REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than an Authorized Committee
(Summary Page)

FEB 2 12 05 PM '99

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
PACIFIC LIFE INSURANCE COMPANY PAC

ADDRESS (number and street) ☐ Check if different than previously reported.
700 NEWPORT CENTER DR.

2. FEC IDENTIFICATION NUMBER
C00068528

CITY, STATE and ZIP CODE
NEWPORT BEACH, CA 92660

3. ☑ This committee has qualified as a multicandidate committee (see FEC FORM 1M)
PRIOR TO 1/1/94

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☑ January 31 Year End Report
☐ July 31 Mid-Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due on:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceeding _____ (Type of Election)
election on _____ in the State of _____

☐ Thirtieth day report following the General Election on
_____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☑ NO

SUMMARY

5. Covering Period 11/24/98 through 12/31/98

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1998		31,002.57
(b) Cash on Hand at Beginning of Reporting Period	11,195.67	
(c) Total Receipts (from Line 19)	16,321.24	102,349.34
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	27,516.91	133,351.91
7. Total Disbursements (from Line 30)	500.00	106,335.00
8. Cash on Hand at Close of Reporting Period (subtract Line7 from Line 6(d))	27,016.91	27,016.91
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	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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: Robert G. Haskell

Date 1/28/99

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

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

NAME OF COMMITTEE: PACIFIC LIFE INSURANCE COMPANY PAC

REPORT COVERING PERIOD FROM: 11/24/98 TO: 12/31/98

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	14,253.98	61,028.58	11(a)(i)
ii. Unitemized	2,067.26	40,558.63	11(a)(ii)
iii. Total	16,321.24	101,587.21	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions	16,321.24	101,587.21	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets to Operating Expenditures (Refunds, Rebates, etc.)	0.00	180.38	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	581.75	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	16,321.24	102,349.34	19
20. Total Federal Receipts (subtract line 16 from line 19)	16,321.24	102,349.34	20
II. Disbursements			
21. Operating Expenditures			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	185.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	0.00	185.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Party Committees	500.00	106,150.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees(2 U.S.C.441a(d))(use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			28
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c)	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	500.00	106,335.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	500.00	106,335.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	16,321.24	101,587.21	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	16,321.24	101,587.21	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	0.00	185.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	180.38	36
37. Net Operating Expenditures (subtract line 36 from 35)	0.00	4.62	37

Use separate schedule(s) for each category of the Detailed Summary Page (11/24/98 - 12/31/98)	PAGE 1 OF 20
	FOR LINE NUMBER 11(a)(i)

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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 PAC C00058528

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. JUNE G. ARCE 19251 VALLEY VIEW AVE. WEST COVINA, CA 91792	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	40.00 ($20 Monthly)
Receipt For: Primary / General / Other (specify):	Occupation: EXECUTIVE	Aggregate Year-to-Date $ 240.00	
B. WENDY B. BALDEN 3019 CORTE PORTOFINO NEWPORT BEACH, CA 92660	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	70.00 ($35 Monthly)
Receipt For: Primary / General / Other (specify):	Occupation: EXECUTIVE	Aggregate Year-to-Date $ 420.00	
C. JULIE B. BARNARD 3159 SICILY AVE. COSTA MESA, CA 92626	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	60.00 ($30 Monthly)
Receipt For: Primary / General / Other (specify):	Occupation: EXECUTIVE	Aggregate Year-to-Date $ 325.00	
D. DANIEL F. BASS 35 CLERMONT NEWPORT COAST, CA 92657	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	100.00 ($50 Monthly)
Receipt For: Primary / General / Other (specify):	Occupation: ASSISTANT VICE PRESIDENT	Aggregate Year-to-Date $ 600.00	
E. ROBERT H. BEARDSLEE 27612 ESCUNA MISSION VIEJO, CA 92692	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	120.00 ($60 Monthly)
Receipt For: Primary / General / Other (specify):	Occupation: EXECUTIVE	Aggregate Year-to-Date $ 600.00	
F. MARIANNE BEAZ 23 CEDARSPRING IRVINE, CA 92604	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	80.00 ($40 Monthly)
Receipt For: Primary / General / Other (specify):	Occupation: EXECUTIVE	Aggregate Year-to-Date $ 480.00	
G. PAMELA M BERGER 1633 BOULDER CREEK RD. OCEANSIDE, CA 92056	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	120.00 ($60 Monthly)
Receipt For: Primary / General / Other (specify):	Occupation: EXECUTIVE	Aggregate Year-to-Date $ 720.00	

