

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 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 C 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 Year-End 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 (12S) 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 04 01 2014 through 04 30 2014

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 Patricia Douglass

Signature of Treasurer Patricia Douglass [Electronically Filed] Date 05 15 2014

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		149633.39
(b) Cash on Hand at Beginning of Reporting Period.....	191894.34	
(c) Total Receipts (from Line 19)	33256.31	125017.26
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	225150.65	274650.65
7. Total Disbursements (from Line 31).....	28500.00	78000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	196650.65	196650.65
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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

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

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).....	26312.98	79434.94
(ii) Unitemized	6943.33	45582.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	33256.31	125017.26
(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)	33256.31	125017.26
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	33256.31	125017.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	33256.31	125017.26

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28500.00	78000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	28500.00	78000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28500.00	78000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	33256.31	125017.26
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33256.31	125017.26
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 OF 59
(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. MR. CHRISTOPHER L RATCHFORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2807 FOUNDERS BRIDGE RD
 City State Zip Code
 MIDLOTHIAN VA 23113-6366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life Field VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2014
Transaction ID : 12413467
 Amount of Each Receipt this Period
 2100.00
 Check

B. MR. VINCENT E SAMA
 Full Name (Last, First, Middle Initial)
 Mailing Address 39 SAMMIS ST
 City State Zip Code
 HUNTINGTON NY 11743-3514
 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 ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : 12413468
 Amount of Each Receipt this Period
 200.00
 Check

C. MS. CHRISTINE A TUCKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 289 SANTA ANA AVE
 City State Zip Code
 LONG BEACH CA 90803-3570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life VP MARKETING
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : 12413469
 Amount of Each Receipt this Period
 2100.00
 Check

SUBTOTAL of Receipts This Page (optional)..... ▶ 4400.00
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 7 OF 59
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. MR. CHRISTOPHER L RATCHFORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2807 FOUNDERS BRIDGE RD
 City MIDLOTHIAN State VA Zip Code 23113-6366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation Field VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 04 / 30 / 2014
Transaction ID : 3367796
 Amount of Each Receipt this Period 0.00

B. MS. JUNE G ARCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 20050 EMERALD MEADOW DR
 City WALNUT State CA Zip Code 91789-3506
 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 ▼ 240.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR10362108313
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$60.00 Monthly)

C. MR. DEWEY P BUSHAW
 Full Name (Last, First, Middle Initial)
 Mailing Address 5433 RESIDENCIA
 City NEWPORT BEACH State CA Zip Code 92660-9047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation EXEC VP RSD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1664.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR10362308313
 Amount of Each Receipt this Period 416.00
 P/R Deduction (\$416.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	476.00
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 8 OF 59
<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. MR. JOSEPH E CELENTANO
 Full Name (Last, First, Middle Initial)
 Mailing Address 26661 CAMPESINO
 City MISSION VIEJO State CA Zip Code 92691-6048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR VP & CHIEF RISK OFCR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR10362388313
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

B. MR. DENNIS M CORBETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 15136 TOURAIN WAY
 City IRVINE State CA Zip Code 92604-3173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP TAX COMPLIANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR10362518313
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 Monthly)

C. MS. DEBRA CUNNINGHAM HONERKAMP
 Full Name (Last, First, Middle Initial)
 Mailing Address 839 PROMONTORY DR W
 City NEWPORT BEACH State CA Zip Code 92660-7361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP RE DEVELOPMENT & ACQUISTNS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR10362568313
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	575.00
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 9 OF 59
	<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. MS. STEPHANIE J CURRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 417 GARFIELD PARK AVE
 City SANTA ROSA State CA Zip Code 95409-3721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation FVP RET & RESOURCES GRP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR10362598313
 Amount of Each Receipt this Period 105.00
 P/R Deduction (\$105.00 Monthly)

B. MR. MARK R FALK
 Full Name (Last, First, Middle Initial)
 Mailing Address 64 SUMMERSTONE
 City IRVINE State CA Zip Code 92614-7000
 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 ▼ 600.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR10362718313
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$150.00 Monthly)

C. MR. FRANK J GOETZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 SOVENTE
 City IRVINE State CA Zip Code 92606-0830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP & ASST CHIEF UNDRWRTR ADM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR10362908313
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	355.00
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 OF 59
(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. MS. LORENE C GORDON
Full Name (Last, First, Middle Initial)
Mailing Address 35 ANACAPA LN
City ALISO VIEJO State CA Zip Code 92656-1630
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation VP OPERATIONS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR10362938313
Amount of Each Receipt this Period 175.00
P/R Deduction (\$175.00 Monthly)

B. MR. ADRIAN S GRIGGS
Full Name (Last, First, Middle Initial)
Mailing Address 8766 CANARY AVE
City FOUNTAIN VALLEY State CA Zip Code 92708-6353
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation EVP & CHIEF FIN OFCR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1664.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR10362968313
Amount of Each Receipt this Period 416.00
P/R Deduction (\$416.00 Monthly)

C. MR. DALE E HAWLEY
Full Name (Last, First, Middle Initial)
Mailing Address 2702 SAN JOAQUIN HILLS RD
City CORONA DEL MAR State CA Zip Code 92625-1132
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 ▼ 296.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR10363078313
Amount of Each Receipt this Period 74.00
P/R Deduction (\$74.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 665.00
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 OF 59
	<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. MR. KEVIN A HENDRA
 Full Name (Last, First, Middle Initial)
 Mailing Address 58 VIAGGIO LN
 City State Zip Code
 Foothill Ranch CA 92610-1925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP TAX
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR10363118313
 Amount of Each Receipt this Period
 80.00
 P/R Deduction (\$80.00 Monthly)

B. MR. HOWARD T HIRAKAWA
 Full Name (Last, First, Middle Initial)
 Mailing Address 23972 GOLDENEYE DR
 City State Zip Code
 Laguna Niguel CA 92677-1332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life SVP INVESTMENT ADVISOR OPS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 775.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR10363168313
 Amount of Each Receipt this Period
 250.00
 P/R Deduction (\$250.00 Monthly)

