

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 04 01 2007 through 04 30 2007

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

Type or Print Name of Treasurer Robert Haskell

Signature of Treasurer Electronically Filed by Robert Haskell Date 05 10 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		20761.19
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	36374.61									
(c) Total Receipts (from Line 19)	25306.64	73920.06								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	61681.25	94681.25								
7. Total Disbursements (from Line 31)	20500.00	53500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	41181.25	41181.25								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	18997.98	37223.74
(i) Itemized (use Schedule A)	6308.66	36696.32
(ii) Unitemized	25306.64	73920.06
(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)	25306.64	73920.06
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))	25306.64	73920.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25306.64	73920.06

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20500.00	53500.00
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))..	20500.00	53500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	20500.00	53500.00

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)	25306.64	73920.06
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25306.64	73920.06
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 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. MS. CHARLENE A GRANT		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7	
Mailing Address 3301 SEAVIEW AVE		Transaction ID: 3897039	
City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Pacific Life Occupation AVP, Law	Aggregate Year-to-Date ▼ 355.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MR. THOMAS C SUTTON		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7	
Mailing Address 111 SHORECLIFF RD		Transaction ID: 3897041	
City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Pacific Life Occupation Chairman	Aggregate Year-to-Date ▼ 3749.98		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Madhu Vijayaraghavan		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 2 / 2 0 0 7	
Mailing Address 2 Skygate		Transaction ID: 3897044	
City State Zip Code Aliso Viejo CA 92656	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Check		
Name of Employer Pacific Life Occupation Treasurer	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	3750.00
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 8 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MS. KATHLEEN D SIMMONS		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7	
Mailing Address 27403 HYATT CT		Transaction ID: 3897050	
City LAGUNA NIGUEL	State CA	Zip Code 92677	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation AVP, Law		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
		Check	

Full Name (Last, First, Middle Initial) B. MS. PATRICIA L WELLS		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7	
Mailing Address 715 ORCHID AVE		Transaction ID: 3897051	
City CORONA DEL MAR	State CA	Zip Code 92625	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation Analyst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
		Check	

Full Name (Last, First, Middle Initial) C. Ms. JILL WALSH		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7	
Mailing Address 120 South Calle Diaz		Transaction ID: 3897556	
City Newport Beach	State CA	Zip Code 92807	Amount of Each Receipt this Period 325.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		
		Check	

SUBTOTAL of Receipts This Page (optional) ▶	1125.00
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 / 42
	<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. DANIEL F BASS		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 385 WHITE CAP LN		Transaction ID: PR10362151089	
City NEWPORT COAST	State CA	Zip Code 92657	Amount of Each Receipt this Period _____ 80.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation VP REINSURANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 320.00		
		P/R Deduction (\$80.00 Monthly)	

Full Name (Last, First, Middle Initial) B. MR. ANTHONY J BONNO		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2384 PORTRAIT WAY		Transaction ID: PR10362231089	
City TUSTIN	State CA	Zip Code 92782	Amount of Each Receipt this Period _____ 400.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation SR VP HUMAN RESOURCES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 700.00		
		P/R Deduction (\$400.00 Monthly)	

Full Name (Last, First, Middle Initial) C. MR. ALAN H BROWN		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 505 13TH ST		Transaction ID: PR10362251089	
City HUNTINGTON BEACH	State CA	Zip Code 92648	Amount of Each Receipt this Period _____ 70.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation AVP INFO TECH OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 280.00		
		P/R Deduction (\$70.00 Monthly)	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 42
	<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. DEWEY P BUSHAW

Mailing Address 29132 ALFIERI ST

City State Zip Code
LAGUNA NIGUEL CA 92677

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 587.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR10362301089

Amount of Each Receipt this Period
167.00

P/R Deduction (\$167.00 Monthly)

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

Mailing Address 3029 FLAGSTONE DR

City State Zip Code
FRANKLIN TN 37069

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR10362311089

Amount of Each Receipt this Period
83.34

P/R Deduction (\$83.34 Monthly)

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

Mailing Address 17520 PAGE CT

City State Zip Code
YORBA LINDA CA 92886

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

Name of Employer Pacific Life Occupation SR VP CONT & CHF ACTG OFC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR10362321089

Amount of Each Receipt this Period
110.00

P/R Deduction (\$110.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	360.34
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 42
	<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. BERNADINE E CHWALEK