SUBTOTAL of Receipts This Page (optional)	590.00
TOTAL This Period (last page this line number only)	

Use separate schedule(s) for each category of the Detailed Summary Page (1/1/98 - 12/31/98)	PAGE 2 OF 20
	FOR LINE NUMBER - 11(a)(i)

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. TRUDI E. BLAKESLEE 98 NAVARRE IRVINE, CA 92612 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 600.00	payroll deduction	100.00 ($50 Monthly)
B. GREGORY D. BODOH 6681 WATERY MOUNTAIN LANE WARRENTON, VA 20186 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 300.00	payroll deduction	50.00 ($25 Monthly)
C. IRENE L. BOHNA 3613 FORDHAM COURT OCEANSIDE, CA 92056 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 216.00	payroll deduction	36.00 ($18 Monthly)
D. LYNETTE G. BONES 23955 WARSAW STREET MISSION VIEJO, CA 92691 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 300.00	payroll deduction	50.00 ($25 Monthly)
E. JUDITH L. BROWN 26301 ELASCOS MISSION VIEJO, CA 92691 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 720.00	payroll deduction	120.00 ($60 Monthly)
F. DEWEY P. BUSHAW 29132 ALFIERI STREET LAGUNA NIGUEL, CA 92677 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 480.00	payroll deduction	80.00 ($40 Monthly)
G. EDWARD R. BYRD 17520 PAGE COURT YORBA LINDA, CA 92886-3965 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 540.00	payroll deduction	100.00 ($50 Monthly)

SUBTOTAL of Receipts This Page (optional)	536.00
TOTAL This Period (last page this line number only)	

Use separate schedule(s) for each category of the Detailed Summary Page (1/2/98 - 12/31/98)	PAGE 3 OF 20
	FOR LINE NUMBER 11(a)(i)

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. LARRY CARD 31735 SEACLIFF DR. LAGUNA BEACH, CA 92677	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	500.00 ($250 Monthly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 1,500.00		
B. JOHN E. CARLSON 55 GILLMAN STREET IRVINE, CA 92612	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	50.00 ($25 Monthly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 300.00		
C. DAVID R. CARMICHAEL 1525 SERENADE TERRACE CORONA DEL MAR, CA 92625	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	200.00 ($100 Monthly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 1,200.00		
D. JOSEPH E. CELENTANO 26661 CAMPESINO MISSION VIEJO, CA 92691	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	80.00 ($40 Monthly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 480.00		
E. SHARON A. CHEEVER 28721 MIRA VISTA LAGUNA NIGUEL, CA 92677	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	80.00 ($40 Monthly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 340.00		
F. BERNADINE E. CHWALEK 25755 MAPLE VIEW DRIVE LAGUNA HILLS, CA 92653	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	120.00 ($60 Monthly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 720.00		
G. KATHLEEN A. CLUNE 858 S. BLUEBIRD CIRCLE ANEHEIM HILLS, CA 92807	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	40.00 ($20 Monthly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 240.00		

SUBTOTAL of Receipts This Page (optional)	1,070.00
TOTAL This Period (last page this line number only)	

