



**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	1	0

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		62827.65
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	78117.08									
(c) Total Receipts (from Line 19) .....	26634.31	82423.74								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	104751.39	145251.39								
7. Total Disbursements (from Line 31) .....	18500.00	59000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	86251.39	86251.39								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	20021.98	46967.92
(ii) Unitemized .....	6612.33	35455.82
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	26634.31	82423.74
(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) .....	26634.31	82423.74
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)) .....	26634.31	82423.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	26634.31	82423.74

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	18500.00	59000.00
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))..	18500.00	59000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18500.00	59000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	26634.31	82423.74
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	26634.31	82423.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. TODD E WOODWARD	Date of Receipt MM / DD / YYYY 04 / 07 / 2010
	Mailing Address 1743 SKYLARK LANE	<b>Transaction ID:</b> 9101814
	City State Zip Code NEWPORT BEACH CA 92660-4339	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Pacific Life Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	Check

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. THOMAS C SUTTON	Date of Receipt MM / DD / YYYY 04 / 27 / 2010
	Mailing Address 111 SHORECLIFF RD	<b>Transaction ID:</b> 9101816
	City State Zip Code CORONA DEL MAR CA 92625-2646	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 5000.00	Check

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. R. STEPHEN HANNAHS	Date of Receipt MM / DD / YYYY 04 / 08 / 2010
	Mailing Address 740 VIA LIDO NORD	<b>Transaction ID:</b> 9102753
	City State Zip Code NEWPORT BEACH CA 92663-5523	Amount of Each Receipt this Period 900.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Pacific Life Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00	Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	6200.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 7 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. JOHN K O'CONNELL

Mailing Address 11529 FALL CREEK RD

City State Zip Code  
INDIANAPOLIS IN 46256-9413

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 ▼ 300.00

Date of Receipt: 04 / 26 / 2010  
Transaction ID: 9102754  
Amount of Each Receipt this Period: 300.00  
Check

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

Mailing Address PO BOX 2108

City State Zip Code  
RANCHO SANTA FE CA 92067

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

Name of Employer Pacific Life Occupation EVP & CHIEF INVESTMENT OFFICER

Receipt For: 2010  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 04 / 30 / 2010  
Transaction ID: 9113064  
Amount of Each Receipt this Period: 1500.00  
Check (Earmark for Senator Mike Crapo, ID Senate, 20-12 Primary)

**C.** Full Name (Last, First, Middle Initial)  
MS. CHRISTINE A TUCKER

Mailing Address 289 SANTA ANA AVE

City State Zip Code  
LONG BEACH CA 90803-3570

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

Name of Employer Pacific Life Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 05 / 2010  
Transaction ID: 9114808  
Amount of Each Receipt this Period: 500.00  
Check

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 2300.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 42  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

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

Mailing Address 505 13TH 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 ITS STRATEGIC SVCS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** PR10362253769

Amount of Each Receipt this Period 70.00

P/R Deduction (\$70.00 Monthly)

**B.**

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 EXEC VP RSD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 668.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** PR10362303769

Amount of Each Receipt this Period 167.00

P/R Deduction (\$167.00 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 & CHF ACTG OFCR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** PR10362323769

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **337.00**

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

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

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

FOR LINE NUMBER: PAGE 9 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 26661 CAMPESINO

City MISSION VIEJO State CA Zip Code 92691

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

Name of Employer Pacific Life Occupation SVP PROD, RISK, FIN&INFO MGMT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 30 / 2010  
**Transaction ID:** PR10362383769  
 Amount of Each Receipt this Period: 100.00  
 P/R Deduction (\$100.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. SHARON A CHEEVER

Mailing Address 33512 VALLE RD

City SN JUAN CAPISTRANO State CA Zip Code 92675

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

Name of Employer Pacific Life Occupation SR VP & GEN COUNSEL

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 04 / 30 / 2010  
**Transaction ID:** PR10362403769  
 Amount of Each Receipt this Period: 0.00  
 P/R Deduction (\$0.00 Monthly)

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

Mailing Address 31558 WEST NINE DR

City LAGUNA NIGUEL State CA Zip Code 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: 04 / 30 / 2010  
**Transaction ID:** PR10362483769  
 Amount of Each Receipt this Period: 60.00  
 P/R Deduction (\$60.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 160.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 42  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Pacific Life Insurance Company Political Action Committee

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

Mailing Address 15136 TOURAINÉ WAY

City IRVINE State CA Zip Code 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 ▼ 400.00