C. MS. CAROL A JENSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 8554 202ND STREET SW
 City State Zip Code
 Edmonds WA 98026-6643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life NATL SLS MGR M CHANNEL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR10363248313
 Amount of Each Receipt this Period
 300.00
 P/R Deduction (\$300.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	630.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 59
	<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. MR. JEFF R JOHNSON
Full Name (Last, First, Middle Initial)
Mailing Address 1 SAND OAKS RD.
City LAGUNA NIGUEL State CA Zip Code 92677-5720
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation AVP PORTFOLIO MANAGER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR10363258313
Amount of Each Receipt this Period 70.00
P/R Deduction (\$70.00 Monthly)

B. MR. MARK J JOHNSON
Full Name (Last, First, Middle Initial)
Mailing Address 1812 LEADBURN RD
City TOWSON State MD Zip Code 21204-1831
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 ▼ 700.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR10363278313
Amount of Each Receipt this Period 175.00
P/R Deduction (\$175.00 Monthly)

C. MS. SUZANNE T KAMPA
Full Name (Last, First, Middle Initial)
Mailing Address 5531 STANFORD AVE
City GARDEN GROVE State CA Zip Code 92845-2434
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 ▼ 240.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR10363328313
Amount of Each Receipt this Period 60.00
P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 305.00
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 OF 59
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. MR. JOHN P KONTOS
Full Name (Last, First, Middle Initial)

Mailing Address 6307 CAMINO MARINERO

City SAN CLEMENTE	State CA	Zip Code 92673-7106
----------------------	-------------	------------------------

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

Name of Employer Pacific Life	Occupation VP SELECT MARKETS
----------------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : PR10363428313

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

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

Mailing Address 709 AVENIDA MIROLA

City PALOS VERDES ESTATES	State CA	Zip Code 90274-4307
------------------------------	-------------	------------------------

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 ▼ **1600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : PR10363478313

Amount of Each Receipt this Period

400.00

P/R Deduction (\$400.00 Monthly)

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

Mailing Address 1033 SECRETARIAT CIR

City COSTA MESA	State CA	Zip Code 92626-1620
--------------------	-------------	------------------------

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

Name of Employer Pacific Life	Occupation VP FUND COMPLIANCE
----------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : PR10363568313

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	725.00
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 14 OF 59
	<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. MR. ROBERT B MC KIBBIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 416 W 68TH ST
 City KANSAS CITY State MO Zip Code 64113-1919
 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 ▼ 400.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR10363628313
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

B. MR. JOSE T MISCOLTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 BRYCE CYN
 City ALISO VIEJO State CA Zip Code 92656-8037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP INVESTMENT MKTG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR10363758313
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

C. MR. JAMES T MORRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 32141 COOK LN
 City SAN JUAN CAPISTRANO State CA Zip Code 92675-3934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation CHAIRMAN & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1664.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR10363798313
 Amount of Each Receipt this Period 416.00
 P/R Deduction (\$416.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	616.00
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 OF 59
	<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. MS. JOYCE J PEAD
Full Name (Last, First, Middle Initial)

Mailing Address 25 SUNRISE

City IRVINE State CA Zip Code 92603-3719

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

Name of Employer Pacific Life Occupation AVP HR BUS PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR10364008313

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 2908 VIA HIDALGO

City SAN CLEMENTE State CA Zip Code 92673-3026

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 ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR10364028313

Amount of Each Receipt this Period
175.00

P/R Deduction (\$175.00 Monthly)

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

Mailing Address 20541 VIA EL TAJO

City YORBA LINDA State CA Zip Code 92887-3202

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

Name of Employer Pacific Life Occupation VP CORP FIN & REG RPTG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR10364058313

Amount of Each Receipt this Period
52.00

P/R Deduction (\$52.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **327.00**

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 16 OF 59
<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. MR. THEODORE A PREMIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 MOLINO
 City NEWPORT BEACH State CA Zip Code 92660-9116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SVP RE INVESTMENTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR10364088313
 Amount of Each Receipt this Period
 300.00
 P/R Deduction (\$300.00 Monthly)

B. MR. JOSEPH A PUM
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 BOLERO
 City MISSION VIEJO State CA Zip Code 92692-5160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP INTERNAL AUDIT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR10364098313
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 Monthly)

C. MR. JAMES R RICE
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 STILLWATER
 City IRVINE State CA Zip Code 92603-3426
 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 ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR10364148313
 Amount of Each Receipt this Period
 175.00
 P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 575.00
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 OF 59
(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. MR. THOMAS M RONCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 GLEN ELLEN
 City State Zip Code
 IRVINE CA 92602-2002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life VP & TAX COUNSEL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR10364208313
 Amount of Each Receipt this Period
 175.00
 P/R Deduction (\$175.00 Monthly)

B. MR. RICHARD J SCHINDLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 28472 AVENIDA PLACIDA
 City State Zip Code
 SAN JUAN CAPISTRANO CA 92675-6319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life EVP LIFE INSURANCE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1616.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR10364268313
 Amount of Each Receipt this Period
 416.00
 P/R Deduction (\$416.00 Monthly)

C. MS. KIMBERLY K SCHULTZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 28392 CALLE PINON
 City State Zip Code
 SAN JUAN CAPISTRANO CA 92675-5802
 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 ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR10364308313
 Amount of Each Receipt this Period
 175.00
 P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 766.00
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 18 OF 59
	<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. MS. CATHY L SCHWARTZ
Full Name (Last, First, Middle Initial)
Mailing Address 87 PELICAN CT

City NEWPORT BEACH	State CA	Zip Code 92660-2930
-----------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : PR10364318313

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

B. MS. SONJA V SCOTT
Full Name (Last, First, Middle Initial)
Mailing Address 30 CANYONWOOD

City IRVINE	State CA	Zip Code 92620-1221
----------------	-------------	------------------------

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 ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : PR10364338313

Amount of Each Receipt this Period
55.00

P/R Deduction (\$55.00 Monthly)