Mailing Address 33741 SHACKLETON ISLE

City State Zip Code
DANA POINT CA 92629

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

Name of Employer Pacific Life Occupation AVP INVEST CNSL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR10362431089

Amount of Each Receipt this Period
105.00

P/R Deduction (\$105.00 Monthly)

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

Mailing Address 31558 WEST NINE DR

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation VP CLIENT SERVICES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR10362481089

Amount of Each Receipt this Period
60.00

P/R Deduction (\$60.00 Monthly)

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

Mailing Address 15136 TOURAIN WAY

City State Zip Code
IRVINE CA 92604

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

Name of Employer Pacific Life Occupation VP TAX COMPLIANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR10362511089

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	265.00
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 / 42
	<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. CAMERON COSGROVE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10362531089		
Mailing Address 20455 VIA BURGOS		Amount of Each Receipt this Period 85.00		
City YORBA LINDA	State CA	Zip Code 92887	P/R Deduction (\$85.00 Monthly)	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 340.00		
Name of Employer Pacific Life	Occupation VP LIFE CHIEF INFO OFFICER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

B. Full Name (Last, First, Middle Initial) MR. DANIEL C CRAIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10362541089		
Mailing Address 36 WINTERGREEN		Amount of Each Receipt this Period 30.00		
City IRVINE	State CA	Zip Code 92604	P/R Deduction (\$30.00 Monthly)	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 210.00		
Name of Employer Pacific Life	Occupation MGR PROD COMPLIANCE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

C. Full Name (Last, First, Middle Initial) MR. MICHAEL R CURRY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10362571089		
Mailing Address 23820 CAPE MONACO RD		Amount of Each Receipt this Period 100.00		
City BONITA SPRINGS	State FL	Zip Code 34135	P/R Deduction (\$100.00 Monthly)	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00		
Name of Employer Pacific Life	Occupation FVP FIELD WHOLESALING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional) ▶	215.00
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 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address PO BOX 15358

City IRVINE State CA Zip Code 92623

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

Name of Employer Pacific Life Occupation AVP ADVANCED SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR10362591089

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 8315 ROAD R NW

City QUINCY State WA Zip Code 98848

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

Name of Employer Pacific Life Occupation AVP IND COMPLIANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR10362621089

Amount of Each Receipt this Period
90.00

P/R Deduction (\$90.00 Monthly)

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

Mailing Address 64 SUMMERSTONE

City IRVINE State CA Zip Code 92614

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

Name of Employer Pacific Life Occupation AVP STRATEGIC PROGRAMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR10362711089

Amount of Each Receipt this Period
125.00

P/R Deduction (\$125.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. MS. MARTHA A GATES		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 31411 MONTEREY ST		Transaction ID: PR10362861089
City State Zip Code LAGUNA BEACH CA 92651	Amount of Each Receipt this Period _____ 150.00	
FEC ID number of contributing federal political committee. C	P/R Deduction (\$150.00 Monthly)	
Name of Employer Pacific Life Occupation SR VP OPERATIONS	Aggregate Year-to-Date ▼ _____ 525.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MR. FRANK J GOETZ		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 7 SOVENTE		Transaction ID: PR10362901089
City State Zip Code IRVINE CA 92606	Amount of Each Receipt this Period _____ 70.00	
FEC ID number of contributing federal political committee. C	P/R Deduction (\$70.00 Monthly)	
Name of Employer Pacific Life Occupation AVP NEW BUSINESS SVCS	Aggregate Year-to-Date ▼ _____ 256.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MR. ROBERT G HASKELL		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 31735 SEACLIFF DR		Transaction ID: PR10363061089
City State Zip Code LAGUNA BEACH CA 92651	Amount of Each Receipt this Period _____ 416.66	
FEC ID number of contributing federal political committee. C	P/R Deduction (\$416.66 Monthly)	
Name of Employer Pacific Life Occupation SR VP PUBLIC AFFAIRS	Aggregate Year-to-Date ▼ _____ 1666.64	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	_____ 636.66
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 16 / 42
	<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. DALE E HAWLEY

Mailing Address 1137 SUNSET CLIFFS BLVD

City State Zip Code
SAN DIEGO CA 92107

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

Name of Employer Pacific Life Occupation AVP INVEST CNSL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 296.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR10363071089

Amount of Each Receipt this Period
74.00

P/R Deduction (\$74.00 Monthly)