Date of Receipt: 04 / 30 / 2010  
**Transaction ID:** PR10362513769  
 Amount of Each Receipt this Period: 100.00  
 P/R Deduction (\$100.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. DEBRA CUNNINGHAM HONERKAMP

Mailing Address 2712 LIGHTHOUSE LN

City CORONA DEL MAR State CA Zip Code 92625

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

Name of Employer Pacific Life Occupation AVP RE ASSET MGMT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 04 / 30 / 2010  
**Transaction ID:** PR10362563769  
 Amount of Each Receipt this Period: 100.00  
 P/R Deduction (\$100.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL R CURRY

Mailing Address 12162 WICKLOW LN

City NAPLES State FL Zip Code 34120

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

Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 30 / 2010  
**Transaction ID:** PR10362573769  
 Amount of Each Receipt this Period: 100.00  
 P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 300.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

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

Mailing Address PO BOX 15358

City State Zip Code  
IRVINE CA 92623

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

Name of Employer Occupation  
Pacific Life AVP ADVANCED SALES

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 360.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	1	0

Transaction ID: PR10362593769

Amount of Each Receipt this Period  
90.00

P/R Deduction (\$90.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MS. LINDA D LARSON

Mailing Address 8315 ROAD R NW

City State Zip Code  
QUINCY WA 98848

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

Name of Employer Occupation  
Pacific Life AVP IND COMPLIANCE

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 420.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	1	0

Transaction ID: PR10362623769

Amount of Each Receipt this Period  
120.00

P/R Deduction (\$120.00 Monthly)

**C.**

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

Mailing Address 64 SUMMERSTONE

City State Zip Code  
IRVINE CA 92614

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

Name of Employer Occupation  
Pacific Life AVP STRATEGIC PROGRAMS

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	1	0

Transaction ID: PR10362713769

Amount of Each Receipt this Period  
125.00

P/R Deduction (\$125.00 Monthly)

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

**335.00**

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

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

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

FOR LINE NUMBER: PAGE 12 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 31411 MONTEREY ST

City State Zip Code  
LAGUNA BEACH CA 92651

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

Name of Employer Occupation  
Pacific Life SR VP OPERATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 710.00

Date of Receipt: 04 / 30 / 2010  
Transaction ID: PR10362863769  
Amount of Each Receipt this Period: 200.00  
P/R Deduction (\$200.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. FRANK J GOETZ

Mailing Address 7 SOVENTE

City State Zip Code  
IRVINE CA 92606

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

Name of Employer Occupation  
Pacific Life AVP NEW BUSINESS SVCS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 04 / 30 / 2010  
Transaction ID: PR10362903769  
Amount of Each Receipt this Period: 70.00  
P/R Deduction (\$70.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. ADRIAN S GRIGGS

Mailing Address 8766 CANARY AVE

City State Zip Code  
FOUNTAIN VALLEY CA 92708

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

Name of Employer Occupation  
Pacific Life SR VP FINANCE & RISK

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 30 / 2010  
Transaction ID: PR10362963769  
Amount of Each Receipt this Period: 100.00  
P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 370.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 42  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
MS. BRENDA K HARDWIG

Mailing Address 13112 EARLHAM ST

City State Zip Code  
SANTA ANA CA 92705

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

Name of Employer Pacific Life Occupation COMMUNITY RELTNS COORD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR10363033769

Amount of Each Receipt this Period 60.00

P/R Deduction (\$60.00 Monthly)

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

Mailing Address 1880 N EL CAMINO REAL

City State Zip Code  
SAN CLEMENTE CA 92672

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

Name of Employer Pacific Life Occupation SR VP PUBLIC AFFAIRS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.64

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR10363063769

Amount of Each Receipt this Period 416.66

P/R Deduction (\$416.66 Monthly)

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

Mailing Address 1137 SUNSET CLIFFS BLVD

City State Zip Code  
SAN DIEGO CA 92107

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  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR10363073769

Amount of Each Receipt this Period 74.00

P/R Deduction (\$74.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.66**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. ROBERT J HEMSTEAD		Date of Receipt
	Mailing Address 310 E MCCOY LN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	City	State	Zip Code
	SANTA MARIA	CA	93455
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR10363103769
Name of Employer Pacific Life		Occupation AVP & VALUATION ACTUARY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00	<input type="text"/> 85.00
			P/R Deduction (\$85.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. KEVIN A HENDRA		Date of Receipt
	Mailing Address 58 VIAGGIO LN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	City	State	Zip Code
	FOOTHILL RANCH	CA	92610
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR10363113769
Name of Employer Pacific Life		Occupation AVP TAX	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 60.00
			P/R Deduction (\$60.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. HOWARD T HIRAKAWA		Date of Receipt
	Mailing Address 23972 GOLDENEYE DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	City	State	Zip Code
	LAGUNA NIGUEL	CA	92677
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR10363163769
Name of Employer Pacific Life		Occupation VP INV ADVISOR OPS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> 100.00
			P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 245.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
MS. CAROL A JENSEN

