

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Pacific Life Insurance Company Political Action Committee

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

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

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

5. Covering Period 04 01 2006 through 04 30 2006

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

Type or Print Name of Treasurer Robert G. Haskell

Signature of Treasurer Electronically Filed by Robert G. Haskell Date 05 04 2006

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**

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		101871.84
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	122586.89									
(c) Total Receipts (from Line 19)	24463.14	70678.19								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	147050.03	172550.03								
7. Total Disbursements (from Line 31)	31000.00	56500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	116050.03	116050.03								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	17920.48	35097.92
(i) Itemized (use Schedule A)	6542.66	35580.27
(ii) Unitemized	24463.14	70678.19
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	24463.14	70678.19
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	24463.14	70678.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	24463.14	70678.19

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31000.00	56500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	31000.00	56500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	31000.00	56500.00

DETAILED SUMMARY PAGE
of Disbursements

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)	24463.14	70678.19
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24463.14	70678.19
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MR. DANIEL F BASS

Mailing Address 385 WHITE CAP LN

City State Zip Code
NEWPORT COAST CA 92657-1096

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

Name of Employer Occupation
PACIFIC LIFE VP REINSURANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18166

Amount of Each Receipt this Period
80.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. ROBERT H BEARDSLEE

Mailing Address 27612 ESCUNA

City State Zip Code
MISSION VIEJO CA 92692-1204

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

Name of Employer Occupation
PACIFIC LIFE VP M.C. MKTG&SELECT MKTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18168

Amount of Each Receipt this Period
85.00

Payroll Deduction

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

Mailing Address 2 PRECIPICE

City State Zip Code
LAGUNA NIGUEL CA 92677-5919

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 ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18169

Amount of Each Receipt this Period
125.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	290.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 41
	<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. ANTHONY J BONNO		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6	
Mailing Address 2384 PORTRAIT WAY		Transaction ID: R18176	
City State Zip Code TUSTIN CA 92782-4339	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE SR VP HUMAN RESOURCES	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MR. ALAN H BROWN		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6	
Mailing Address 505 13TH ST		Transaction ID: R18180	
City State Zip Code HUNTINGTON BEACH CA 92648-4037	Amount of Each Receipt this Period 70.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE AVP INFO TECH OPS	Aggregate Year-to-Date ▼ 280.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MS. MARY ANN BROWN		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6	
Mailing Address 288 CHIQUITA ST		Transaction ID: R18183	
City State Zip Code LAGUNA BEACH CA 92651-1337	Amount of Each Receipt this Period 416.66		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE SR VP FIN & PROD DEV	Aggregate Year-to-Date ▼ 1666.64		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	586.66
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 41
	<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. WILLIAM D BURKE		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6	
Mailing Address 2216 NELDA WAY		Transaction ID: R18184	
City ALAMO	State CA	Zip Code 94507-2004	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation REGIONAL VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. MR. DEWEY P BUSHAW		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6	
Mailing Address 29132 ALFIERI ST		Transaction ID: R18185	
City LAGUNA NIGUEL	State CA	Zip Code 92677-4603	Amount of Each Receipt this Period 140.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation SR VP AMF CHF MKTG OFCR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00		

Full Name (Last, First, Middle Initial) C. MR. MICHAEL J BUSSARD		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6	
Mailing Address 3029 FLAGSTONE DR		Transaction ID: R18186	
City FRANKLIN	State TN	Zip Code 37069-7229	Amount of Each Receipt this Period 83.34
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation REGIONAL VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.84		

SUBTOTAL of Receipts This Page (optional) ▶	323.34
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 41
	<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. EDWARD R BYRD		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6	
Mailing Address 17520 PAGE CT		Transaction ID: R18187	
City YORBA LINDA	State CA	Zip Code 92886-3865	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation SR VP CONT & CHF ACTG OFC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. MR. DAVID R CARMICHAEL		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6	
Mailing Address 1525 SERENADE TER		Transaction ID: R18190	
City CORONA DEL MAR	State CA	Zip Code 92625-1753	Amount of Each Receipt this Period 416.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation SR VP GEN COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1664.00		