C. MS. CAROL R SUDBECK
Full Name (Last, First, Middle Initial)
Mailing Address 11 SOMMET

City NEWPORT COAST	State CA	Zip Code 92657-0104
-----------------------	-------------	------------------------

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

Name of Employer Pacific Life	Occupation SVP, HR & PUBLIC AFFAIRS
----------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1664.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : PR10364508313

Amount of Each Receipt this Period
416.00

P/R Deduction (\$416.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	571.00
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 OF 59
(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. MR. JOHN G TORELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 355 S LORETTA DR
 City ORANGE State CA Zip Code 92869-4633
 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 ▼ 360.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR10364588313
 Amount of Each Receipt this Period 90.00
 P/R Deduction (\$90.00 Monthly)

B. MR. STEPHEN J TORETTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 22862 ORENSE
 City MISSION VIEJO State CA Zip Code 92691-1723
 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 ▼ 300.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR10364598313
 Amount of Each Receipt this Period 75.00
 P/R Deduction (\$75.00 Monthly)

C. MR. KHANH T TRAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 47 VERNAL SPG
 City IRVINE State CA Zip Code 92603-0404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.64

Date of Receipt 04 / 30 / 2014
Transaction ID : PR10364608313
 Amount of Each Receipt this Period 416.66
 P/R Deduction (\$416.66 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 581.66
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: (check only one)	PAGE 20 OF 59
	<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

Full Name (Last, First, Middle Initial) A. MR. EDDIE D TUNG		Date of Receipt
Mailing Address PO BOX 10386		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
NEWPORT BEACH	CA	92658-0386
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR10364628313
Name of Employer	Occupation	Amount of Each Receipt this Period
Pacific Life	AVP REGULATORY PROD ACCTG	<input type="text" value="85.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$85.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="325.00"/>	

Full Name (Last, First, Middle Initial) B. MS. CATHRYN L VAN WEY		Date of Receipt
Mailing Address 41974 CARSON CT		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
MURRIETA	CA	92562-2254
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR10364638313
Name of Employer	Occupation	Amount of Each Receipt this Period
Pacific Life	AVP NATL ACCTS & BD SVCS	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$100.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) C. MR. JOHN M WALDECK		Date of Receipt
Mailing Address 67 LAURELHURST DR		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
LADERA RANCH	CA	92694-0204
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR10364658313
Name of Employer	Occupation	Amount of Each Receipt this Period
Pacific Life	VP COMMERCIAL MORTGAGE INV	<input type="text" value="416.66"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$416.66 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1166.66"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="601.66"/>
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 21 OF 59
	<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. MR. JOHN WHITE
Full Name (Last, First, Middle Initial)

Mailing Address 28532 VIA PRIMAVERA

City SAN JUAN CAPISTRANO	State CA	Zip Code 92675-5513
-----------------------------	-------------	------------------------

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

Name of Employer Pacific Life	Occupation VP SALES SUPPORT
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : PR10364748313

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

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

Mailing Address 84 NORTHWOODS RD

City NORTH GRANBY	State CT	Zip Code 06060-1003
----------------------	-------------	------------------------

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

Name of Employer Pacific Life	Occupation FVP RETIREMENT STRATEGIES
----------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : PR10365218313

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

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

Mailing Address 31422 ALTA LOMA DR

City LAGUNA BEACH	State CA	Zip Code 92651-6926
----------------------	-------------	------------------------

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

Name of Employer Pacific Life	Occupation SR VP TECH & OPS
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1025.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : PR10365478313

Amount of Each Receipt this Period

275.00

P/R Deduction (\$275.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	550.00
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 OF 59
	<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. MS. VALERIE MORRIS
Full Name (Last, First, Middle Initial)

Mailing Address 48 W YALE LOOP

City IRVINE State CA Zip Code 92604-3619

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

Name of Employer Pacific Life Occupation VP HUMAN RESOURCES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : PR10365688313

Amount of Each Receipt this Period
 110.00

P/R Deduction (\$110.00 Monthly)

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

Mailing Address 640 SAINT JAMES RD

City NEWPORT BEACH State CA Zip Code 92663-5855

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 ▼ 1210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : PR10365738313

Amount of Each Receipt this Period
 310.00

P/R Deduction (\$310.00 Monthly)

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

Mailing Address 30 BRIAN RD

City BRIDGEWATER State MA Zip Code 02324-3000

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

Name of Employer Pacific Life Occupation VP STRATEGIC MKTG NETWORK

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : PR10365968313

Amount of Each Receipt this Period
 100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	520.00
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 23 OF 59
	<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. MS. JULIET A PINKERTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5874 GARRISON RD
 City State Zip Code
 FRANKLIN TN 37064-9242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life DIVISIONAL VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 925.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR10365998313
 Amount of Each Receipt this Period
 175.00
 P/R Deduction (\$175.00 Monthly)

B. MR. RICHARD A TAUBE
 Full Name (Last, First, Middle Initial)
 Mailing Address 24081 NUTHATCH LN
 City State Zip Code
 LAGUNA NIGUEL CA 92677-1382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life VP INSTITUTIONAL SALES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR10366048313
 Amount of Each Receipt this Period
 175.00
 P/R Deduction (\$175.00 Monthly)

C. MR. TRAVIS R MC KAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 48 GOLF AVE
 City State Zip Code
 CLARENDON HILLS IL 60514-1252
 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 ▼
 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR10366068313
 Amount of Each Receipt this Period
 175.00
 P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	525.00
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 24 OF 59
	<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. MS. KATHARINE B YOUNG
 Full Name (Last, First, Middle Initial)
 Mailing Address 18647 SANTA ISADORA ST
 City FOUNTAIN VALLEY State CA Zip Code 92708-6232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP VALUATION & RISK MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 725.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR10366108313
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$200.00 Monthly)

B. MR. CHRISTOPHER VAN MIERLO
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 EL VUELO
 City SAN CLEMENTE State CA Zip Code 92672-7513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SVP RSD SALES CHF MKTG OFCR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1664.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR10366158313
 Amount of Each Receipt this Period 416.00
 P/R Deduction (\$416.00 Monthly)