Mailing Address 8554 202ND STREET SW

City State Zip Code  
EDMONDS WA 98026

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

Name of Employer Occupation  
Pacific Life NATL SLS MGR M CHANNEL

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: PR10363243769

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. JEFF R JOHNSON

Mailing Address 1 SAND OAKS RD.

City State Zip Code  
LAGUNA NIGUEL CA 92677

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

Name of Employer Occupation  
Pacific Life AVP TREASURER PAF

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: PR10363253769

Amount of Each Receipt this Period

55.00

P/R Deduction (\$55.00 Monthly)

**C.**

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

Mailing Address 1812 LEADBURN RD

City State Zip Code  
TOWSON MD 21204

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

Name of Employer Occupation  
Pacific Life FVP FIELD WHOLESALING

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: PR10363273769

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 42  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. SCOTT E JOHNSON

Mailing Address 906 NEWTON LN

City State Zip Code  
PLACENTIA CA 92870

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

Name of Employer Pacific Life Occupation VP CORPORATE TECHNOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** PR10363283769

Amount of Each Receipt this Period: 100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 5531 STANFORD AVE

City State Zip Code  
GARDEN GROVE CA 92845

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

Name of Employer Pacific Life Occupation IT AUDIT CONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** PR10363323769

Amount of Each Receipt this Period: 60.00

P/R Deduction (\$60.00 Monthly)

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

Mailing Address 24611 BENJAMIN CIR

City State Zip Code  
DANA POINT CA 92629

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

Name of Employer Pacific Life Occupation VP & CORPORATE CONTROLLER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt: MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** PR10363373769

Amount of Each Receipt this Period: 80.00

P/R Deduction (\$80.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **240.00**

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

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

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

FOR LINE NUMBER: PAGE 17 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 6307 CAMINO MARINERO

City State Zip Code  
SAN CLEMENTE CA 92673

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

Name of Employer Pacific Life Occupation VP INSTITUTIONAL CHANNEL

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

Date of Receipt: 04 / 30 / 2010  
Transaction ID: PR10363423769  
Amount of Each Receipt this Period: 150.00  
P/R Deduction (\$150.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. JODY L LINNEMAN

Mailing Address 262 S FAIRFIELD LN

City State Zip Code  
ORANGE CA 92869

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 ▼ 310.00

Date of Receipt: 04 / 30 / 2010  
Transaction ID: PR10363453769  
Amount of Each Receipt this Period: 85.00  
P/R Deduction (\$85.00 Monthly)

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

Mailing Address 709 AVENIDA MIROLA

City State Zip Code  
PALOS VERDES EST CA 90274

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1600.00

Date of Receipt: 04 / 30 / 2010  
Transaction ID: PR10363473769  
Amount of Each Receipt this Period: 400.00  
P/R Deduction (\$400.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 635.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** 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**

Name of Employer Pacific Life Occupation AVP VARIABLE REG COMPL

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 30 / 2010  
**Transaction ID:** PR10363563769  
 Amount of Each Receipt this Period: 100.00  
 P/R Deduction (\$100.00 Monthly)

**B.** 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**

Name of Employer Pacific Life Occupation AVP ANNUITY APPS ADMIN

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt: 04 / 30 / 2010  
**Transaction ID:** PR10363593769  
 Amount of Each Receipt this Period: 150.00  
 P/R Deduction (\$150.00 Monthly)

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

Mailing Address 622 18TH ST

City HUNTINGTON BEACH State CA Zip Code 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: 04 / 30 / 2010  
**Transaction ID:** PR10363613769  
 Amount of Each Receipt this Period: 80.00  
 P/R Deduction (\$80.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 330.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

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

Mailing Address 3615 PASEO DEL CAMPO

City State Zip Code  
PALOS VERDES EST CA 90274

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

Name of Employer Occupation  
Pacific Life 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  
0 4 / 3 0 / 2 0 1 0