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

Mailing Address 2335 RANCHO DEL ORO RD UNIT 4

City State Zip Code
OCEANSIDE CA 92056

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

Name of Employer Pacific Life Occupation AVP & VALUATION ACTUARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR10363101089

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 6700 CAMINO CRESTA

City State Zip Code
SAN CLEMENTE CA 92673

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

Name of Employer Pacific Life Occupation VP PROGRAM MGMT OFC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR10363131089

Amount of Each Receipt this Period
0.00

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	159.00
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 / 42
	<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. HOWARD T HIRAKAWA		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 23972 GOLDENEYE DR		Transaction ID: PR10363161089	
City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life Occupation VP INV ADVISOR OPS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00		P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial) B. MS. MARY K MCWARD		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2 GLASTONBURY PL		Transaction ID: PR10363211089	
City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period _____ 60.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life Occupation VP MARKETING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00		P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial) C. MR. CHRIS M JANOWIAK		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2056 COLUMBUS WAY		Transaction ID: PR10363231089	
City State Zip Code VISTA CA 92081	Amount of Each Receipt this Period _____ 60.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life Occupation DIR CORP INTERNET STRATEGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00		P/R Deduction (\$60.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) MS. SUZANNE T KAMPA		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10363321089	
Mailing Address 5531 STANFORD AVE		Amount of Each Receipt this Period 60.00	
City GARDEN GROVE	State CA	Zip Code 92845	P/R Deduction (\$60.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation IT AUDIT CONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

B. Full Name (Last, First, Middle Initial) MS. ANITA KARANJIA		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10363331089	
Mailing Address 9 MONTECILO		Amount of Each Receipt this Period 65.00	
City FOOTHILL RANCH	State CA	Zip Code 92610	P/R Deduction (\$65.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation SR BUS ANA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

C. Full Name (Last, First, Middle Initial) MR. BRIAN D KLEMENS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10363371089	
Mailing Address 24611 BENJAMIN CIR		Amount of Each Receipt this Period 80.00	
City DANA POINT	State CA	Zip Code 92629	P/R Deduction (\$80.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation VP & TREASURER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00		

SUBTOTAL of Receipts This Page (optional) ▶	205.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 42
	<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 P KONTOS		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 6307 CAMINO MARINERO		Transaction ID: PR10363421089	
City State Zip Code SAN CLEMENTE CA 92673	Amount of Each Receipt this Period _____ 110.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation VP KEY ACCOUNT MKTG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 440.00		
		P/R Deduction (\$110.00 Monthly)	

B. Full Name (Last, First, Middle Initial) MS. JODY L LINNEMAN		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 262 S FAIRFIELD LN		Transaction ID: PR10363451089	
City State Zip Code ORANGE CA 92869	Amount of Each Receipt this Period _____ 60.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation ATTORNEY CONSULTANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00		
		P/R Deduction (\$60.00 Monthly)	

C. Full Name (Last, First, Middle Initial) MR. FLETCHER C LARSON		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 709 AVENIDA MIROLA		Transaction ID: PR10363471089	
City State Zip Code PALOS VERDES EST CA 90274	Amount of Each Receipt this Period _____ 150.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation REGIONAL VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 450.00		
		P/R Deduction (\$150.00 Monthly)	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 42
	<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. DAVID LAWS Mailing Address 10935 E BERRY AVE City ENGLEWOOD State CO Zip Code 80111 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10363481089 Amount of Each Receipt this Period 100.00
Name of Employer Pacific Life Occupation REGIONAL VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial) MS. LAURENE E MAC ELWEE Mailing Address 1033 SECRETARIAT CIR City COSTA MESA State CA Zip Code 92626 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10363561089 Amount of Each Receipt this Period 100.00
Name of Employer Pacific Life Occupation AVP VARIABLE REG COMPLIANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial) MR. DESMOND G MARSH Mailing Address 74 SETON RD City IRVINE State CA Zip Code 92612 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10363591089 Amount of Each Receipt this Period 120.00
Name of Employer Pacific Life Occupation AVP ANNUITY APPLIC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	P/R Deduction (\$120.00 Monthly)

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 42
	<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"/>	<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. GAIL H MC INTOSH

Mailing Address 622 18TH ST

City State Zip Code
HUNTINGTON BEACH CA 92648

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

Name of Employer Pacific Life Occupation AVP INS CNSL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR10363611089