C. MR. RICHARD M WILKES
 Full Name (Last, First, Middle Initial)
 Mailing Address 11144 SAGE CREEK DR
 City GALENA State OH Zip Code 43021-8007
 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 ▼ 400.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR10366278313
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 716.00
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 25 OF 59
	<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. MR. RICHARD S BANNO
 Full Name (Last, First, Middle Initial)
 Mailing Address 26666 WHITE OAKS DR
 City LAGUNA HILLS State CA Zip Code 92653-7577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP RE SECURITIES & RESEARCH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR10366288313
 Amount of Each Receipt this Period 75.00
 P/R Deduction (\$75.00 Monthly)

B. MS. MARY ANN BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 304 WEYMOUTH PL
 City LAGUNA BEACH State CA Zip Code 92651-1455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation EVP CORPORATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.64

Date of Receipt 04 / 30 / 2014
Transaction ID : PR10366318313
 Amount of Each Receipt this Period 416.66
 P/R Deduction (\$416.66 Monthly)

C. MR. SIMON S FENG
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 CANDELA
 City IRVINE State CA Zip Code 92620-1823
 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 ▼ 800.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR10366358313
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$200.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 691.66
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: (check only one)	PAGE 26 OF 59
	<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

Full Name (Last, First, Middle Initial) A. MR. THOMAS GIBBONS		Date of Receipt
Mailing Address 1970 PARK NEWPORT		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City State Zip Code NEWPORT BEACH CA 92660-5068		Transaction ID : PR10366368313
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="360.00"/>
Name of Employer Pacific Life	Occupation SVP, TREASURY TAX & ENTERPRISE	P/R Deduction (\$360.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1410.00"/>	

Full Name (Last, First, Middle Initial) B. MR. GREGORY L KEELING		Date of Receipt
Mailing Address 325 LA JOLLA DR #2		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City State Zip Code NEWPORT BEACH CA 92663-4143		Transaction ID : PR10366428313
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="80.00"/>
Name of Employer Pacific Life	Occupation VP FINANCE	P/R Deduction (\$80.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="320.00"/>	

Full Name (Last, First, Middle Initial) C. MR. DENNIS L BAHLMANN		Date of Receipt
Mailing Address 6052 MEADOW VIEW CT		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City State Zip Code JOHNSTON IA 50131-3053		Transaction ID : PR10366628313
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer Pacific Life	Occupation AVP RISK SELECTION	P/R Deduction (\$100.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="540.00"/>
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 27 OF 59
(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

Full Name (Last, First, Middle Initial)
A. MR. GEORGE A PAULIK
 Mailing Address 2990 WINDSTONE CIR
 City State Zip Code
 MARIETTA GA 30062-5685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life SR FVP-NCM IP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR1036658313
 Amount of Each Receipt this Period
 175.00
 P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)
B. MR. STEVEN R ELDER
 Mailing Address 385 25TH AVE
 City State Zip Code
 MILTON WA 98354-9359
 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 ▼
 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR10366728313
 Amount of Each Receipt this Period
 175.00
 P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)
C. MS. CHARLENE A GRANT
 Mailing Address 3311 SEAVIEW AVE
 City State Zip Code
 CORONA DEL MAR CA 92625-3056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life VP COUNSEL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR10366758313
 Amount of Each Receipt this Period
 175.00
 P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 525.00
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 28 OF 59
	<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. MS. DAWN M TRAUTMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 308 REGATTA WAY
 City SEAL BEACH State CA Zip Code 90740-5985
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR VP IT & STRATEGIC PLNG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR1036688313
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

B. MR. JEFFREY R WILT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 BAILEY DR
 City GLENWOOD State NJ Zip Code 07418-1024
 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 ▼ 260.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR1036688313
 Amount of Each Receipt this Period 65.00
 P/R Deduction (\$65.00 Monthly)

C. MR. STUART A HOLLAND
 Full Name (Last, First, Middle Initial)
 Mailing Address 4931 CAREFREE TRAIL
 City PARKER State CO Zip Code 80134-5240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP RETAIL SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR10366918313
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 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 29 OF 59
<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. MR. BRANDON J CAGE
Full Name (Last, First, Middle Initial)
Mailing Address 31885 OLD OAK RD
City TRABUCO CANYON State CA Zip Code 92679-3245
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 ▼ 220.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR10366958313
Amount of Each Receipt this Period 100.00
P/R Deduction (\$100.00 Monthly)

B. MR. CHIN H KIM
Full Name (Last, First, Middle Initial)
Mailing Address 24 TAOS
City RANCHO SANTA MARGARITA State CA Zip Code 92688-3812
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation AVP ADVANCED MRKTG
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 410.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR10367028313
Amount of Each Receipt this Period 110.00
P/R Deduction (\$110.00 Monthly)

C. MR. JIM Y CHU
Full Name (Last, First, Middle Initial)
Mailing Address 22931 GALAXY LN
City LAKE FOREST State CA Zip Code 92630-4905
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation AVP PRICING & DESIGN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR10367148313
Amount of Each Receipt this Period 100.00
P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 310.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 30 OF 59
(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. MR. STEVEN H GOLDBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 TWIN FLOWER ST
 City State Zip Code
 LADERA RANCH CA 92694-1323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life PRODUCT MGMT DIR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR10367188313
 Amount of Each Receipt this Period
 75.00
 P/R Deduction (\$75.00 Monthly)

B. MR. JASON T TODD
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 LAURELHURST DR
 City State Zip Code
 LADERA RANCH CA 92694-0204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP CREDIT ANALYSIS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR10371998313
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 Monthly)

C. MR. MADHU VIJAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 SKYGATE
 City State Zip Code
 ALISO VIEJO CA 92656-1820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life EVP & CHIEF FIN OFCR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR10614758313
 Amount of Each Receipt this Period
 250.00
 P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 425.00
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 31 OF 59
	<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. MR. TIM N SHAHEEN
Full Name (Last, First, Middle Initial)