SCHEDULE A ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page (1/24/98 - 12/31/98)	PAGE 4 OF 20
Contributions from Individuals/Persons		FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date(month, day, year)	Amount of Each Receipt this Period
A. CYNTHIA C. COATES 1109 DELAWARE STREET HUNTINGTON BEACH, CA 92648 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 350.00	payroll deduction	70.00 ($35 Monthly)
B. DENNIS M. CORBETT 15136 TOURAINE WAY IRVINE, CA 92604 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 540.00	payroll deduction	100.00 ($50 Monthly)
C. CAMERON COSGROVE 27741 MOTHERLODE COURT LAGUNA MIGUEL, CA 92677 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 504.00	payroll deduction	84.00 ($42 Monthly)
D. DANIEL C. CRAIN 36 WINTERGREEN IRVINE, CA 92604 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 290.00	payroll deduction	60.00 ($30 Monthly)
E. DIANE W. DALES 28 CLERMONT NEWPORT COAST, CA 92657 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 300.00	payroll deduction	50.00 ($25 Monthly)
F. JOSEPH DE RISIO 11605 FIRESTONE BLVD. #105 NORWALK, CA 90650 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 240.00	payroll deduction	40.00 ($20 Monthly)
G. CYNTHIA S. DILLION 7 BODEGA BAY CORONA DEL MAR, CA 92625 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 900.00	payroll deduction	200.00 ($100 Monthly)

SUBTOTAL of Receipts This Page (optional)	604.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (11/24/98 - 12/31/98)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. EMILE C. DUROCHER 23961 CORMORANT LANE LAGUNA NIGUEL, CA 92677 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 240.00	payroll deduction	40.00 ($20 Monthly)
B. RICHARD S. EASTLYN 27556 VALLEY RIM CIRCLE SAN JUAN CAPISTRANO, CA 92675 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 720.00	payroll deduction	120.00 ($60 Monthly)
C. STEPHEN ENG 2313 BAYPOINTE DR. NEWPORT BEACH, CA 92660 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: ACTUARIAL ASSISTANT Aggregate Year-to-Date > $ 208.30	payroll deduction	41.66 ($21 Monthly)
D. NANCY E. ENOMOTO 2001 BARRANCA NEWPORT BEACH, CA 92660 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 205.00	payroll deduction	40.00 ($20 Monthly)
E. MARK R. FALK 64 SUMMERSTONE IRVINE, CA 92614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 750.00	payroll deduction	150.00 ($75 Monthly)
F. CURTIS S. FARRELL 660 NEWPORT CENTER DR. NEWPORT BEACH, CA 92660 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 300.00	11/30/98 12/31/98	25.00 25.00
G. STEVEN T. FATICONE 6910 GOVERNOR'S CLUB PLACE BRADENTON, FL 34202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 360.00	payroll deduction	60.00 ($30 Monthly)

SUBTOTAL of Receipts This Page (optional) > 501.66

TOTAL This Period (last page this line number only) >

Use separate schedule(s) for each category of the Detailed Summary Page (1/1/2002 - 12/31/02)	PAGE 6 OF 20
	FOR LINE NUMBER 11(a)(i)

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00568528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. MICHAEL P. FENTON 4 CEDARLAKE IRVINE, CA 92614	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	100.00 ($50 Monthly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 600.00		
B. RICHARD P. FERNANDEZ 1535 TERMINO AVENUE D-1 LONG BEACH, CA 90804	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	50.00 ($25 Monthly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 300.00		
C. WILLIAM L. FERRIS 1990 PORT EDWARDS CIRCLE NEWPORT BEACH, CA 92660	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	250.00 ($0 Monthly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 2,600.00		
D. MARC S. FRANKLIN 1942 PORT ALBANS PLACE NEWPORT BEACH, CA 92660	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	82.00 ($41 Monthly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 486.00		
E. JOHN D. FRICK, JR. 11471 KEARNEY WAY GARDEN GROVE, CA 92840	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	40.00 ($20 Monthly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 240.00		
F. DAVID W. GARTLEY 6 KLAMATH IRVINE, CA 92612	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	60.00 ($30 Monthly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 360.00		
G. MARTHA A. GATES 31411 MONTEREY LAGUNA, CA 92677	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	80.00 ($40 Monthly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 480.00		

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

Use separate schedule(s) for each category of the Detailed Summary Page (11/24/98 - 12/31/98)	PAGE 7 OF 20
	FOR LINE NUMBER 11(a)(i)