Full Name (Last, First, Middle Initial) C. MR. JOSEPH E CELENTANO		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6	
Mailing Address 26661 CAMPESINO		Transaction ID: R18192	
City MISSION VIEJO	State CA	Zip Code 92691-6048	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation SR VP PROD MGMT		
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) ▶	616.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 41
	<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

Full Name (Last, First, Middle Initial) A. MS. SHARON A CHEEVER		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6	
Mailing Address 33512 VALLE RD		Transaction ID: R18193	
City State Zip Code SN JUAN CAPISTRANO CA 92675-4838	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP & INVEST COUNSEL	Aggregate Year-to-Date ▼ 265.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MS. BERNADINE E CHWALEK		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6	
Mailing Address 33741 SHACKLETON ISLE		Transaction ID: R18196	
City State Zip Code DANA POINT CA 92629-4235	Amount of Each Receipt this Period 105.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE AVP INVEST CNSL	Aggregate Year-to-Date ▼ 420.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MS. GAIL L COBIN		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6	
Mailing Address 31558 W NINE DR		Transaction ID: R18200	
City State Zip Code LAGUNA NIGUEL CA 92677-2953	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE AVP CUSTOMER RELS	Aggregate Year-to-Date ▼ 240.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MR. DENNIS M CORBETT

Mailing Address 15136 TOURAINÉ WAY

City State Zip Code
IRVINE CA 92604-3173

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

Name of Employer Occupation
PACIFIC LIFE VP TAX COMPLIANCE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: R18203

Amount of Each Receipt this Period
85.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. CAMERON COSGROVE

Mailing Address 36 WOODCREST

City State Zip Code
IRVINE CA 92603-0220

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

Name of Employer Occupation
PACIFIC LIFE VP LIFE CHIEF INFO OFFICER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: R18204

Amount of Each Receipt this Period
85.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. DANIEL C CRAIN

Mailing Address 36 WINTERGREEN

City State Zip Code
IRVINE CA 92604-2831

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

Name of Employer Occupation
PACIFIC LIFE MGR PROD COMPLIANCE

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: R18207

Amount of Each Receipt this Period
60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	230.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address PO BOX 15358

City IRVINE State CA Zip Code 92623-5358

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

Name of Employer PACIFIC LIFE Occupation AVP ADVANCED SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: R18212

Amount of Each Receipt this Period
80.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MS. LINDA K DAVIS

Mailing Address 8315 ROAD R NW

City QUINCY State WA Zip Code 98848-9607

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

Name of Employer PACIFIC LIFE Occupation AVP IND COMPLIANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: R18214

Amount of Each Receipt this Period
90.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MS. CYNTHIA S DILLION

Mailing Address 7 BODEGA BAY DR

City CORONA DEL MAR State CA Zip Code 92625-1002

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

Name of Employer PACIFIC LIFE Occupation VP CLOSING & CONSTRU SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: R18219

Amount of Each Receipt this Period
150.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	320.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
MR. JOHN L DIXON

Mailing Address 11043 THYME DR

City State Zip Code
PALM BEACH GARDENS FL 33418-3587

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

Name of Employer Occupation
Pacific Life Field Rep

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2006

Transaction ID: R18143

Amount of Each Receipt this Period
500.00

Check

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

Mailing Address 640 SAINT JAMES RD

City State Zip Code
NEWPORT BEACH CA 92663-5855

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

Name of Employer Occupation
PACIFIC LIFE VP GOVT RELNS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 805.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18221

Amount of Each Receipt this Period
205.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. DONALD M DOWNING

Mailing Address 995 QUIVERA ST

City State Zip Code
LAGUNA BEACH CA 92651-3821

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

Name of Employer Occupation
PACIFIC LIFE FVP M MKTG

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

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18222

Amount of Each Receipt this Period
150.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	855.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 64 SUMMERSTONE

City State Zip Code
IRVINE CA 92614-7000

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

Name of Employer Occupation
PACIFIC LIFE AVP STRATEGIC PROGRAMS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: R18229

