

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 03 01 2006 through 03 31 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 04 03 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	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

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	121996.25									
(c) Total Receipts (from Line 19)	16090.64	46215.05								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	138086.89	148086.89								
7. Total Disbursements (from Line 31)	15500.00	25500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	122586.89	122586.89								
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	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

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	9408.48	17177.44
(i) Itemized (use Schedule A)	6682.16	29037.61
(ii) Unitemized	16090.64	46215.05
(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)	16090.64	46215.05
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))	16090.64	46215.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16090.64	46215.05

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	15500.00	25500.00
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))..	15500.00	25500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15500.00	25500.00

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)	16090.64	46215.05
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16090.64	46215.05
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 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
MR. DANIEL 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 ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: R17880

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 ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: R17882

Amount of Each Receipt this Period
80.00

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 ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: R17883

Amount of Each Receipt this Period
125.00

Payroll Deduction

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 7 / 30
	<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. ANTHONY J BONNO

Mailing Address 2384 PORTRAIT WAY

City State Zip Code
TUSTIN CA 92782-4339

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

Name of Employer Occupation
PACIFIC LIFE SR VP HUMAN RESOURCES

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: R17890

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

Mailing Address 505 13TH ST

City State Zip Code
HUNTINGTON BEACH CA 92648-4037

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

Name of Employer Occupation
PACIFIC LIFE AVP INFO TECH OPS

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: R17894

Amount of Each Receipt this Period
70.00

Payroll Deduction

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

Mailing Address 288 CHIQUITA ST

City State Zip Code
LAGUNA BEACH CA 92651-1337

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

Name of Employer Occupation
PACIFIC LIFE SR VP FIN & PROD DEV

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1249.98

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: R17897

Amount of Each Receipt this Period
416.66

Payroll Deduction

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 / 30
	<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. WILLIAM D BURKE		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 2216 NELDA WAY		Transaction ID: R17898	
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	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. MR. DEWEY P BUSHAW		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 29132 ALFIERI ST		Transaction ID: R17899	
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	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. MR. EDWARD R BYRD		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 17520 PAGE CT		Transaction ID: R17901	
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	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	340.00
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 9 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 1525 SERENADE TER

City State Zip Code
CORONA DEL MAR CA 92625-1753

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

Name of Employer Occupation
PACIFIC LIFE SR VP GEN COUNSEL

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1248.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: R17903

Amount of Each Receipt this Period
416.00

Payroll Deduction

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

Mailing Address 26661 CAMPESINO

City State Zip Code
MISSION VIEJO CA 92691-6048

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

Name of Employer Occupation
PACIFIC LIFE SR VP PROD MGMT

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: R17905

Amount of Each Receipt this Period
100.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MS. BERNADINE E CHWALEK

Mailing Address 33741 SHACKLETON ISLE

City State Zip Code
DANA POINT CA 92629-4235

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) ▼ 315.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: R17910

Amount of Each Receipt this Period
105.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	621.00
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 10 / 30
	<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) ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: R17917

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) ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: R17918

Amount of Each Receipt this Period
85.00

Payroll Deduction

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

Mailing Address PO BOX 15358

City State Zip Code
IRVINE CA 92623-5358

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

Name of Employer Occupation
PACIFIC LIFE AVP ADVANCED SALES

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: R17925

Amount of Each Receipt this Period
75.00

Payroll Deduction

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 30
	<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. LINDA K DAVIS

Mailing Address 90096 FIR BUTTE RD

City State Zip Code
EUGENE OR 97402-9361

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

Name of Employer Occupation
PACIFIC LIFE AVP IND COMPLIANCE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: R17927

Amount of Each Receipt this Period
85.00

Payroll Deduction

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

Mailing Address 5 MAGNOLIA DRIVE

City State Zip Code
LADERA RANCH CA 92694-0710

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

Name of Employer Occupation
Pacific Life Assistant Vice President

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: R18141

Amount of Each Receipt this Period
1020.00

Check

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

Mailing Address 7 BODEGA BAY DR

City State Zip Code
CORONA DEL MAR CA 92625-1002

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

Name of Employer Occupation
PACIFIC LIFE VP CLOSING & CONSTRU SVCS

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: R17931

Amount of Each Receipt this Period
150.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	1255.00
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 / 30
	<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. 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) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: R17933