Transaction ID: PR10363633769

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**B.**

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

Mailing Address 4006 INLET ISLE DR

City State Zip Code  
CORONA DEL MAR CA 92625

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

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

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: PR10363663769

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

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

Mailing Address 26922 ROCKING HORSE LN

City State Zip Code  
LAGUNA HILLS CA 92653

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

Name of Employer Occupation  
Pacific Life VP & SECRETARY

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: PR10363713769

Amount of Each Receipt this Period

270.00

P/R Deduction (\$270.00 Monthly)

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

445.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JOSE T MISCOLTA		Date of Receipt
	Mailing Address 20 BRYCE CYN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	City	State	Zip Code
	ALISO VIEJO	CA	92656
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR10363753769
Name of Employer Pacific Life		Occupation AVP PROD & PORT MKTG	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	<input type="text"/> 65.00
			P/R Deduction (\$65.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. JAMES T MORRIS		Date of Receipt
	Mailing Address 29022 PINTAIL CIR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	City	State	Zip Code
	LAGUNA NIGUEL	CA	92677
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR10363793769
Name of Employer Pacific Life		Occupation CHAIRMAN, PRESIDENT & CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1664.00	<input type="text"/> 416.00
			P/R Deduction (\$416.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. JOHN C MULVIHILL		Date of Receipt
	Mailing Address 27822 HOMESTEAD RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	City	State	Zip Code
	LAGUNA NIGUEL	CA	92677
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR10363803769
Name of Employer Pacific Life		Occupation VP RE ASSET MGMT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00	<input type="text"/> 175.00
			P/R Deduction (\$175.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 656.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 21 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS. JOYCE J PEAD

Mailing Address 25 SUNRISE

City IRVINE State CA Zip Code 92603

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

Name of Employer Pacific Life Occupation AVP TALENT ACQ & DEV

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 04 / 30 / 2010  
**Transaction ID:** PR10364003769  
 Amount of Each Receipt this Period: 75.00  
 P/R Deduction (\$75.00 Monthly)

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

Mailing Address 10033 WINESAP AVE

City CHERRY VALLEY State CA Zip Code 92223

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

Name of Employer Pacific Life Occupation VP MARKETING SVCS

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 30 / 2010  
**Transaction ID:** PR10364023769  
 Amount of Each Receipt this Period: 75.00  
 P/R Deduction (\$75.00 Monthly)

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

Mailing Address 20 MOLINO

City NEWPORT BEACH State CA Zip Code 92660

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

Name of Employer Pacific Life Occupation VP REAL ESTATE FINANCE

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt: 04 / 30 / 2010  
**Transaction ID:** PR10364083769  
 Amount of Each Receipt this Period: 225.00  
 P/R Deduction (\$225.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 375.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 11 STILLWATER

City IRVINE State CA Zip Code 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 ▼ 455.00

Date of Receipt: MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** PR10364143769

Amount of Each Receipt this Period: 125.00

P/R Deduction (\$125.00 Monthly)

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

Mailing Address 24972 CATHERINE WAY

City DANA POINT State CA Zip Code 92629

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 ▼ 1050.00

Date of Receipt: MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** PR10364263769

Amount of Each Receipt this Period: 300.00

P/R Deduction (\$300.00 Monthly)

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

Mailing Address 87 PELICAN CT

City NEWPORT BEACH State CA Zip Code 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: MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** PR10364313769

Amount of Each Receipt this Period: 100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **525.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. CAROL R SUDBECK	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 11 SOMMET	<b>Transaction ID:</b> PR10364503769
	City State Zip Code NEWPORT COAST CA 92657	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$200.00 Monthly)
Name of Employer Pacific Life	Occupation SR VP HR & FACILITIES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. JOHN G TORELL	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 355 S LORETTA DR	<b>Transaction ID:</b> PR10364583769
	City State Zip Code ORANGE CA 92869	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$90.00 Monthly)
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 ▼ 345.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. STEPHEN J TORETTO	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 22862 ORENSE	<b>Transaction ID:</b> PR10364593769
	City State Zip Code MISSION VIEJO CA 92691	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$55.00 Monthly)
Name of Employer Pacific Life	Occupation VP COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>345.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 42  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Pacific Life Insurance Company Political Action Committee

**A.**

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**

Name of Employer Pacific Life Occupation EXEC VP CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.64

Date of Receipt: 04 / 30 / 2010  
**Transaction ID:** PR10364603769  
 Amount of Each Receipt this Period: 416.66  
 P/R Deduction (\$416.66 Monthly)