Amount of Each Receipt this Period
125.00

Payroll Deduction

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

Mailing Address 10 CANDELA

City State Zip Code
IRVINE CA 92620-1823

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

Name of Employer Occupation
PACIFIC LIFE VP INFO TECH

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: R18231

Amount of Each Receipt this Period
150.00

Payroll Deduction

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

Mailing Address 31411 MONTEREY ST

City State Zip Code
LAGUNA BEACH CA 92651-6963

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

Name of Employer Occupation
PACIFIC LIFE VP CLIENT SERVICES

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: R18237

Amount of Each Receipt this Period
125.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 41		
	<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

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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 M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6		
Mailing Address 45137 BIG CANYON ST		Transaction ID: R18240		
City State Zip Code INDIO CA 92201-0919	Amount of Each Receipt this Period 100.00		Payroll Deduction	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00		
Name of Employer Occupation PACIFIC LIFE VP TAX	Aggregate Year-to-Date ▼ 400.00			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) B. MR. FRANK J GOETZ		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6		
Mailing Address 7 SOVENTE		Transaction ID: R18241		
City State Zip Code IRVINE CA 92606-0830	Amount of Each Receipt this Period 62.00		Payroll Deduction	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.00		
Name of Employer Occupation PACIFIC LIFE DIR LIFE UNDRWRTNG	Aggregate Year-to-Date ▼ 248.00			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) C. MR. R. STEPHEN HANNAHS		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6		
Mailing Address 740 VIA LIDO NORD		Transaction ID: R18145		
City State Zip Code NEWPORT BEACH CA 92663-5523	Amount of Each Receipt this Period 500.00		Check	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00		
Name of Employer Occupation Pacific Life Director	Aggregate Year-to-Date ▼ 500.00			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional) ▶	662.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 21612 MARIGOT DR

City State Zip Code
BOCA RATON FL 33428-4824

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

Name of Employer Occupation
PACIFIC LIFE REGIONAL VP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: R18254

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

Mailing Address 31735 SEACLIFF DR

City State Zip Code
LAGUNA BEACH CA 92651-7001

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

Name of Employer Occupation
PACIFIC LIFE SR VP PUBLIC AFFAIRS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1166.66

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: R18258

Amount of Each Receipt this Period
416.66

Payroll Deduction

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

Mailing Address 1137 SUNSET CLIFFS BLVD

City State Zip Code
SAN DIEGO CA 92107-4014

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

Name of Employer Occupation
PACIFIC LIFE AVP INVEST CNSL

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 296.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: R18261

Amount of Each Receipt this Period
74.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	590.66
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 41
	<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. ROBERT J HEMSTEAD		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6	
Mailing Address 2335 RANCHO DEL ORO RD UNIT 4		Transaction ID: R18263	
City State Zip Code OCEANSIDE CA 92056-1734		Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Occupation PACIFIC LIFE AVP & VALUATION ACTUARY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. MR. WILLIAM L HEZZELWOOD		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6	
Mailing Address 6700 CAMINO CRESTA		Transaction ID: R18266	
City State Zip Code SAN CLEMENTE CA 92673-7103		Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Occupation PACIFIC LIFE VP PROGRAM MGMT OFC			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) C. MR. HOWARD T HIRAKAWA		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6	
Mailing Address 23972 GOLDENEYE DR		Transaction ID: R18269	
City State Zip Code LAGUNA NIGUEL CA 92677-1332		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Occupation PACIFIC LIFE VP PROD DEV & INVST MKTG			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional) ▶	280.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address PO BOX 2108

City RANCHO SANTA FE State CA Zip Code 92067-2108

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

Name of Employer Pacific Life Occupation Exec Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 6

Transaction ID: R18146

Amount of Each Receipt this Period
 5000.00

Check

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

Mailing Address 1121 EBBTIDE RD

City CORONA DEL MAR State CA Zip Code 92625-1402

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

Name of Employer PACIFIC LIFE Occupation SR VP ANN ADMIN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 3 0 / 2 0 0 6