Amount of Each Receipt this Period
80.00

P/R Deduction (\$80.00 Monthly)

B. 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

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

Name of Employer Pacific Life Occupation AVP INS CNSL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR10363631089

Amount of Each Receipt this Period
75.00

P/R Deduction (\$75.00 Monthly)

C. 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

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

Name of Employer Pacific Life Occupation SR VP & CHIEF RISK OFCR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 362.50

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR10363661089

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **255.00**

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 / 42
	<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. JOHN E MILBERG		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 33811 DONEGAL LN		Transaction ID: PR10363701089	
City State Zip Code SN JUAN CAPISTRANO CA 92675	Amount of Each Receipt this Period _____ 175.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Pacific Life SR VP RISK FIN & IM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 625.00		
		P/R Deduction (\$175.00 Monthly)	

Full Name (Last, First, Middle Initial) B. MS. AUDREY L MILFS		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 26922 ROCKING HORSE LN		Transaction ID: PR10363711089	
City State Zip Code LAGUNA HILLS CA 92653	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Pacific Life VP & SECRETARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 850.00		
		P/R Deduction (\$250.00 Monthly)	

Full Name (Last, First, Middle Initial) C. MR. JAMES T MORRIS		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 29022 PINTAIL CIR		Transaction ID: PR10363791089	
City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period _____ 416.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Pacific Life PRESIDENT & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1664.00		
		P/R Deduction (\$416.00 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 841.00
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 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) MR. JOHN C MULVIHILL Mailing Address 27822 HOMESTEAD RD City LAGUNA NIGUEL State CA Zip Code 92677 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10363801089 Amount of Each Receipt this Period 175.00 P/R Deduction (\$175.00 Monthly)
Name of Employer Pacific Life Occupation VP RE ASSET MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

B. Full Name (Last, First, Middle Initial) MR. DARAGH M O'SULLIVAN Mailing Address 177 22ND ST APT 14 City COSTA MESA State CA Zip Code 92627 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10363901089 Amount of Each Receipt this Period 200.00 P/R Deduction (\$200.00 Monthly)
Name of Employer Pacific Life Occupation VP PRODUCT DESIGN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C. Full Name (Last, First, Middle Initial) MS. ALYCE PETERSON Mailing Address 2908 VIA HIDALGO City SAN CLEMENTE State CA Zip Code 92673 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10364021089 Amount of Each Receipt this Period 75.00 P/R Deduction (\$75.00 Monthly)
Name of Employer Pacific Life Occupation VP MARKETING SVCS 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)	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 25 / 42
	<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

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

Name of Employer Pacific Life Occupation VP COMM MORT PROD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR10364081089

Amount of Each Receipt this Period
150.00

P/R Deduction (\$150.00 Monthly)

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

Mailing Address 11 STILLWATER

City State Zip Code
IRVINE CA 92603

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

Name of Employer Pacific Life Occupation VP M FINANCIAL DISTRIBUTION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR10364141089

Amount of Each Receipt this Period
110.00

P/R Deduction (\$110.00 Monthly)

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

Mailing Address 38347 N 104TH PLACE

City State Zip Code
SCOTTSDALE AZ 85262

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

Name of Employer Pacific Life Occupation EXEC VP ANNUITIES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR10364181089

Amount of Each Receipt this Period
300.00

P/R Deduction (\$300.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	560.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 42
	<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 D RUSSELL

Mailing Address 51202 EASTCHURCH

City State Zip Code
CHAPEL HILL NC 27517

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

Name of Employer Pacific Life Occupation AVP RE INVESTMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR10364231089

Amount of Each Receipt this Period
75.00

P/R Deduction (\$75.00 Monthly)

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

Mailing Address 28792 APPLETREE

City State Zip Code
MISSION VIEJO CA 92692

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR10364261089

Amount of Each Receipt this Period
125.00

P/R Deduction (\$125.00 Monthly)

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

Mailing Address 87 PELICAN CT

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation AVP CREDIT ANALYSIS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR10364311089

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MS. PENNY S SPARKS		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1661 UTAH CIR		Transaction ID: PR10364441089	
City COSTA MESA	State CA	Zip Code 92626	Amount of Each Receipt this Period _____ 75.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation DIR COMPLIANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00		
		P/R Deduction (\$75.00 Monthly)	