**B.**

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**

Name of Employer Pacific Life Occupation AVP REGULATORY PROD ACCTG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 04 / 30 / 2010  
**Transaction ID:** PR10364623769  
 Amount of Each Receipt this Period: 70.00  
 P/R Deduction (\$70.00 Monthly)

**C.**

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

Mailing Address 67 LAURELHURST DR

City LADERA RANCH State CA Zip Code 92694

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

Name of Employer Pacific Life Occupation VP RE UWG & CONST SVCS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 04 / 30 / 2010  
**Transaction ID:** PR10364653769  
 Amount of Each Receipt this Period: 150.00  
 P/R Deduction (\$150.00 Monthly)

**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) for 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"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JOHN WHITE	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 32122 VIA CARLOS	<b>Transaction ID:</b> PR10364743769
	City State Zip Code SN JUAN CAPISTRANO CA 92675	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Pacific Life	Occupation VP SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	P/R Deduction (\$120.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. MARIA ZAMBELLI-DOUGHERTY	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 525 LOMBARDY RD	<b>Transaction ID:</b> PR10364833769
	City State Zip Code DREXEL HILL PA 19026	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Pacific Life	Occupation SUPR OPERATIONS	
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)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. MICHAEL A BELL	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 2 PRECIPICE	<b>Transaction ID:</b> PR10365143769
	City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 1250.00	P/R Deduction (\$350.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>530.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 42  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Pacific Life Insurance Company Political Action Committee

**A.**

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

Mailing Address 6 SANDERLING LN

City State Zip Code  
ALISO VIEJO CA 92656

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

Name of Employer Pacific Life Occupation AVP ADVANCED MKTG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR10365213769

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. THOMAS S BEADLESTON

Mailing Address 21 CYPRESS TREE LN

City State Zip Code  
IRVINE CA 92612-2211

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

Name of Employer Pacific Life Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR10365303769

Amount of Each Receipt this Period 0.00

P/R Deduction (\$0.00 Monthly)

**C.**

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

Mailing Address 5 MAGNOLIA DR

City State Zip Code  
LADERA RANCH CA 92694-0710

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

Name of Employer Pacific Life Occupation Asst Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1310.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR10365353769

Amount of Each Receipt this Period 0.00

P/R Deduction (\$0.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **75.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 42  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 376 MYRTLE ST

City State Zip Code  
LAGUNA BEACH CA 92651

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

Name of Employer Occupation  
Pacific Life SR VP TECH & OPS

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

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** PR10365473769

Amount of Each Receipt this Period  
150.00

P/R Deduction (\$150.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. TENNYSON S OYLER

Mailing Address 112 CLEARBROOK

City State Zip Code  
IRVINE CA 92614

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

Name of Employer Occupation  
Pacific Life AVP PUBLIC AFFAIRS

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

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** PR10365613769

Amount of Each Receipt this Period  
75.00

P/R Deduction (\$75.00 Monthly)

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

Mailing Address 48 W YALE LOOP

City State Zip Code  
IRVINE CA 92604

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

Name of Employer Occupation  
Pacific Life VP HR PRGMS & SVCS

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** PR10365683769

Amount of Each Receipt this Period  
90.00

P/R Deduction (\$90.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **315.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 42  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

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

Mailing Address 640 SAINT JAMES RD

City State Zip Code  
NEWPORT BEACH CA 92663

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

Name of Employer Pacific Life Occupation VP GOVT RELNS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 925.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR10365733769

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. WILLIAM D BURKE

Mailing Address 2216 NELDA WAY

City State Zip Code  
ALAMO CA 94507

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 ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR10365783769

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

**C.**

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

Mailing Address 21612 MARIGOT DR

City State Zip Code  
BOCA RATON FL 33428

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 ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR10365853769

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **450.00**

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

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

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

FOR LINE NUMBER: PAGE 29 / 42  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

Mailing Address 30 BRIAN RD

City State Zip Code  
BRIDGEWATER MA 02324

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

Name of Employer Pacific Life Occupation NATL SLS MGR KEY ACCT MKTG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR10365963769

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. JULIET A PINKERTON

Mailing Address 30 HISTORY ROW

City State Zip Code  
THE WOODLANDS TX 77380

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 ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR10365993769

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Monthly)

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

Mailing Address 24081 NUTHATCH LN

City State Zip Code  
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation VP PRODUCT MGMT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR10366043769