Transaction ID: R18272

Amount of Each Receipt this Period
 125.00

Payroll Deduction

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

Mailing Address 2056 COLUMBUS WAY

City VISTA State CA Zip Code 92081-8948

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

Name of Employer PACIFIC LIFE Occupation DIR CORP INTERNET STRATEGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 3 0 / 2 0 0 6

Transaction ID: R18275

Amount of Each Receipt this Period
 60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	5185.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1812 LEADBURN RD

City State Zip Code
TOWSON MD 21204-1831

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

Name of Employer Occupation
PACIFIC LIFE SR WHOLESALER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: R18279

Amount of Each Receipt this Period
100.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MS. SUZANNE T KAMPA

Mailing Address 5531 STANFORD AVE

City State Zip Code
GARDEN GROVE CA 92845-2434

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

Name of Employer Occupation
PACIFIC LIFE IT AUDIT CONSULTANT

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: R18285

Amount of Each Receipt this Period
60.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MS. ANITA KARANJIA

Mailing Address 9 MONTECILO

City State Zip Code
FOOTHILL RANCH CA 92610-1733

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

Name of Employer Occupation
PACIFIC LIFE SR BUS ANA

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: R18288

Amount of Each Receipt this Period
60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	220.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 41		
	<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

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

A. Full Name (Last, First, Middle Initial) MR. ANDREW C KARLINSKI		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6	
Mailing Address PO BOX 6664		Transaction ID: R18440	
City SNOWMASS VILLAGE	State CO	Zip Code 81615	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

B. Full Name (Last, First, Middle Initial) MR. BRIAN D KLEMENS		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6	
Mailing Address 24611 BENJAMIN CIR		Transaction ID: R18294	
City DANA POINT	State CA	Zip Code 92629-6013	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation VP & TREASURER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

C. Full Name (Last, First, Middle Initial) MR. JOHN P KONTOS		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6	
Mailing Address 547 N LAS PALMAS AVE		Transaction ID: R18297	
City LOS ANGELES	State CA	Zip Code 90004-1017	Amount of Each Receipt this Period 110.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation AVP IND PROD CHANNEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

SUBTOTAL of Receipts This Page (optional)	285.00
TOTAL This Period (last page this line number only)	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 795 TREPANNY LN

City State Zip Code
WAYNE PA 19087-1931

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

Name of Employer Occupation
PACIFIC LIFE FVP M MKTG

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

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18298

Amount of Each Receipt this Period
60.00

Payroll Deduction

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

Mailing Address 709 AVENIDA MIROLA

City State Zip Code
PALOS VERDES EST CA 90274-4307

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

Name of Employer Occupation
PACIFIC LIFE REGIONAL VP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18301

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

Mailing Address 10935 E BERRY AVE

City State Zip Code
ENGLEWOOD CO 80111-3903

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

Name of Employer Occupation
PACIFIC LIFE REGIONAL VP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18302

Amount of Each Receipt this Period
100.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	260.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 6 SANDERLING LN

City State Zip Code
ALISO VIEJO CA 92656-1220

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

Name of Employer Occupation
PACIFIC LIFE AVP ADVANCED MKTG

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18307

Amount of Each Receipt this Period
60.00

Payroll Deduction

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

Mailing Address 1014 Sea Lane

City State Zip Code
Corona del Mar CA 92626

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

Name of Employer Occupation
Pacific Life Executive

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2006

Transaction ID: R18148

Amount of Each Receipt this Period
500.00

Check

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

Mailing Address 1033 SECRETARIAT CIR

City State Zip Code
COSTA MESA CA 92626-1620

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

Name of Employer Occupation
PACIFIC LIFE AVP VARIABLE REG COMPLIANCE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18310

Amount of Each Receipt this Period
100.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	660.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 74 SETON RD