Full Name (Last, First, Middle Initial) B. MR. THOMAS C SUTTON		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 111 SHORECLIFF RD		Transaction ID: PR10364521089	
City CORONA DEL MAR	State CA	Zip Code 92625	Amount of Each Receipt this Period _____ 416.66
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation Chairman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 4166.64		
		P/R Deduction (\$416.66 Monthly)	

Full Name (Last, First, Middle Initial) C. MR. JOHN G TORELL		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 355 S LORETTA DR		Transaction ID: PR10364581089	
City ORANGE	State CA	Zip Code 92869	Amount of Each Receipt this Period _____ 75.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation VP ACCTG & RPTG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 285.00		
		P/R Deduction (\$75.00 Monthly)	

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 28 / 42
	<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. KHANH T TRAN Mailing Address 47 VERNAL SPG City IRVINE State CA Zip Code 92603 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10364601089 Amount of Each Receipt this Period 416.66
Name of Employer Pacific Life Occupation EXEC VP CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.64	P/R Deduction (\$416.66 Monthly)

B. Full Name (Last, First, Middle Initial) MS. SUSAN L TULLY Mailing Address 6929 N HAYDEN RD PMB 157 City SCOTTSDALE State AZ Zip Code 85250 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10364611089 Amount of Each Receipt this Period 60.00
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 ▼ 240.00	P/R Deduction (\$60.00 Monthly)

C. Full Name (Last, First, Middle Initial) MR. EDDIE D TUNG Mailing Address PO BOX 10386 City NEWPORT BEACH State CA Zip Code 92658 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10364621089 Amount of Each Receipt this Period 60.00
Name of Employer Pacific Life Occupation AVP REGULATORY PROD ACCTG Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	536.66
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 29 / 42
	<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 M WALDECK

Mailing Address 67 LAURELHURST DR

City State Zip Code
LADERA RANCH CA 92694

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

Name of Employer Pacific Life Occupation AVP RE UNDERWRITING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR10364651089

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 36 BLACK HAWK

City State Zip Code
IRVINE CA 92603

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

Name of Employer Pacific Life Occupation VP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR10364701089

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 32122 VIA CARLOS

City State Zip Code
SN JUAN CAPISTRANO CA 92675

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

Name of Employer Pacific Life Occupation VP INTERNAL WHLSLNG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR10364741089

Amount of Each Receipt this Period
75.00

P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	275.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 42
	<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. MICHAEL A BELL		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 2 PRECIPICE		Transaction ID: PR10365141089	
City LAGUNA NIGUEL	State CA	Zip Code 92677	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation EVP LIFE INSURANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		
		P/R Deduction (\$250.00 Monthly)	

Full Name (Last, First, Middle Initial) B. MR. REED J LLOYD		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 6 SANDERLING LN		Transaction ID: PR10365211089	
City ALISO VIEJO	State CA	Zip Code 92656	Amount of Each Receipt this Period 65.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation AVP ADVANCED MKTG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		
		P/R Deduction (\$65.00 Monthly)	

Full Name (Last, First, Middle Initial) C. MR. PHILIP A TEETER		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 73 WOODHAVEN DR		Transaction ID: PR10365471089	
City LAGUNA NIGUEL	State CA	Zip Code 92677	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation VP ANN TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		
		P/R Deduction (\$125.00 Monthly)	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR. ROBERT C HSU		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1121 EBBTIDE RD		Transaction ID: PR10365661089	
City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period _____ 130.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation SR VP ANN ADMIN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 505.00		
		P/R Deduction (\$130.00 Monthly)	

Full Name (Last, First, Middle Initial) B. MS. VALERIE MORRIS		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 48 W YALE LOOP		Transaction ID: PR10365681089	
City State Zip Code IRVINE CA 92604	Amount of Each Receipt this Period _____ 85.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation VP HR PRGMS & SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 310.00		
		P/R Deduction (\$85.00 Monthly)	

Full Name (Last, First, Middle Initial) C. MS. PATRICIA S DOUGLASS		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 640 SAINT JAMES RD		Transaction ID: PR10365731089	
City State Zip Code NEWPORT BEACH CA 92663	Amount of Each Receipt this Period _____ 215.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pacific Life	Occupation VP GOVT RELNS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 830.00		
		P/R Deduction (\$215.00 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 430.00
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 32 / 42
	<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 Y	
Mailing Address 2216 NELDA WAY		Transaction ID: PR10365781089	
City ALAMO State CA Zip Code 94507	Amount of Each Receipt this Period 100.00		P/R Deduction (\$100.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life Occupation REGIONAL VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. MR. DONALD M DOWNING		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 995 QUIVERA ST		Transaction ID: PR10365831089	
City LAGUNA BEACH State CA Zip Code 92651	Amount of Each Receipt this Period 165.00		P/R Deduction (\$165.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life Occupation FVP M MKTG Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.00		