Mailing Address 27621 HOMESTEAD RD

City	State	Zip Code
LAGUNA NIGUEL	CA	92677-6603

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

Name of Employer	Occupation
Pacific Life	VP SHARED SVCS & STRAT PLNG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : PR10614878313

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

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

Mailing Address 25842 DANA BLF W

City	State	Zip Code
CAPISTRANO BEACH	CA	92624-1219

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

Name of Employer	Occupation
Pacific Life	VP LEGAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : PR22130718313

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

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

Mailing Address 34 CASTLEROCK

City	State	Zip Code
IRVINE	CA	92603-0153

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

Name of Employer	Occupation
Pacific Life	VP INVSTMT MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : PR22130758313

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	245.00
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 32 OF 59
	<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. MR. DENIS P KALSCHEUR
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 BELMONT
 City NEWPORT BEACH State CA Zip Code 92660-6732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation ACG CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1664.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR22130798313
 Amount of Each Receipt this Period 416.00
 P/R Deduction (\$416.00 Monthly)

B. MS. JENNIFER L ST ONGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 GIVERNY
 City NEWPORT COAST State CA Zip Code 92657-1007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP FIN & DERIVATIVE RPTG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR22130808313
 Amount of Each Receipt this Period 70.00
 P/R Deduction (\$70.00 Monthly)

C. MR. TIMOTHY C MYERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 TROFELLO LN
 City ALISO VIEJO State CA Zip Code 92656-6215
 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR22130868313
 Amount of Each Receipt this Period 120.00
 P/R Deduction (\$120.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 606.00
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 33 OF 59
	<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. MR. JAY C HAMILTON
Full Name (Last, First, Middle Initial)

Mailing Address 14 ARGOS

City LAGUNA NIGUEL State CA Zip Code 92677-9003

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

Name of Employer Pacific Life Occupation VP CONTRACTS & CONFIGURATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR22336358313

Amount of Each Receipt this Period
 60.00

P/R Deduction (\$60.00 Monthly)

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

Mailing Address 18030 BROOKHURST ST.

City FOUNTAIN VALLEY State CA Zip Code 92708-6756

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

Name of Employer Pacific Life Occupation AVP INTERNAL AUDIT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR22336368313

Amount of Each Receipt this Period
 100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 2628 RYCROFT CT

City CHESTERFIELD State MO Zip Code 63017-7108

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

Name of Employer Pacific Life Occupation VP IND PROD CHANNEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR31736848313

Amount of Each Receipt this Period
 200.00

P/R Deduction (\$200.00 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 34 OF 59
(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. MR. DOUGLAS P JACKSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 AUGUSTA
 City State Zip Code
 COTO DE CAZA CA 92679-4829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP PROD MGMT & SALES SPPT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR32777128313
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 Monthly)

B. MR. WILLIAM D BELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 12123 COURSER AVE
 City State Zip Code
 LA MIRADA CA 90638-1422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP ADVANCED DESIGNS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR33677848313
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 Monthly)

C. MR. DANIEL E KOMOROSKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 OSPREY AVE
 City State Zip Code
 ALISO VIEJO CA 92656-1772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP LIFE REINSURANCE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR33677888313
 Amount of Each Receipt this Period
 75.00
 P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 275.00
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 35 OF 59
	<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. MS. ADRIENNE MOUCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2524 W WATROUS AVE
 City TAMPA State FL Zip Code 33629-5345
 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 M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR33677908313
 Amount of Each Receipt this Period
 175.00
 P/R Deduction (\$175.00 Monthly)

B. MR. JEFFREY S PHILLIPS
 Full Name (Last, First, Middle Initial)
 Mailing Address 14932 PENFIELD CIR
 City HUNTINGTON BEACH State CA Zip Code 92647-2319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation PROJECT MGMT CONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR33677958313
 Amount of Each Receipt this Period
 75.00
 P/R Deduction (\$75.00 Monthly)

C. MR. PARAG S SHAH
 Full Name (Last, First, Middle Initial)
 Mailing Address 24972 FOOTPATH LN
 City LAGUNA NIGUEL State CA Zip Code 92677-6000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP PRODUCT DESIGN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR33677988313
 Amount of Each Receipt this Period
 175.00
 P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	425.00
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 36 OF 59
	<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. MR. JAMES P WITKOWSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 5620 FOXTAIL LOOP
 City CARLSBAD State CA Zip Code 92010-7154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation CHANNEL MKTG DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR33678028313
 Amount of Each Receipt this Period 70.00
 P/R Deduction (\$70.00 Monthly)

B. MR. MICHAEL F MIRANNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 153 SHUTE CIR
 City OLD HICKORY State TN Zip Code 37138-1956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR FVP NSM FI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR34419158313
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 Monthly)

C. MR. CHRISTIAN J PHANCO
 Full Name (Last, First, Middle Initial)
 Mailing Address 18710 ORIENTE DR
 City YORBA LINDA State CA Zip Code 92886-2555
 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 ▼ 400.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR43582318313
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	345.00
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 37 OF 59
	<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

Full Name (Last, First, Middle Initial) A. MR. VINCENT A SPERA		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2014 Transaction ID : PR43582358313
Mailing Address 1616 LOOKOUT CIR		Amount of Each Receipt this Period 75.00
City WAXHAW	State NC	Zip Code 28173-8085
FEC ID number of contributing federal political committee. C	Name of Employer Pacific Life	Occupation FVP FIELD WHOLESALING
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial) B. MR. JOHN F TRUJILLO		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2014 Transaction ID : PR59529278313
Mailing Address 650 E CHASE DR		Amount of Each Receipt this Period 100.00
City CORONA	State CA	Zip Code 92881-3901
FEC ID number of contributing federal political committee. C	Name of Employer Pacific Life	Occupation AVP SYSTEMS ADMIN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial) C. MR. CADE H CHERRY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2014 Transaction ID : PR61125888313
Mailing Address 20 ESTERO POINTE		Amount of Each Receipt this Period 100.00
City ALISO VIEJO	State CA	Zip Code 92656-7040
FEC ID number of contributing federal political committee. C	Name of Employer Pacific Life	Occupation AVP STRATEGIC PLANNING
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	275.00
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 38 OF 59
	<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. MR. GARY L FALDE
Full Name (Last, First, Middle Initial)