City State Zip Code
IRVINE CA 92612-2114

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

Name of Employer Occupation
PACIFIC LIFE AVP TECHNOLOGY

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

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18312

Amount of Each Receipt this Period
120.00

Payroll Deduction

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

Mailing Address 622 18TH ST

City State Zip Code
HUNTINGTON BEACH CA 92648-3808

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

Name of Employer Occupation
PACIFIC LIFE AVP INS CNSL

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18314

Amount of Each Receipt this Period
80.00

Payroll Deduction

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

Mailing Address 24719 JOLEE CT

City State Zip Code
PLAINFIELD IL 60544-2449

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

Name of Employer Occupation
PACIFIC LIFE SR WHOLESALER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18315

Amount of Each Receipt this Period
100.00

Payroll Deduction

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 207 N ELLERY DR

City State Zip Code
SAN PEDRO CA 90732-2701

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

Name of Employer Occupation
PACIFIC LIFE AVP INS CNSL

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

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18316

Amount of Each Receipt this Period
75.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. HENRY M MC MILLAN

Mailing Address 4006 INLET ISLE DR

City State Zip Code
CORONA DEL MAR CA 92625-1606

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

Name of Employer Occupation
PACIFIC LIFE SR VP & CHIEF RISK OFCR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18319

Amount of Each Receipt this Period
87.50

Payroll Deduction

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

Mailing Address 33811 DONEGAL LN

City State Zip Code
SN JUAN CAPISTRANO CA 92675-4973

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

Name of Employer Occupation
PACIFIC LIFE SR VP RISK FIN & IM

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18321

Amount of Each Receipt this Period
150.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	312.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MS. AUDREY L MILFS

Mailing Address 26922 ROCKING HORSE LN

City State Zip Code
LAGUNA HILLS CA 92653-5835

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

Name of Employer Occupation
PACIFIC LIFE VP & SECRETARY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: R18322

Amount of Each Receipt this Period
200.00

Payroll Deduction

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

Mailing Address 29022 PINTAIL CIR

City State Zip Code
LAGUNA NIGUEL CA 92677-1366

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

Name of Employer Occupation
PACIFIC LIFE CHIEF OPERATING OFFICER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1664.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: R18327

Amount of Each Receipt this Period
416.00

Payroll Deduction

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

Mailing Address 48 W YALE LOOP

City State Zip Code
IRVINE CA 92604-3619

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

Name of Employer Occupation
PACIFIC LIFE VP EE BEN & ADMIN SVCS

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: R18328

Amount of Each Receipt this Period
75.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	691.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 27822 HOMESTEAD RD

City State Zip Code
LAGUNA NIGUEL CA 92677-3763

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

Name of Employer Occupation
PACIFIC LIFE VP RE ASSET MGMT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 625.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18329

Amount of Each Receipt this Period
175.00

Payroll Deduction

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

Mailing Address 30 BRIAN RD

City State Zip Code
BRIDGEWATER MA 02324-3000

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

Name of Employer Occupation
PACIFIC LIFE REGIONAL VP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18334

Amount of Each Receipt this Period
100.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. DARAGH M O'SULLIVAN

Mailing Address 177 22ND ST APT 14

City State Zip Code
COSTA MESA CA 92627-1764

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

Name of Employer Occupation
PACIFIC LIFE VP PRODUCT DESIGN

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

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18335

Amount of Each Receipt this Period
150.00

Payroll Deduction

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 2908 VIA HIDALGO

City State Zip Code
SAN CLEMENTE CA 92673-3026

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

Name of Employer Occupation
PACIFIC LIFE VP MARKETING SVCS

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

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18351

Amount of Each Receipt this Period
75.00

Payroll Deduction

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

Mailing Address 20 MOLINO

City State Zip Code
NEWPORT BEACH CA 92660-9116

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

Name of Employer Occupation
PACIFIC LIFE VP COMM MORT PROD

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18356

Amount of Each Receipt this Period
125.00

Payroll Deduction

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

Mailing Address 11 STILLWATER

City State Zip Code
IRVINE CA 92603-3426

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

Name of Employer Occupation
PACIFIC LIFE VP M FINANCIAL DISTRIBUTION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 410.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18362

Amount of Each Receipt this Period
110.00

Payroll Deduction

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 27481 VANTAGE CIR

City State Zip Code
SN JUAN CAPISTRANO CA 92675-1543

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

Name of Employer Occupation
PACIFIC LIFE EXEC VP RE INVEST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18364