Amount of Each Receipt this Period
200.00

Payroll Deduction

B. 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) ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: R17934

Amount of Each Receipt this Period
150.00

Payroll Deduction

C. 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) ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: R17941

Amount of Each Receipt this Period
125.00

Payroll Deduction

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 30
	<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. SIMON S FENG		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 10 CANDELA		Transaction ID: R17942	
City IRVINE	State CA	Amount of Each Receipt this Period 100.00	
Zip Code 92620-1823		Payroll Deduction	
FEC ID number of contributing federal political committee. C			
Name of Employer PACIFIC LIFE	Occupation VP INFO TECH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. MS. MARTHA A GATES		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 31411 MONTEREY ST		Transaction ID: R17946	
City LAGUNA BEACH	State CA	Amount of Each Receipt this Period 100.00	
Zip Code 92651-6963		Payroll Deduction	
FEC ID number of contributing federal political committee. C			
Name of Employer PACIFIC LIFE	Occupation VP CLIENT SERVICES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. MR. THOMAS GIBBONS		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 45137 BIG CANYON ST		Transaction ID: R17948	
City INDIO	State CA	Amount of Each Receipt this Period 100.00	
Zip Code 92201-0919		Payroll Deduction	
FEC ID number of contributing federal political committee. C			
Name of Employer PACIFIC LIFE	Occupation VP TAX		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

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 14 / 30
	<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. 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) ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: R17965

Amount of Each Receipt this Period
250.00

Payroll Deduction

B. 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) ▼ 222.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: R17968

Amount of Each Receipt this Period
74.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM L HEZZELWOOD

Mailing Address 6700 CAMINO CRESTA

City State Zip Code
SAN CLEMENTE CA 92673-7103

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

Name of Employer Occupation
PACIFIC LIFE VP PROGRAM MGMT OFC

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: R17973

Amount of Each Receipt this Period
100.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	424.00
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 / 30
	<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. HOWARD T HIRAKAWA

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 VP PROD DEV & INVST MKTG

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: R17976

Amount of Each Receipt this Period
75.00

Payroll Deduction

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

Mailing Address 1121 EBBTIDE RD

City State Zip Code
CORONA DEL MAR CA 92625-1402

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

Name of Employer Occupation
PACIFIC LIFE SR VP ANN ADMIN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: R17979

Amount of Each Receipt this Period
125.00

Payroll Deduction

C. 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) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: R17986

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 16 / 30
	<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. ANDREW C KARLINSKI

Mailing Address PO BOX 6664

City State Zip Code
SNOWMASS VILLAGE CO 81615

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

Name of Employer Occupation
PACIFIC LIFE AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: R18139

Amount of Each Receipt this Period
100.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. BRIAN D KLEMENS

Mailing Address 24611 BENJAMIN CIR

City State Zip Code
DANA POINT CA 92629-6013

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

Name of Employer Occupation
PACIFIC LIFE VP & TREASURER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: R18000

Amount of Each Receipt this Period
70.00

Payroll Deduction

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

Mailing Address 547 N LAS PALMAS AVE

City State Zip Code
LOS ANGELES CA 90004-1017

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

Name of Employer Occupation
PACIFIC LIFE AVP IND PROD CHANNEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: R18003

Amount of Each Receipt this Period
110.00

Payroll Deduction

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 17 / 30
	<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)
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) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: R18006

Amount of Each Receipt this Period
100.00

Payroll Deduction

B. 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) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: R18007

Amount of Each Receipt this Period
100.00

Payroll Deduction

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) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: R18014

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 18 / 30
	<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. DESMOND G MARSH		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 74 SETON RD		Transaction ID: R18015	
City IRVINE	State CA	Zip Code 92612-2114	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation AVP TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) B. MS. GAIL H MC INTOSH		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 622 18TH ST		Transaction ID: R18017	
City HUNTINGTON BEACH	State CA	Zip Code 92648-3808	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation AVP INS CNSL		
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) C. MR. TRAVIS R MC KAY		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 24719 JOLEE CT		Transaction ID: R18018	
City PLAINFIELD	State IL	Zip Code 60544-2449	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 WHOLESALER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

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 19 / 30
	<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. 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) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: R18019

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) ▼ 262.50

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: R18022

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) ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: R18024

Amount of Each Receipt this Period
125.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	287.50
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 20 / 30
	<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) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: R18025

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) ▼ 1248.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: R18029

Amount of Each Receipt this Period
416.00

Payroll Deduction

C. 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) ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: R18031

Amount of Each Receipt this Period
150.00

Payroll Deduction

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 30
	<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 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) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: R18036

Amount of Each Receipt this Period
100.00

Payroll Deduction

B. 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) ▼ 330.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: R18037

Amount of Each Receipt this Period
110.00

Payroll Deduction

C. 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) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: R18053

Amount of Each Receipt this Period
75.00

Payroll Deduction

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 22 / 30
	<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. 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) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: R18058

Amount of Each Receipt this Period
100.00

Payroll Deduction

B. 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) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: R18063

Amount of Each Receipt this Period
100.00

Payroll Deduction

C. 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) ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: R18065

Amount of Each Receipt this Period
250.00

Payroll Deduction

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 30
	<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. 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) ▼ 780.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: R18067