Full Name (Last, First, Middle Initial) C. MR. RODERICK P HANSEN		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 21612 MARIGOT DR		Transaction ID: PR10365851089	
City BOCA RATON State FL Zip Code 33428	Amount of Each Receipt this Period 100.00		P/R Deduction (\$100.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life Occupation REGIONAL VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	365.00
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 33 / 42
	<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		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 30 BRIAN RD		Transaction ID: PR10365961089	
City BRIDGEWATER	State MA	Zip Code 02324	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation REGIONAL VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
		P/R Deduction (\$100.00 Monthly)	

B. Full Name (Last, First, Middle Initial) MS. JULIET A PINKERTON		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 2826 STUART MNR		Transaction ID: PR10365991089	
City HOUSTON	State TX	Zip Code 77082	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation REGIONAL VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		
		P/R Deduction (\$250.00 Monthly)	

C. Full Name (Last, First, Middle Initial) MR. RICHARD A TAUBE		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 24081 NUTHATCH LN		Transaction ID: PR10366041089	
City LAGUNA NIGUEL	State CA	Zip Code 92677	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation AVP ACCUM PRODUCTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
		P/R Deduction (\$75.00 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	425.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 42
	<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. TRAVIS R MC KAY		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 24719 JOLEE CT		Transaction ID: PR10366061089	
City PLAINFIELD	State IL	Zip Code 60544	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation SR WHOLESALER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial) B. MS. KATHARINE B YOUNG		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 18647 SANTA ISADORA ST		Transaction ID: PR10366101089	
City FOUNTAIN VALLEY	State CA	Zip Code 92708	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation AVP VALUATION & RPTG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial) C. MR. CHRISTOPHER VAN MIERLO		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 400 EL VUELO		Transaction ID: PR10366151089	
City SAN CLEMENTE	State CA	Zip Code 92672	Amount of Each Receipt this Period 55.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation VP NATL ACCOUNTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00		P/R Deduction (\$55.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 42
	<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. MICHAEL S ROBB		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 27481 VANTAGE CIRCLE		Transaction ID: PR10366191089
City State Zip Code SAN JUAN CAPISTRAN CA 92675	Amount of Each Receipt this Period _____ 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Pacific Life Occupation EXEC VP RE INVEST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1000.00	P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial) B. MR. RICHARD M WILKES		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 7124 HAWKSBEARD DR		Transaction ID: PR10366271089
City State Zip Code WESTERVILLE OH 43082	Amount of Each Receipt this Period _____ 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Pacific Life Occupation SR WHOLESALER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00	P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial) C. MS. MARY ANN BROWN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 288 CHIQUITA ST		Transaction ID: PR10366311089
City State Zip Code LAGUNA BEACH CA 92651	Amount of Each Receipt this Period _____ 416.66	
FEC ID number of contributing federal political committee. C		
Name of Employer Pacific Life Occupation SR VP CORP DEVELPMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1666.64	P/R Deduction (\$416.66 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 766.66
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 36 / 42
	<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. SIMON S FENG

Mailing Address 10 CANDELA

City State Zip Code
IRVINE CA 92620

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

Name of Employer Pacific Life Occupation VP INFO TECH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR10366351089

Amount of Each Receipt this Period
150.00

P/R Deduction (\$150.00 Monthly)

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

Mailing Address 45137 BIG CANYON ST

City State Zip Code
INDIO CA 92201

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

Name of Employer Pacific Life Occupation VP TAX

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR10366361089

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 182 STANHOPE RD

City State Zip Code
SPARTA NJ 07871

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR10366401089

Amount of Each Receipt this Period
75.00

P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **325.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 42
	<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. KYLE R WOODDELL Mailing Address 2500 CHRISTOPHER OAKS CT City SAINT LOUIS State MO Zip Code 63129 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10366591089 Amount of Each Receipt this Period 100.00
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 ▼ 325.00	P/R Deduction (\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial) MS. CHARLENE A GRANT Mailing Address 3301 SEAVIEW AVE City CORONA DEL MAR State CA Zip Code 92625 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10366751089 Amount of Each Receipt this Period 35.00
Name of Employer Pacific Life Occupation AVP, Law Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$35.00 Monthly)