Amount of Each Receipt this Period
250.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. GERALD W ROBINSON

Mailing Address 38347 N 104TH PL

City State Zip Code
SCOTTSDALE AZ 85262-5115

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

Name of Employer Occupation
PACIFIC LIFE EXEC VP ANNUITIES

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1055.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18366

Amount of Each Receipt this Period
275.00

Payroll Deduction

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

Mailing Address 51202 EASTCHURCH

City State Zip Code
CHAPEL HILL NC 27517-8340

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

Name of Employer Occupation
PACIFIC LIFE AVP RE INVESTMENTS

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

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18376

Amount of Each Receipt this Period
75.00

Payroll Deduction

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 28792 APPLETREE

City State Zip Code
MISSION VIEJO CA 92692-1089

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

Name of Employer Occupation
PACIFIC LIFE SR VP SALES OFFICE MKTG

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18381

Amount of Each Receipt this Period
100.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. S GENE SCHOFIELD

Mailing Address 5 CARILLON PL

City State Zip Code
FOOTHILL RANCH CA 92610-2612

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

Name of Employer Occupation
PACIFIC LIFE SR VP OPERATIONS

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

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18384

Amount of Each Receipt this Period
150.00

Payroll Deduction

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

Mailing Address 87 PELICAN CT

City State Zip Code
NEWPORT BEACH CA 92660-2930

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

Name of Employer Occupation
PACIFIC LIFE AVP CREDIT ANALYSIS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18387

Amount of Each Receipt this Period
100.00

Payroll Deduction

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MS. KATHLEEN D SIMMONS

Mailing Address 27403 HYATT CT

City State Zip Code
LAGUNA NIGUEL CA 92677-3700

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

Name of Employer Occupation
PACIFIC LIFE ASST. VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2006

Transaction ID: R18150

Amount of Each Receipt this Period
500.00

Check

B. Full Name (Last, First, Middle Initial)
MS. PENNY S SPARKS

Mailing Address 1661 UTAH CIR

City State Zip Code
COSTA MESA CA 92626-2239

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

Name of Employer Occupation
PACIFIC LIFE DIR COMPLIANCE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 285.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18394

Amount of Each Receipt this Period
75.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. MARVIN C STEAKLEY

Mailing Address 100 HARBOR WOODS PL

City State Zip Code
NEWPORT BEACH CA 92660-7823

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

Name of Employer Occupation
PACIFIC LIFE SR SOFTWARE ENG-CS (G)

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

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18395

Amount of Each Receipt this Period
60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	635.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 111 SHORECLIFF RD

City State Zip Code
CORONA DEL MAR CA 92625-2646

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

Name of Employer Occupation
PACIFIC LIFE CHRMN & GEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1666.64

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18399

Amount of Each Receipt this Period
416.66

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. RICHARD A TAUBE

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 AVP ACCUM PRODUCTS

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

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18401

Amount of Each Receipt this Period
75.00

Payroll Deduction

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

Mailing Address 73 WOODHAVEN DR

City State Zip Code
LAGUNA NIGUEL CA 92677-2819

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

Name of Employer Occupation
PACIFIC LIFE VP ANN TECHNOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18403

Amount of Each Receipt this Period
100.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	591.66
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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 ▼ 265.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 3 0 / 2 0 0 6

Transaction ID: R18406

Amount of Each Receipt this Period
 70.00

Payroll Deduction

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

Mailing Address 2 IRIS

City IRVINE State CA Zip Code 92620-2212

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

Name of Employer PACIFIC LIFE Occupation EXEC VP CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.64

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 3 0 / 2 0 0 6

Transaction ID: R18408

Amount of Each Receipt this Period
 416.66

Payroll Deduction

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

Mailing Address 6929 N HAYDEN RD PMB 157

City SCOTTSDALE State AZ Zip Code 85250-7978

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 ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 3 0 / 2 0 0 6

Transaction ID: R18410

Amount of Each Receipt this Period
 60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	546.66
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address PO BOX 10386