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068523

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. BRIAN F. GOSSEL 826 SAN NICOLAS CIRCLE HUNTINGTON BEACH, CA 92648 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 690.00	payroll deduction	120.00 ($60 Monthly)
B. KEVIN P. GOODMAN 310 ALISO AVE. NEWPORT BEACH, CA 92663 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 360.00	payroll deduction	60.00 ($30 Monthly)
C. MILDA C. GOODMAN 310 ALISO AVE. NEWPORT BEACH, CA 92663 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 360.00	payroll deduction	60.00 ($30 Monthly)
D. C MARLA GRAHAM 23841 ROSEHEDGE MISSION VIEJO, CA 92691 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 360.00	payroll deduction	60.00 ($30 Monthly)
E. GERALD M. GRISWOLD 11792 ARROYO AVENUE SANTA ANA, CA 92705 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 300.00	payroll deduction	50.00 ($25 Monthly)
F. ERIC GRITZMACHER 16 CORONADO POINTE LAGUNA NIGUEL, CA 92677 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 1,000.00	12/31/98	1,000.00
G. STANLEY D HANSEN 8959 A. HARPERS PT. DRIVE CINCINNATI, OH 45249 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVES Aggregate Year-to-Date $ 500.00	payroll deduction	300.00 ($100 Monthly)

SUBTOTAL of Receipts This Page (optional)	1,550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (11/2498 - 12/31/98)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. JEAN R. HARRISON 59 BENNINTGON IRVINE, CA 9260 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 385.00	payroll deduction	35.00 ($0 Monthly)
B. ROBERT G. HASKELL 115 VIA WAZIERS NEWPORT BEACH, CA 92663 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: SENIOR VICE PRESIDENT Aggregate Year-to-Date > $ 1,260.00	payroll deduction	210.00 ($105 Monthly)
C. DALE E. HAWLEY 1137 SUNSET CLIFFS BLVD. SAN DIEGO, CA 92107 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 468.00	payroll deduction	78.00 ($39 Monthly)
D. YVONNE R. HAYWARD 28424 PUEBLO DRIVE TRABUCO CANYON, CA 92679 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 205.00	payroll deduction	40.00 ($20 Monthly)
E. ROBERT J. HEMSTEAD 2335 RANCHO DEL ORO RD. 4 OCEANSIDE, CA 92056 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 420.00	payroll deduction	70.00 ($35 Monthly)
F. WILLIAM L. HEZZELWOOD 23961 CATBIRD COURT LAGUNA NIGUEL, CA 92677 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 600.00	payroll deduction	100.00 ($50 Monthly)
G. DAVID L. HICKS, III 25391 REMESEA MISSION VIEJO, CA 92691 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 336.00	payroll deduction	56.00 ($28 Monthly)

SUBTOTAL of Receipts This Page (optional) > 589.00

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Use separate schedule(s) for each category of the Detailed Summary Page (1/1/96 - 12/31/96)	PAGE 9 OF 20
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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. HOWARD T. HIRAKAWA 7 SANDERLING LANE ALISO VIEJO, CA 92656 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 240.00	payroll deduction	40.00 ($20 Monthly)
B. KAY M. HUGHES 17189 SANTA LUCIA ST. FOUNTAIN VALLEY, CA 92708 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 240.00	payroll deduction	40.00 ($20 Monthly)
C. MARYBETH HUGHES 2283 WATERMAN WAY COSTA MESA, CA 92627 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 290.00	payroll deduction	60.00 ($30 Monthly)
D. JOHN A. JARBOE 4210 PARK NEWPORT, APR.#410 NEWPORT BEACH, CA 92660 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 1,800.00	payroll deduction	300.00 ($150 Monthly)
E. DARYLE G. JOHNSON 5 ALTAIR IRVINE, CA 92612 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 1,500.00	payroll deduction	250.00 ($125 Monthly)
F. MARK J. JOHNSON 1812 LEADBURN ROAD TOWSON, MD 21204 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 240.00	payroll deduction	40.00 ($20 Monthly)
G. JAMES A. JOYCE 33761 ROBLES DRIVE DANA POINT, CA 92629 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 300.00	payroll deduction	50.00 ($25 Monthly)