C. Full Name (Last, First, Middle Initial) MS. LINDA L KOTOWICZ Mailing Address 795 TREPANNY LN City WAYNE State PA Zip Code 19087 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10366791089 Amount of Each Receipt this Period 60.00
Name of Employer Pacific Life Occupation FVP M MKTG Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	195.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 42
	<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. JEFFREY R WILT Mailing Address 1 BAILEY DRIVE City GLENWOOD State NJ Zip Code 07418 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10366881089 Amount of Each Receipt this Period 55.00 P/R Deduction (\$55.00 Monthly)
Name of Employer Pacific Life Occupation FIELD VICE PRES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B. Full Name (Last, First, Middle Initial) MR. STUART A HOLLAND Mailing Address 4931 CAREFREE TRAIL City PARKER State CO Zip Code 80134 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10366911089 Amount of Each Receipt this Period 75.00 P/R Deduction (\$75.00 Monthly)
Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) MR. PETER S DEERING Mailing Address 3314 HILL ST City SAN DIEGO State CA Zip Code 92106 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10366961089 Amount of Each Receipt this Period 0.00 P/R Deduction (\$0.00 Monthly)
Name of Employer Pacific Life Occupation SR VP PSD STRATEGC GRWTH 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)	130.00
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:	PAGE 39 / 42
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. JAMES M RUGGERIO

Mailing Address 449 SAINT ANNES DR

City State Zip Code
BIRMINGHAM AL 35244

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR10367081089

Amount of Each Receipt this Period
65.00

P/R Deduction (\$65.00 Monthly)

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

Mailing Address 120 ALBERT PL APT 10

City State Zip Code
COSTA MESA CA 92627

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

Name of Employer Pacific Life Occupation AVP PROD DESIGN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR10367141089

Amount of Each Receipt this Period
65.00

P/R Deduction (\$65.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	▶	130.00
TOTAL This Period (last page this line number only)	▶	1899.98

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

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

FOR LINE NUMBER: (check only one)

PAGE 40 / 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. American Council of Life Insurers PAC		Transaction ID: 3871287 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 101 Constitution Avenue, NW, Suite		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20002	Contribution	
Purpose of Disbursement Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Friends of Max Baucus		Transaction ID: 3871291 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 818 Connecticut Avenue, NW Suite 1100		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20006	Contribution	
Purpose of Disbursement Contribution Candidate Name Max Baucus		011 Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Becerra for Congress		Transaction ID: 3885947 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address PO Box 116		Amount of Each Disbursement this Period 5000.00
City Hyattsville State MD Zip Code 20781	Contribution	
Purpose of Disbursement Contribution Candidate Name Xavier Becerra		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	12500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Campbell for Congress		Transaction ID: 3871283 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 4590 MacArthur Blvd., Suite 500		Amount of Each Disbursement this Period 2000.00
City Newport Beach State CA Zip Code 92660	Contribution	
Purpose of Disbursement Contribution Candidate Name John Campbell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48		011 Category/Type
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Friends of Mary Landrieu		Transaction ID: 3871289 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 10 G Street, NE, Suite 470		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	Contribution	
Purpose of Disbursement Contribution Candidate Name Mary Landrieu Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:		011 Category/Type
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Friends for Harry Reid		Transaction ID: 3871286 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address PO Box 85223		Amount of Each Disbursement this Period 1000.00
City Las Vegas State NV Zip Code 89185	Contribution	
Purpose of Disbursement Contribution Candidate Name Harry Reid Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:		011 Category/Type
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Friends of John Tanner		Transaction ID: 3871284 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 236 Massachusetts Ave., NE Suite 508		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20002	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name John Tanner		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 8
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ellen Tauscher for Congress		Transaction ID: 3871290 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 20 Park Road Suite E		Amount of Each Disbursement this Period 1000.00
City Burlingame State CA Zip Code 94010	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Ellen Tauscher		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 10
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mike Thompson for Congress		Transaction ID: 3871288 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 236 Massachusetts Avenue, NE Suite 508		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20002	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Mike Thompson		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 1
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	20500.00