City State Zip Code
NEWPORT BEACH CA 92658-0386

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

Name of Employer Occupation
PACIFIC LIFE AVP REGULTRY PROD ACCTG

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 205.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18411

Amount of Each Receipt this Period
55.00

Payroll Deduction

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

Mailing Address 67 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 RE UNDERWRITING

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 265.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2006

Transaction ID: R18418

Amount of Each Receipt this Period
85.00

Payroll Deduction

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

Mailing Address 120 South Calle Diaz

City State Zip Code
Anaheim Hills CA 92807

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

Name of Employer Occupation
Pacific Life Consultant

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2006

Transaction ID: R18151

Amount of Each Receipt this Period
325.00

Check

SUBTOTAL of Receipts This Page (optional)	▶	465.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 41
	<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

Full Name (Last, First, Middle Initial) A. MS. NANCY A WEBB		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6	
Mailing Address 36 BLACK HAWK		Transaction ID: R18425	
City IRVINE State CA Zip Code 92603-0311	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer PACIFIC LIFE Occupation VP FINANCE & FLD SVCS	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MS. PATRICIA L WELLS		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address 511 POINSETTIA AVE		Transaction ID: R18152	
City CORONA DEL MAR State CA Zip Code 92625-2529	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer PACIFIC LIFE Occupation ANALYST	Aggregate Year-to-Date ▼ 460.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MS. PATRICIA L WELLS		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6	
Mailing Address 511 POINSETTIA AVE		Transaction ID: R18426	
City CORONA DEL MAR State CA Zip Code 92625-2529	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer PACIFIC LIFE Occupation ANALYST	Aggregate Year-to-Date ▼ 460.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	440.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 41
	<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

Full Name (Last, First, Middle Initial) A. MR. JOHN WHITE		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6		
Mailing Address 32122 VIA CARLOS		Transaction ID: R18429		
City State Zip Code SN JUAN CAPISTRANO CA 92675-3927	Amount of Each Receipt this Period 65.00		Payroll Deduction	
FEC ID number of contributing federal political committee. C				
Name of Employer Occupation PACIFIC LIFE VP INTERNAL WHLSLNG	Aggregate Year-to-Date ▼ 215.00			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) B. MR. RICHARD M WILKES		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6		
Mailing Address 7124 HAWKSBEARD DR		Transaction ID: R18431		
City State Zip Code WESTERVILLE OH 43082-9577	Amount of Each Receipt this Period 100.00		Payroll Deduction	
FEC ID number of contributing federal political committee. C				
Name of Employer Occupation PACIFIC LIFE SR WHOLESALER	Aggregate Year-to-Date ▼ 400.00			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) C. MS. KATHARINE B YOUNG		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6		
Mailing Address 18647 SANTA ISADORA ST		Transaction ID: R18438		
City State Zip Code FOUNTAIN VALLEY CA 92708-6232	Amount of Each Receipt this Period 75.00		Payroll Deduction	
FEC ID number of contributing federal political committee. C				
Name of Employer Occupation PACIFIC LIFE AVP STMT & VALTN	Aggregate Year-to-Date ▼ 285.00			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional) ▶	240.00
TOTAL This Period (last page this line number only) ▶	17920.48

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

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

FOR LINE NUMBER:
(check only one)

PAGE 36 / 41

<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. American Benefits Council PAC		Transaction ID: D1500 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address Suite 1250 1212 New York Avenue NW		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20005	Category/ Type	
Purpose of Disbursement Contrib: American Benefits Council PAC		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. American Council of Life Insurers PAC		Transaction ID: D1499 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 101 Constitution Avenue, NW, Suite		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20002-2133	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Buck McKeon for Congress		Transaction ID: D1510 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 24265 San Fernando Road		Amount of Each Disbursement this Period 1000.00
City Santa Clarita State CA Zip Code 91321	Category/ Type	
Purpose of Disbursement Contrib: Howard P. McKeon (CA-25-R)		
Candidate Name Howard P. McKeon		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 25		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
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)

