN HOOD PLACE
City COSTA MESA State CA Zip Code 92627
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation DIR INV ACCTG & RPTG
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00
Date of Receipt 12 / 31 / 2009
Transaction ID: PR22130823443
Amount of Each Receipt this Period 45.00
P/R Deduction (\$45.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. GUY M MOCKELMAN
Mailing Address 4227 N BRANCH DR
City OMAHA State NE Zip Code 68116
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation INTERNAL WHOLESALER
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 12 / 31 / 2009
Transaction ID: PR22130833443
Amount of Each Receipt this Period 25.00
P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 115.00
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 82 / 89
(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)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MS. DIANE M MONTOYA

Mailing Address 3416 N 35TH PL

City PHOENIX State AZ Zip Code 85018

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

Name of Employer Pacific Life Occupation SUPR OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR22130843443
 Amount of Each Receipt this Period: 20.00
 P/R Deduction (\$20.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. PATRICK M MORRISSEY

Mailing Address 41 VIA BELLEZA

City SAN CLEMENTE State CA Zip Code 92673

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

Name of Employer Pacific Life Occupation AVP PRODUCT MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR22130853443
 Amount of Each Receipt this Period: 25.00
 P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. TIMOTHY C MYERS

Mailing Address 23819 CLAYMORE WAY

City VALENCIA State CA Zip Code 91354

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

Name of Employer Pacific Life Occupation CORP TAX DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR22130863443
 Amount of Each Receipt this Period: 75.00
 P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 120.00

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 83 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MR. RICHARD S NOVAK
Mailing Address 21972 HEIDI AVE
City LAKE FOREST State CA Zip Code 92630
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation MGR STATE TAXATION
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 12 / 31 / 2009
Transaction ID: PR22130873443
Amount of Each Receipt this Period 25.00
P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. SCOTT P ROBINSON
Mailing Address 130 LAKE PINES DR
City BRIGHTON State MI Zip Code 48114
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation SR WHOLESALER
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 12 / 31 / 2009
Transaction ID: PR22130883443
Amount of Each Receipt this Period 25.00
P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. JAY C HAMILTON
Mailing Address 14 ARGOS
City LAGUNA NIGUEL State CA Zip Code 92677
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation VP CONTRACTS
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00
Date of Receipt 12 / 31 / 2009
Transaction ID: PR22336353443
Amount of Each Receipt this Period 30.00
P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 80.00
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 84 / 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MR. SHEPHEARD M JAMES

Mailing Address 18030 BROOKHURST ST.

City State Zip Code
FOUNTAIN VALLEY CA 92708

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

Name of Employer Pacific Life Occupation DIR FIN CNTRL & IT AUDIT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR22336363443

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL L ADAMS

Mailing Address 29362 ELBA DR

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation FVP M MARKETING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR23430883443

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. RICHARD J MILLER

Mailing Address 2628 RYCROFT CT

City State Zip Code
CHESTERFIELD MO 63017

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR31736843443

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 100.00

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 85 / 89
(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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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)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MR. DOUGLAS P JACKSON

Mailing Address 59 AUGUSTA

City State Zip Code
COTO DE CAZA CA 92679

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

Name of Employer Pacific Life Occupation FVP FIXD ANN SLS & DEV

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR32777123443

Amount of Each Receipt this Period 45.00

P/R Deduction (\$45.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MS. ANNALIZA L APOSTOL

Mailing Address 2192 SYCAMORE AVE

City State Zip Code
TUSTIN CA 92780

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

Name of Employer Pacific Life Occupation SR SOX COMPLIANCE ANA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR33677833443

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MS. ADRIENNE MOUCH

Mailing Address 2524 W WATROUS AVE

City State Zip Code
TAMPA FL 33629

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR33677903443

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 175.00

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 86 / 89

(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

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)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MR. DANIEL R MYTHEN

Mailing Address 21307 NE 97TH PL

City State Zip Code
REDMOND WA 98053

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

Name of Employer Occupation
Pacific Life REGIONAL VP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR33677923443

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. BRIAN D PEAD

Mailing Address 25 SUNRISE

City State Zip Code
IRVINE CA 92603

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

Name of Employer Occupation
Pacific Life AVP APPL ARCH & INTEG.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR33677943443

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. JAMES P WITKOWSKI

Mailing Address 5620 FOXTAIL LOOP

City State Zip Code
CARLSBAD CA 92010

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

Name of Employer Occupation
Pacific Life CHANNEL MKTG DIR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR33678023443

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

195.00

TOTAL This Period (last page this line number only)

15898.48

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)
Pacific Life Insurance Company Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) ERICPAC</p> <p>Mailing Address 209 Pennsylvania Avenue, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8767697 Date of Disbursement 12 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Capuano for Senate</p> <p>Mailing Address 38 Ivy Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution Candidate Name Mike Capuano</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary2009</p>	<p>Transaction ID: 8767698 Date of Disbursement 12 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Chris Dodd</p> <p>Mailing Address 1602 Belle View Blvd., #510</p> <p>City Alexandria State VA Zip Code 22307</p> <p>Purpose of Disbursement Contribution Candidate Name Christopher Dodd</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8767699 Date of Disbursement 12 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)
Pacific Life Insurance Company Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Dreier for Congress Committee</p> <p>Mailing Address P.O. Box 505</p> <p>City Upland State CA Zip Code 91785</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name David Dreier</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 26</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8767700 Date of Disbursement 12 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Barney Frank for Congress Committee</p> <p>Mailing Address 38 Ivy Street, S.E.</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Barney Frank</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8767701 Date of Disbursement 12 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Garamendi For Congress</p> <p>Mailing Address 3605 Long Beach Blvd., Ste. 426</p> <p>City Long Beach State CA Zip Code 90807</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name John Garamendi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8767702 Date of Disbursement 12 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)
Pacific Life Insurance Company Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Menendez For Senate, Inc.</p> <p>Mailing Address One Gateway Center, Suite 520</p> <p>City Newark State NJ Zip Code 07102</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sen. Robert Menendez</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NJ District:</p>	<p>Transaction ID: 8768674</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) National Republican Senatorial Committee</p> <p>Mailing Address 425 Second Street, N.E.</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 8776282</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Matsui for Congress</p> <p>Mailing Address P.O. Box 1738</p> <p>City Sacramento State CA Zip Code 95812</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Doris Matsui</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 05</p>	<p>Transaction ID: 8776942</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="7000.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value="13000.00"/></p>