SUBTOTAL of Receipts This Page (optional)	780.00
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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (11/24/98 - 12/31/98)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date(month, day, year)	Amount of Each Receipt this Period
A. JOHN KALIANOV 24682 AVENIDA RIVIERA LAGUNA NIGUEL, CA 92677 Receipt For: [ ] Primary [ ] General [1] Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 240.00	payroll deduction	40.00 ($20 Monthly)
B. SUZANNE T. KAMPA 5531 STANFORD AVENUE GARDEN GROVE, CA 92845 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 300.00	payroll deduction	50.00 ($25 Monthly)
C. ANITA KARANJIA 9 MONTECILO FOOTHILL RANCH, CA 92610 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 210.00	payroll deduction	60.00 ($30 Monthly)
D. ANDREW C. KARLINSKI 6 VENTURE AVE., #305 IRVINE, CA 92618 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: A.K. FINANCIAL GROUP Occupation: AGENT Aggregate Year-to-Date > $ 1,200.00	11/30/98 12/31/98	100.00 100.00
E. ROBERT D. KEHRER 31 ENSUENO WEST IRVINE, CA 92620 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 570.00	payroll deduction	100.00 ($50 Monthly)
F. BRIAN D. KLEMENS 24611 BENJHAMIN CIRCLE DANA POINT, CA 92629 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 450.00	payroll deduction	80.00 ($40 Monthly)
G. JUNE E. KNUTH 30662 PASEO DEL NIGUEL LAGUNA NIGUEL, CA 92677 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 240.00	payroll deduction	40.00 ($20 Monthly)

SUBTOTAL of Receipts This Page (optional) > 570.00

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. EUGENE E. KOLASNY 972 JOHNSON DRIVE NAPERVILLE, IL 60540 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 360.00	payroll deduction	60.00 ($30 Monthly)
B. JANETTE KOLEGA 31879 CIRCLE DRIVE LAGUNA BEACH, CA 92677 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	payroll deduction	50.00 ($25 Monthly)
C. JAMES B. KUEHNERT 2770 MENDOZA DRIVE COSTA MESA, CA 92626 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 540.00	payroll deduction	90.00 ($45 Monthly)
D. FLETCHER C. LARSON 709 AVENIDA MIROLA PALOS VERDES ESTATE, CA 90274 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 900.00	payroll deduction	150.00 ($75 Monthly)
E. WAYNE D. LEEMAN 3571 PECAN IRVINE, CA 92606 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 420.00	payroll deduction	70.00 ($35 Monthly)
F. DAVID LEVY 135 JASMINE CREEK DRIVE CORONA DEL MAR, CA 92625 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 750.00	payroll deduction	130.00 ($65 Monthly)
G. STEPHEN LI 879 PROSPECT PLACE COSTA MESA, CA 92626 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 750.00	payroll deduction	130.00 ($65 Monthly)

SUBTOTAL of Receipts This Page (optional)	680.00
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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (11/2/96 - 12/31/98)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
GEORGE Y. LONGYEAR 17992 ATHENS AVENUE VILLA PARK, CA 92861	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	90.00 ($45 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 510.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
THOMAS J. LOSEE 145 CASIBE ISLE NOVATO, CA 94949	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	100.00 ($50 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 600.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
JAMES C. MALES 31871 VIA PATO TRABUCO CANYON, CA 92679	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	40.00 ($20 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 240.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
THOMAS J. MAYS 8473 DEEPCLIFF DRIVE HUNTINGTON BEACH, CA 92646	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	60.00 ($30 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 325.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
GAIL H. MC INTOSH 622 18TH STREET HUNTINGTON BEACH, CA 92648	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	90.00 ($45 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 540.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
HENRY M. MC MILLAN 4006 INLET ISLE CORONA DEL MAR, CA 92625	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	100.00 ($50 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 585.50		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
DAVID L. MEEKER, JR. 698 RUSTIC VALLEY BALDWIN, MO 63021	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	40.00 ($20 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 240.00		