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<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. Dave Camp for Congress		Transaction ID: D1501 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 1666 K Street, NW, Suite 1200		Amount of Each Disbursement this Period 3000.00
City Washington State DC Zip Code 20006	Category/ Type	
Purpose of Disbursement Contrib: David Lee Camp (MI-4-R)		
Candidate Name David Lee Camp		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Max Baucus		Transaction ID: D1506 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 818 Connecticut Avenue, NW Suite 1100		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20006	Category/ Type	
Purpose of Disbursement Contrib: Max Baucus (MT-D)		
Candidate Name Max Baucus		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Larson for Congress		Transaction ID: D1509 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 200 East Jefferson Street		Amount of Each Disbursement this Period 3000.00
City Falls Church State VA Zip Code 22046	Category/ Type	
Purpose of Disbursement Contrib: John B. Larson (CT-1-D)		
Candidate Name John B. Larson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
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)

PAGE 38 / 41

<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. Lewis for Congress Committee		Transaction ID: D1503 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address P.O. Box 247		Amount of Each Disbursement this Period 1000.00
City Redlands State CA Zip Code 92373	Purpose of Disbursement Contrib: Jerry Lewis (CA-41-R) Candidate Name Jerry Lewis Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 41		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. McNulty for Congress Committee		Transaction ID: D1511 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 1560		Amount of Each Disbursement this Period 1000.00
City Green Island State NY Zip Code 12183	Purpose of Disbursement Contrib: Michael R. McNulty (NY-21-D) Candidate Name Michael R. McNulty Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Pennsylvanians for Kanjorski		Transaction ID: D1508 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 126 S. Franklin Street		Amount of Each Disbursement this Period 4000.00
City Wilkes-Barre State PA Zip Code 18701	Purpose of Disbursement Contrib: Paul E. Kanjorski (PA-11-D) Candidate Name Paul E. Kanjorski Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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. Pomeroy for Congress		Transaction ID: D1514 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20013-5214	Category/ Type	
Purpose of Disbursement Contrib: Earl Pomeroy (ND-1-D)		
Candidate Name Earl Pomeroy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Rangel for Congress		Transaction ID: D1505 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address PO Box 5577 Manhattanville Station		Amount of Each Disbursement this Period 1000.00
City New York State NY Zip Code 10027	Category/ Type	
Purpose of Disbursement Contrib: Charles B. Rangel (NY-15-D)		
Candidate Name Charles B. Rangel		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Richard E Neal for Congress Committee		Transaction ID: D1513 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 76 Magnolia Terrace		Amount of Each Disbursement this Period 1000.00
City Springfield State MA Zip Code 01108	Category/ Type	
Purpose of Disbursement Contrib: Richard E. Neal (MA-2-D)		
Candidate Name Richard E. Neal		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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. Salazar for Senate		Transaction ID: D1515 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 426 C Street, NE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement Contrib: Ken L. Salazar (CO-D)		
Candidate Name Ken L. Salazar		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Snowe for Senate		Transaction ID: D1519 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 2006		Amount of Each Disbursement this Period 1000.00
City Portland State ME Zip Code 04104	Category/ Type	
Purpose of Disbursement Contrib: Olympia J. Snowe (ME-R)		
Candidate Name Olympia J. Snowe		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. The Committee to Re-Elect Loretta Sanchez		Transaction ID: D1517 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 604 South Harbor Boulevard		Amount of Each Disbursement this Period 1000.00
City Santa Ana State CA Zip Code 92704	Category/ Type	
Purpose of Disbursement Contrib: Loretta Sanchez (CA-47-D)		
Candidate Name Loretta Sanchez		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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. Tim Johnson for South Dakota, Inc.

Mailing Address 420 C Street, NE
Lower Level

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contrib: Tim Johnson (SD-D)

Candidate Name
Tim Johnson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: SD District:

Transaction ID: D1507

Date of Disbursement

04 / 28 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Wally Herger for Congress

Mailing Address P.O. Box 16021

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
Contrib: Wally Herger (CA-2-R)

Candidate Name
Wally Herger

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CA District: 02

Transaction ID: D1502

Date of Disbursement

04 / 14 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

31000.00