Mailing Address 9212 SANTIAGO DR

City HUNTINGTON BEACH State CA Zip Code 92646-6342

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

Name of Employer Pacific Life Occupation VP & CHIEF ACTUARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : PR61125908313

Amount of Each Receipt this Period
 75.00

P/R Deduction (\$75.00 Monthly)

B. MS. MICHELLE P O'HAREN
Full Name (Last, First, Middle Initial)

Mailing Address 790 N COAST HWY

City LAGUNA BEACH State CA Zip Code 92651-1403

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

Name of Employer Pacific Life Occupation ADVANCED SALES CONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : PR67885088313

Amount of Each Receipt this Period
 60.00

P/R Deduction (\$60.00 Monthly)

C. MS. JESSICA L RICE
Full Name (Last, First, Middle Initial)

Mailing Address 511 S 51ST AVE

City OMAHA State NE Zip Code 68106-1362

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

Name of Employer Pacific Life Occupation AVP INTERNAL WHOLESALING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : PR67885108313

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: (check only one)	PAGE 39 OF 59
	<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. MR. ALEXANDER F MUNRO
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 HILLSBOROUGH
 City NEWPORT BEACH State CA Zip Code 92660-6733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP ENTERPRISE TECH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR68001208313
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

B. MS. KIM R CUNNINGHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 15117 SPECTRUM
 City IRVINE State CA Zip Code 92618-3426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP HR BUS PARTNER (LD)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR71312918313
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

C. MR. DAVID N FANGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 817 10TH ST
 City SANTA MONICA State CA Zip Code 90403-1619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP CORP DEV FIN ACTUARY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR71312928313
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 300.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 59
	<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. MS. JANE B FORBES
 Full Name (Last, First, Middle Initial)
 Mailing Address 3640 ESTACADO LN
 City PLANO State TX Zip Code 75025-4474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation LTC PLANNING SPECIALIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR71312938313
 Amount of Each Receipt this Period
 175.00
 P/R Deduction (\$175.00 Monthly)

B. MS. JANE M GUON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 SPRINGWOOD
 City IRVINE State CA Zip Code 92604-4650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP & SECRETARY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR71312958313
 Amount of Each Receipt this Period
 125.00
 P/R Deduction (\$125.00 Monthly)

C. MR. JACQUES HUNTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1215 GOLDENROD AVE
 City CORONA DEL MAR State CA Zip Code 92625-1306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR FVP NSM RW
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR71312968313
 Amount of Each Receipt this Period
 175.00
 P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	475.00
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 OF 59
(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. MR. JOSEPH A NAGEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 23995 PIRAGUA PL
 City LAGUNA NIGUEL State CA Zip Code 92677-4233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP & CONTROLLER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR71312988313
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 Monthly)

B. MR. RUSSELL S PROCTOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 NORTHERN PINE LOOP
 City ALISO VIEJO State CA Zip Code 92656-6034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation DIR PENSION SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR71426998313
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$60.00 Monthly)

C. MR. DAVID L SCHAFFER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3215 W FIELDER ST
 City TAMPA State FL Zip Code 33611-2911
 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 ▼ 700.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR72047948313
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 410.00
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 42 OF 59
	<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

Full Name (Last, First, Middle Initial)
A. MR. KEVIN R BYRNE

Mailing Address **PO BOX 5869**

City **BALBOA ISLAND** State **CA** Zip Code **92662-5869**

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

Name of Employer **Pacific Life** Occupation **SR VP FINANCE & RISK**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR72350818313

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

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

Mailing Address **4348 WAIALAE AVE #507**

City **HONOLULU** State **HI** Zip Code **96816-5767**

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 ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR72350828313

Amount of Each Receipt this Period
175.00

P/R Deduction (\$175.00 Monthly)

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

Mailing Address **6815 TRAFALGAR LOOP**

City **DUBLIN** State **OH** Zip Code **43016-8316**

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 ▼ **430.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : PR72350848313

Amount of Each Receipt this Period
175.00

P/R Deduction (\$175.00 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: (check only one)	PAGE 43 OF 59
	<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. MR. THOMAS M KELLY
Full Name (Last, First, Middle Initial)

Mailing Address 779 ALDEN LN

City LIVERMORE	State CA	Zip Code 94550-4752
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pacific Life	Occupation SR WHOLESALER
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : PR72350878313

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

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

Mailing Address 22192 BROOKPINE

City MISSION VIEJO	State CA	Zip Code 92692-1084
-----------------------	-------------	------------------------

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

Name of Employer Pacific Life	Occupation AVP PRODUCT PRICING & RPTG
----------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : PR72350888313

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 203 DIERKS DR

City WESTERN SPRINGS	State IL	Zip Code 60558-2030
-------------------------	-------------	------------------------

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 ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : PR72350898313

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 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: (check only one)	PAGE 44 OF 59
	<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	

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

Full Name (Last, First, Middle Initial) A. MR. WILLIAM D ROBUCK		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2014 Transaction ID : PR72350908313
Mailing Address 1436 KENTBROOKE DR		Amount of Each Receipt this Period 65.00
City BALLWIN	State MO	Zip Code 63021-7565
FEC ID number of contributing federal political committee. C		P/R Deduction (\$65.00 Monthly)
Name of Employer Pacific Life	Occupation RETIREMENT PLAN CONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. MR. JONATHAN H WALKER		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2014 Transaction ID : PR72350928313
Mailing Address 99 SKYLINE TERRACE		Amount of Each Receipt this Period 85.00
City MILL VALLEY	State CA	Zip Code 94941-3484
FEC ID number of contributing federal political committee. C		P/R Deduction (\$85.00 Monthly)
Name of Employer Pacific Life	Occupation SR WHOLESALER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) C. MR. JASON P WOLF		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2014 Transaction ID : PR72350938313
Mailing Address 410 TORRINGTON DR		Amount of Each Receipt this Period 100.00
City AUSTIN	State TX	Zip Code 78737-4585
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life	Occupation SR WHOLESALER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 45 OF 59
	<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