SUBTOTAL of Receipts This Page (optional) > 520.00

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. IOANNIS K. MERAS 1820 GRACE AVENUE SAN JOSE, CA 95125 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 300.00	payroll deduction	50.00 ($25 Monthly)
B. JOHN E. MILBERG 33811 DONEGAL LANE S J CAPISTRANO, CA 92675 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 1,110.00	payroll deduction	200.00 ($100 Monthly)
C. AUDREY L. MILFS 26922 ROCKING HORSE LANE LAGUNA HILLS, CA 92653 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 840.00	payroll deduction	150.00 ($75 Monthly)
D. KIMBERLEY S. MILLER 21902 JINETES MISSION VIEJO, CA 92691 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 360.00	payroll deduction	60.00 ($30 Monthly)
E. LYNN C. MILLER 8 DORCHESTER GREEN LAGUNA NIGUEL, CA 92677 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 1,008.00	payroll deduction	168.00 ($84 Monthly)
F. MARY E. MORGAN 1 BETTONI AISLE IRVINE, CA 92606 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 600.00	payroll deduction	100.00 ($50 Monthly)
G. JAMES T. MORRIS 29032 PINTAIL CIRCLE LAGUNA NIGUEL, CA 92677 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 1,020.00	payroll deduction	180.00 ($90 Monthly)

SUBTOTAL of Receipts This Page (optional)	908.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (1/1/05 - 12/31/05)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. JOHN C. MULVIHILL 2105 COLINA VISTA CT. COSTA MESA, CA 92627	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	50.00 ($25 Monthly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 300.00		
B. JOHN D. MURRAY 918 SANDCASTLE DRIVE CORONA DEL MAR, CA 92625	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	100.00 ($50 Monthly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 600.00		
C. MICHELE A. MYSZKA 26206-D SANE MISSION VIEJO, CA 92691	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	20.00 ($10 Monthly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 260.00		
D. ROY L. O'NEILL P. O. BOX 1068 ALLEN, TX 75013	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	80.00 ($40 Monthly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 375.00		
E. WALTER OLIVARES 3410 MEADOW BROOK COSTA MESA, CA 92626	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	60.00 ($30 Monthly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 205.00		
F. ROBERT E. OLSEN 15082 HUMPHREY CIRCLE IRVINE, CA 92604	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	100.00 ($50 Monthly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 600.00		
G. CHRISTA R. OSTO 5 SWAN LANE ALISO VIEJO, CA 92656	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	50.00 ($25 Monthly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 251.00		

SUBTOTAL of Receipts This Page (optional) > 440.00

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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. BLAINE E. OWENS 24252 LYSANDA DRIVE MISSION VIEJO, CA 92691 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 300.00	payroll deduction	50.00 ($25 Monthly)
B. PETER R. PASTRE 1954 PORT ALBANS PLACE NEWPORT BEACH, CA 92660 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 289.00	payroll deduction	54.00 ($27 Monthly)
C. YVES F. PINKOWITZ 5831 FURNACE CREEK YORBA LINDA, CA 92886 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 385.00	payroll deduction	70.00 ($35 Monthly)
D. THEODORE A. PREMER 337 CHERRY TREE LANE NEWPORT BEACH, CA 92660 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE Occupation: EXECUTIVE Aggregate Year-to-Date > $ 240.00	payroll deduction	40.00 ($20 Monthly)
E. JOSEPH A. PUB 33 BOLERO MISSION VIEJO, CA 92692 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 318.00	payroll deduction	60.00 ($30 Monthly)
F. GARY R. PYATT 9450 SISKIN AVENUE FOUNTAIN VALLEY, CA 92708 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 1,050.00	payroll deduction	180.00 ($90 Monthly)
G. NORMAN QUONG 2090 PACIFIC AVENUE #303 SAN FRANCISCO, CA 94109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 240.00	payroll deduction	40.00 ($20 Monthly)