Amount of Each Receipt this Period
260.00

Payroll Deduction

B. 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) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: R18081

Amount of Each Receipt this Period
75.00

Payroll Deduction

C. 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) ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: R18085

Amount of Each Receipt this Period
150.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	485.00
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 / 30
	<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. 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) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: R18088

Amount of Each Receipt this Period
100.00

Payroll Deduction

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) ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: R18094

Amount of Each Receipt this Period
70.00

Payroll Deduction

C. 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 CHRNM & CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1249.98

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: R18099

Amount of Each Receipt this Period
416.66

Payroll Deduction

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 25 / 30
	<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 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) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: R18101

Amount of Each Receipt this Period
75.00

Payroll Deduction

B. 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) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: R18103

Amount of Each Receipt this Period
75.00

Payroll Deduction

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

Mailing Address 2 IRIS

City State Zip Code
IRVINE CA 92620-2212

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

Name of Employer Occupation
PACIFIC LIFE EXEC VP CFO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1249.98

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: R18109

Amount of Each Receipt this Period
416.66

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	566.66
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 26 / 30
	<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. NANCY A WEBB

Mailing Address 36 BLACK HAWK

City IRVINE State CA Zip Code 92603-0311

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

Name of Employer PACIFIC LIFE Occupation VP FINANCE & FLD SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: R18124

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

Mailing Address 7124 HAWKSBEARD DR

City WESTERVILLE State OH Zip Code 43082-9577

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

Name of Employer PACIFIC LIFE Occupation SR WHOLESALER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: R18129

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

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 AVP STMT & VALTN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: R18137

Amount of Each Receipt this Period
70.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	270.00
TOTAL This Period (last page this line number only)	9408.48

**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 27 / 30

<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. Ben Nelson for U.S. Senate Committee		Transaction ID: D1493 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 420 C Street, NE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Contrib: Ben Nelson (NE-D) Candidate Name Ben Nelson Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District:		
Full Name (Last, First, Middle Initial) B. Friends of Congressman George Miller		

Mailing Address 301 4th Street, NE, Suite 202		Transaction ID: D1498 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
City Washington State DC Zip Code 20002		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contrib: George Miller (CA-7-D) Candidate Name George Miller Category/ Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 07		
Full Name (Last, First, Middle Initial) C. Friends of Max Baucus		

Mailing Address 818 Connecticut Avenue, NW Suite 1100		Transaction ID: D1490 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
City Washington State DC Zip Code 20006		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contrib: Max Baucus (MT-D) Candidate Name Max Baucus Category/ Type		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MT District:		
Full Name (Last, First, Middle Initial) 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. Gary Miller for Congress		Transaction ID: D1497 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 721 S Brea Canyon Road Suite 7		Amount of Each Disbursement this Period 1000.00
City Diamond Bar State CA Zip Code 91789	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Gary G. Miller		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 42	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Hawkeye PAC		Transaction ID: D1495 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 7255		Amount of Each Disbursement this Period 1000.00
City Des Moines State IA Zip Code 50309	Category/ Type	
Purpose of Disbursement Contrib: Hawkeye 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) C. Johnson for Congress Committee		Transaction ID: D1489 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address 2875 Towerview Road Suite 1000		Amount of Each Disbursement this Period 1000.00
City Herndon State VA Zip Code 20171	Category/ Type	
Purpose of Disbursement Contrib: Nancy L. Johnson (CT-5-R)		
Candidate Name Nancy L. Johnson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	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) ▶

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

A. KOMPAC Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 20209 City Alexandria State VA Zip Code 22320 Purpose of Disbursement Contrib: Keep Our Majority 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) ▼		Transaction ID: D1492 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 2500.00 Category/Type
--	--	---

B. Pelosi for Congress Full Name (Last, First, Middle Initial) Mailing Address 430 South Capitol Street, SE 1st Floor City Washington State DC Zip Code 20003 Purpose of Disbursement Contrib: Nancy Pelosi (CA-8-D) Candidate Name Nancy Pelosi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D1491 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 5000.00 Category/Type
---	--	---

C. Stephanie Tubbs Jones for US Congress Full Name (Last, First, Middle Initial) Mailing Address 3729 Silsby Rd City University Heights State OH Zip Code 44118 Purpose of Disbursement Contr. Candidate Name Stephanie Tubbs Jones Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D1496 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 Category/Type
---	--	---

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
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)

PAGE 30 / 30

<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

A. Full Name (Last, First, Middle Initial)
The Committee to Re-Elect Loretta Sanchez

Mailing Address 604 South Harbor Boulevard

City Santa Ana State CA Zip Code 92704

Purpose of Disbursement
Contrib: Loretta Sanchez (CA-47-D)

Candidate Name
Loretta Sanchez

Office Sought: House
 Senate
 President

State: CA District: 47

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: D1488
Date of Disbursement
03 / 02 / 2006

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	15500.00