Full Name (Last, First, Middle Initial)
A. MS. SUSAN A WOOD

Mailing Address 809 GREER ST

City State Zip Code
COVINGTON KY 41011-1350

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

Name of Employer Occupation
Pacific Life ADVANCED SALES CONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2014
Transaction ID : PR72350948313

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)
B. MR. BRIAN T WOOLFOLK

Mailing Address 17 SAN ANGELO

City State Zip Code
FOOTHILL RANCH CA 92610-1729

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

Name of Employer Occupation
Pacific Life SVP PRICING & PRODUCT DESIGN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
775.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2014
Transaction ID : PR72350958313

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)
C. MR. GREGORY A BAILEY

Mailing Address 8 WAVERLY PL

City State Zip Code
LADERA RANCH CA 92694-0220

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

Name of Employer Occupation
Pacific Life VP MKTG COMMUNICATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2014
Transaction ID : PR72472488313

Amount of Each Receipt this Period
175.00

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	525.00
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 46 OF 59
	<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. MR. JAMES B CLINKSCALES
 Full Name (Last, First, Middle Initial)
 Mailing Address 3408 AUTUMN CT
 City FORT WORTH State TX Zip Code 76109-2606
 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 ▼ 700.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR73723658313
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 Monthly)

B. MR. FRANK L BECERRA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2004 VIA AGUILA
 City SAN CLEMENTE State CA Zip Code 92673-5670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation DIR NETWORK & STORAGE SVCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR74979448313
 Amount of Each Receipt this Period 75.00
 P/R Deduction (\$75.00 Monthly)

C. MR. KEITH A BUCK
 Full Name (Last, First, Middle Initial)
 Mailing Address 27743 HOMESTEAD RD
 City LAGUNA NIGUEL State CA Zip Code 92677-3762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP ADVANCED DESIGNS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR74979458313
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 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: (check only one)	PAGE 47 OF 59
<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. MR. JOHN G REBER
Full Name (Last, First, Middle Initial)

Mailing Address 14001 FONTANA ST

City LEAWOOD	State KS	Zip Code 66224-3650
-----------------	-------------	------------------------

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

Name of Employer Pacific Life	Occupation VP REG'L LIFE OFFICES
----------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : PR74979598313

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

B. MR. JOSEPH C LEE
Full Name (Last, First, Middle Initial)

Mailing Address 1244 BRIDLE ESTATES DR

City YARDLEY	State PA	Zip Code 19067-3957
-----------------	-------------	------------------------

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

Name of Employer Pacific Life	Occupation NATL SLS MGR WIREHOUSE
----------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : PR75159128313

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

C. MR. TIMOTHY F SHONTERE
Full Name (Last, First, Middle Initial)

Mailing Address 24642 BENJAMIN CIR

City DANA POINT	State CA	Zip Code 92629-1052
--------------------	-------------	------------------------

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

Name of Employer Pacific Life	Occupation AVP EMPLOYEE RELATIONS
----------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : PR75159138313

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 48 OF 59
	<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. MR. CHRISTOPHER R CAIRNS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8008 PASEO ESERADO
 City CARLSBAD State CA Zip Code 92009-9800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation DIVISIONAL VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR75427368313
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 Monthly)

B. MR. CHRISTOPHER T RITONDO
 Full Name (Last, First, Middle Initial)
 Mailing Address 46 TIMBERNECK DR
 City READING State MA Zip Code 01867-1845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation FVP NATIONAL ACCTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR75427378313
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

C. MR. JOHN P ANGEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2711 WENDY DR
 City NAPERVILLE State IL Zip Code 60565-5316
 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 04 / 30 / 2014
Transaction ID : PR79901798313
 Amount of Each Receipt this Period 75.00
 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 49 OF 59
(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. MR. WILLIAM C BARCLAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 779 OLD COUNTRY RD
 City WESTPORT State MA Zip Code 02790-1168
 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 ▼ 400.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR79901808313
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

B. MR. JOHN J CONOVER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1025 MAXWELL LN APT 1006
 City HOBOKEN State NJ Zip Code 07030-6827
 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 ▼ 700.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR79901858313
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 Monthly)

C. MR. LARRY A CREED
 Full Name (Last, First, Middle Initial)
 Mailing Address 12012 LONGVIEW LAKE CIR
 City BRADENTON State FL Zip Code 34211-4964
 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 ▼ 700.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR79901868313
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
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 OF 59
	<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. MR. KURT A DAMRON
Full Name (Last, First, Middle Initial)

Mailing Address 9563 HAMPTON RESERVE DR

City BRENTWOOD	State TN	Zip Code 37027-8485
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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 ▼ **700.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		30		2014

Transaction ID : PR79901878313

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

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

Mailing Address 8181 NOELLE DR

City HUNTINGTON BEACH	State CA	Zip Code 92646-6941
--------------------------	-------------	------------------------

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 ▼ **700.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		30		2014

Transaction ID : PR79901888313

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

C. MR. KENNETH A MCCLINTOCK
Full Name (Last, First, Middle Initial)

Mailing Address 3915 BELL HOLLOW LN

City KATY	State TX	Zip Code 77494-2455
--------------	-------------	------------------------

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 ▼ **700.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		30		2014

Transaction ID : PR79901918313

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	525.00
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 OF 59
(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. MR. FRANCIS X MURPHY
 Full Name (Last, First, Middle Initial)
 Mailing Address 18909 RIVER FALLS DR
 City State Zip Code
 DAVIDSON NC 28036-8857
 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 ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR79901928313
 Amount of Each Receipt this Period
 175.00
 P/R Deduction (\$175.00 Monthly)

B. MR. JOHN C TEMME
 Full Name (Last, First, Middle Initial)
 Mailing Address 3352 FALLING WATER CT
 City State Zip Code
 SIMI VALLEY CA 93063-5749
 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 ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR79901938313
 Amount of Each Receipt this Period
 175.00
 P/R Deduction (\$175.00 Monthly)