SUBTOTAL of Receipts This Page (optional)	494.00
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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. LESTER F. REAGAN 1318 LAWRENCE ROAD MOLENA, GA 30258 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 460.00	payroll deduction	100.00 ($50 Monthly)
B. JAMES R. RICE 11 STILLWATER IRVINE, CA 92612 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 460.00	payroll deduction	110.00 ($55 Monthly)
C. KRIS M. RISH 1500 SUNSET RD. #F-1 TARPON SPRINGS, FL 34689 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 216.00	payroll deduction	36.00 ($18 Monthly)
D. GERALD W. ROBINSON 22 CANYON RIDGE IRVINE, CA 92612 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 660.00	payroll deduction	120.00 ($60 Monthly)
E. HASKELL B. ROSENBERG 11161 YARMOUTH ROAD SANTA ANA, CA 92705 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 480.00	payroll deduction	80.00 ($40 Monthly)
F. ROBERT D. RUSSELL 51202 EASTCHURCH CHAPEL HILL, NC 27514 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 300.00	payroll deduction	50.00 ($25 Monthly)
G. GLENN S. SCHAFER 1318 COLONY PLAZA #139 NEWPORT BEACH, CA 92660 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 3,900.00	payroll deduction	700.00 ($350 Monthly)

SUBTOTAL of Receipts This Page (optional)	1,196.00
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SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. PEGGY L. SCHMIDT 9 ALBA EAST IRVINE, CA 92620 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 240.00	payroll deduction	40.00 ($20 Monthly)
B. WILLIAM R. SCHMIDT 24772 RITTENHOUSE CIRCLE LAGUNA HILLS, CA 92653 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 690.00	payroll deduction	150.00 ($75 Monthly)
C. S. GENE SCHOFIELD 16 LEHIGH AISLE IRVINE, CA 92612 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 660.00	payroll deduction	120.00 ($60 Monthly)
D. SONJA V. SCOTT 15 MCLEAN IRVINE, CA 92620 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 240.00	payroll deduction	40.00 ($20 Monthly)
E. WILLIAM J. SHARP 28256 COULTER MISSION VIEJO, CA 92692 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 375.00	payroll deduction	80.00 ($40 Monthly)
F. STEVEN P. SHURTER 15 LIMOGES NEWPORT COAST, CA 92657 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 300.00	payroll deduction	50.00 ($25 Monthly)
G. FRANK B. SIMON 21772 HERENCIA MISSION VIEJO, CA 92692 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 900.00	payroll deduction	150.00 ($75 Monthly)

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

Use separate schedule(s) for each category of the Detailed Summary Page (11/24/98 - 12/31/98)	PAGE 18 OF 20
	FOR LINE NUMBER 11(a)(i)

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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 PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. SUSAN E. SIMPSON 250 S. RIVERWOOD CIRCLE ANAHEIM HILLS, CA 92807	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	42.00 ($21 Monthly)
Occupation: EXECUTIVE	Aggregate Year-to-Date $ 252.00		
Receipt For: Primary / General / Other (specify):			
B. ARTHUR K. SOBCZAK, III 14718 CAMDEN DRIVE STRONGSVILLE, OH 44136	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	90.00 ($45 Monthly)
Occupation: EXECUTIVE	Aggregate Year-to-Date $ 540.00		
Receipt For: Primary / General / Other (specify):			
C. MARVIN C. STEAKLEY, JR. 100 HARBOR WOODS PLACE NEWPORT BEACH, CA 92660	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	50.00 ($25 Monthly)
Occupation: EXECUTIVE	Aggregate Year-to-Date $ 300.00		
Receipt For: Primary / General / Other (specify):			
D. ROBERT S. STREVELL 4303 BRIGHTWOOD HOUSTON, TX 77068	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	50.00 ($25 Monthly)
Occupation: EXECUTIVE	Aggregate Year-to-Date $ 300.00		
Receipt For: Primary / General / Other (specify):			
E. CAROL R. SUDBECK 17 FECAMP NEWPORT COAST, CA 92657	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	50.00 ($25 Monthly)
Occupation: EXECUTIVE	Aggregate Year-to-Date $ 300.00		
Receipt For: Primary / General / Other (specify):			
F. CHRISTINA M. SUMPTER 10326 FALCON AVENUE FOUNTAIN VALLEY, CA 92708	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	100.00 ($50 Monthly)
Occupation: EXECUTIVE	Aggregate Year-to-Date $ 600.00		
Receipt For: Primary / General / Other (specify):			
G. THOMAS C. SUTTON 111 SHORECLIFF ROAD CORONA DEL MAR, CA 92625	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	833.32 ($417 Monthly)
Occupation: EXECUTIVE	Aggregate Year-to-Date $ 4,999.92		
Receipt For: Primary / General / Other (specify):			