C. MR. WALTER B ZINYCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1376 HELLER DR
 City State Zip Code
 YARDLEY PA 19067-2714
 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 ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : PR79901958313
 Amount of Each Receipt this Period
 175.00
 P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 525.00
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 OF 59
(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. MR. MARK S CAMPISANO
Full Name (Last, First, Middle Initial)
Mailing Address 6 BETHANY
City LAGUNA NIGUEL State CA Zip Code 92677-2931
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 ▼ 700.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR80192738313
Amount of Each Receipt this Period 175.00
P/R Deduction (\$175.00 Monthly)

B. MR. STUART I HUTCHINS
Full Name (Last, First, Middle Initial)
Mailing Address 7997 S FAIRFAX CT
City CENTENNIAL State CO Zip Code 80122-3883
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 ▼ 700.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR80192748313
Amount of Each Receipt this Period 175.00
P/R Deduction (\$175.00 Monthly)

C. MR. SAMUEL E MASEMER
Full Name (Last, First, Middle Initial)
Mailing Address 225 CALEB DR
City WEST CHESTER State PA Zip Code 19382-6177
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation FVP INVESTMENT SPEC
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt 04 / 30 / 2014
Transaction ID : PR80501918313
Amount of Each Receipt this Period 175.00
P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	525.00
TOTAL This Period (last page this line number only).....▶	26312.98

**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

Full Name (Last, First, Middle Initial)

A. Freedom Fund

Mailing Address 25 East Masonic View Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2014

Transaction ID : 12385461

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jobs, Opportunities and Education PAC (JOE-PAC)

Mailing Address 410 1st Street SE, Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Candidate Name

Jobs, Opportunities and Education PAC (JOE-PAC)

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2014

Transaction ID : 12385462

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Garamendi For Congress

Mailing Address P.O. Box 440

City Walnut Grove State CA Zip Code 95690

Purpose of Disbursement Contribution

Candidate Name

John Garamendi

Office Sought: House Senate President
State: CA District: 03

Disbursement For: 2014 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2014

Transaction ID : 12385463

Amount of Each Disbursement this Period

1000.00

Contribution

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

Full Name (Last, First, Middle Initial)

A. Kay Hagan for U.S. Senate, Inc.

Mailing Address 220 I Street, NE
Suite 250

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Kay Hagan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2014

Transaction ID : 12385464

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mike Kelly For Congress

Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Mike Kelly

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2014

Transaction ID : 12385465

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mike Kelly For Congress

Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Mike Kelly

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2014

Transaction ID : 12385466

Amount of Each Disbursement this Period

1000.00

Contribution

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

Full Name (Last, First, Middle Initial)

A. Kirk for Senate

Mailing Address 209 Pennsylvania Ave., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Mark Kirk

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2014

Transaction ID : 12385467

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Levin for Congress

Mailing Address 412 First Street SE, Suite 100

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Sander Levin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 09

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2014

Transaction ID : 12385468

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Maloney For Congress

Mailing Address 24 East 93rd Street, Suite 4B

City New York State NY Zip Code 10128

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Carolyn Maloney

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 12

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2014

Transaction ID : 12385469

Amount of Each Disbursement this Period

1000.00

Contribution

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

5500.00

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

Full Name (Last, First, Middle Initial)

A. Kenny Marchant For Congress

Mailing Address PO Box 110187

City State Zip Code
Carrollton TX 75011

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Kenny Marchant

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 24

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2014

Transaction ID : 12385470

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Matsui for Congress

Mailing Address P.O. Box 1738

City State Zip Code
Sacramento CA 95812

Purpose of Disbursement
Contribution

011

Candidate Name

Doris Matsui

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2014

Transaction ID : 12385471

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Chris Murphy

Mailing Address 410 1st Street, SE
Suite 310

City State Zip Code
Washington DC 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. Christopher Murphy

Category/
Type

Office Sought: House
 Senate
 President
State: CT District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2014

Transaction ID : 12385472

Amount of Each Disbursement this Period

2000.00

Contribution

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

4000.00

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

Full Name (Last, First, Middle Initial)

A. Osborn For Senate, Inc.

Mailing Address 406 Virginia Avenue

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
Contribution

011

Candidate Name

Shane Osborn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NE District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	4

Transaction ID : 12385473

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B. Pelosi for Congress

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Nancy Pelosi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	4

Transaction ID : 12385474

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

C. Rob Portman For US Senate

Mailing Address 900 19th Street, NW, 8th Floor

City Washington State DC Zip Code 20006

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. Rob Portman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	4

Transaction ID : 12385475

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

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

7	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

7	0	0	0	0	0	0	0	0	0
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**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

Full Name (Last, First, Middle Initial)

A. Jim Renacci For Congress

Mailing Address 1301 K Street, NW
Suite 1050 East

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. James Renacci

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	4

Transaction ID : 12385476

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B. Stabenow for U.S. Senate

Mailing Address 1718 M Street, NW #234

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contribution

011

Candidate Name

Debbie Stabenow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	4

Transaction ID : 12385477

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

C. Tiberi For Congress

Mailing Address 217 3rd Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Patrick Tiberi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	4

Transaction ID : 12385478

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

3	0	0	0	0	0	0	0	0	0
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**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

Full Name (Last, First, Middle Initial)

A. Friends of Pat Toomey

Mailing Address 499 South Capitol Street, SW
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Sen. Pat Toomey

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		08		2014

Transaction ID : 12385479

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Citizens For Waters

Mailing Address 3700 Wilshire Blvd., Ste. 1050-B

City Los Angeles State CA Zip Code 90077

Purpose of Disbursement
Contribution

Candidate Name

Rep. Maxine Waters

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 43

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		08		2014

Transaction ID : 12385480

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Vargas For Congress

Mailing Address 3914 Barcroft Mews Court

City Falls Church State VA Zip Code 22041

Purpose of Disbursement
Contribution

Candidate Name

Mr. Juan Vargas

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 51

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		08		2014

Transaction ID : 12385481

Amount of Each Disbursement this Period

1000.00

Contribution

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

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

3000.00

28500.00