SUBTOTAL of Receipts This Page (optional)	1,215.32
TOTAL This Period (last page this line number only)	

Use separate schedule(s) for each category of the Detailed Summary Page (11/24/98 - 12/31/98)	PAGE 19 OF 20
	FOR LINE NUMBER 11(a)(i)

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. WILLIAM K. TACHIKI 975 LANSING LANE COSTA MESA, CA 92626 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 265.00	payroll deduction	50.00 ($25 Monthly)
B. STEVEN K. TANIHARA 2707 SALEROSO DRIVE ROWLAND HEIGHTS, CA 91748 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 360.00	payroll deduction	60.00 ($30 Monthly)
C. EDWARD E. DOKER, JR. 16190 BIMINI LANE HUNTINGTON BEACH, CA 92649 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 940.00	payroll deduction	168.00 ($84 Monthly)
D. CATHERINE C. WALLACE 28652 MURRELET DRIVE LAGUNA NIGUEL, CA 92677 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	payroll deduction	50.00 ($25 Monthly)
E. NANCY A. WEBB 12266 CIRCULA PANORAMA SANTA ANA, CA 92705 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 360.00	payroll deduction	60.00 ($30 Monthly)
F. JOHN WHITE 19 SUNFLOWER IRVINE, CA 92604 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 240.00	payroll deduction	40.00 ($20 Monthly)
G. LEE R. WIRTHLIN 16596 SUGARLOAF FOUNTAIN VALLEY, CA 92708 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 840.00	payroll deduction	150.00 ($75 Monthly)

SUBTOTAL of Receipts This Page (optional)	578.00
TOTAL This Period (last page this line number only)	

Use separate schedule(s) for each category of the Detailed Summary Page (11/2A98 - 12/31/98)	PAGE 20 OF 20
	FOR LINE NUMBER 11(a)(i)

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. ALAN D. WUEST 32 COLORIDO RN SN MARGARITA, CA 92688 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 205.00	payroll deduction	40.00 ($20 Monthly)
B. CLAYTON M. YOKOTA 34602 CALLE LA PRIMAVERA DANA POINT, CA 92629 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 600.00	payroll deduction	100.00 ($50 Monthly)
C. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	140.00
TOTAL This Period (last page this line number only)	14,253.98

SCHEDULE B **ITEMIZED DISBURSEMENTS**
Contribution to Federal Candidates/Committees and Other Party Committees

Use separate schedule(s) for each category of the Detailed Summary Page (1/98/98 - 12/31/98)

PAGE 1 OF 1

FOR LINE NUMBER 23

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 PAC C00068528

A. Full Name, Mailing Address and ZIP Code ELLEN TAUSCHER FOR CONGRESS 503 CAPITOL CENTER, N.E., SUITE 100 WASHINGTON, DC 20002	Purpose of Disbursement ELLEN TAUSCHER HOUSE CA - 10 Disbursement For: [ ] Primary [X] General [ ] Other (specify):	Date(month, day, year) 12/02/98	Amount of Each Disbursement this Period 500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	500.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 1/29/99
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	
PREPARER		DATE PREPARED

(4/98)