Amount of Each Receipt this Period 75.00

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 15222 LINCOLNWAY CIR

City State Zip Code  
PLAINFIELD IL 60544

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 30 / 2010  
Transaction ID: PR10366063769  
Amount of Each Receipt this Period: 100.00  
P/R Deduction (\$100.00 Monthly)

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

Mailing Address 18647 SANTA ISADORA ST

City State Zip Code  
FOUNTAIN VALLEY CA 92708

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

Name of Employer Pacific Life Occupation VP VALUATION & RISK MGMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt: 04 / 30 / 2010  
Transaction ID: PR10366103769  
Amount of Each Receipt this Period: 80.00  
P/R Deduction (\$80.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. CHRISTOPHER VAN MIERLO

Mailing Address 400 EL VUELO

City State Zip Code  
SAN CLEMENTE CA 92672

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

Name of Employer Pacific Life Occupation SVP RSD SALES CHF MKTG OFCR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 04 / 30 / 2010  
Transaction ID: PR10366153769  
Amount of Each Receipt this Period: 75.00  
P/R Deduction (\$75.00 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

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

Mailing Address 34 CLIFFHOUSE BLF

City State Zip Code  
NEWPORT COAST CA 92657

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

Name of Employer Occupation  
Pacific Life EXEC VP RE INVEST

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: PR10366193769

Amount of Each Receipt this Period  
250.00

P/R Deduction (\$250.00 Monthly)

**B.**

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

Mailing Address 7124 HAWKSBEARD DR

City State Zip Code  
WESTERVILLE OH 43082

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

Name of Employer Occupation  
Pacific Life SR WHOLESALER

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: PR10366273769

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
MR. RICHARD S BANNO

Mailing Address 26666 WHITE OAKS DR

City State Zip Code  
LAGUNA HILLS CA 92653

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

Name of Employer Occupation  
Pacific Life AVP CAPITAL MKTS

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: PR10366283769

Amount of Each Receipt this Period  
75.00

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) for 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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. MARY ANN BROWN	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 304 WEYMOUTH PL	<b>Transaction ID:</b> PR10366313769
	City State Zip Code LAGUNA BEACH CA 92651	Amount of Each Receipt this Period 416.66
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Pacific Life	Occupation EVP 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)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. SIMON S FENG	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 10 CANDELA	<b>Transaction ID:</b> PR10366353769
	City State Zip Code IRVINE CA 92620	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Pacific Life	Occupation AVP BUS & TECH INTEG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	P/R Deduction (\$200.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. THOMAS GIBBONS	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 1970 PARK NEWPORT	<b>Transaction ID:</b> PR10366363769
	City State Zip Code NEWPORT BEACH CA 92660	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Pacific Life	Occupation SVP TAX	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	P/R Deduction (\$300.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>916.66</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 33 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** 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 ▼ 425.00  
Date of Receipt M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0  
Transaction ID: PR10366403769  
Amount of Each Receipt this Period 125.00  
P/R Deduction (\$125.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. KATHLEEN D SIMMONS  
Mailing Address 27403 HYATT CT  
City State Zip Code  
LAGUNA NIGUEL CA 92677-3700  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation Asst Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0  
Transaction ID: PR10366543769  
Amount of Each Receipt this Period 0.00  
P/R Deduction (\$0.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. LINDA L KOTOWICZ  
Mailing Address 795 TREPANNY LN  
City State Zip Code  
WAYNE PA 19087  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation FVP M MKTG  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00  
Date of Receipt M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0  
Transaction ID: PR10366793769  
Amount of Each Receipt this Period 60.00  
P/R Deduction (\$60.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 185.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 34 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS. DAWN M TRAUTMAN  
Mailing Address 7424 CITY LIGHTS DR  
City ALISO VIEJO State CA Zip Code 92656  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation SR VP IT & STRATEGIC PLNG  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00  
Date of Receipt 04 / 30 / 2010  
Transaction ID: PR10366863769  
Amount of Each Receipt this Period 105.00  
P/R Deduction (\$105.00 Monthly)

**B.** 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**  
Name of Employer Pacific Life Occupation FIELD VICE PRES  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00  
Date of Receipt 04 / 30 / 2010  
Transaction ID: PR10366883769  
Amount of Each Receipt this Period 55.00  
P/R Deduction (\$55.00 Monthly)

**C.** 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**  
Name of Employer Pacific Life Occupation SR FVP-NCM IP  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 04 / 30 / 2010  
Transaction ID: PR10366913769  
Amount of Each Receipt this Period 75.00  
P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 235.00  
**TOTAL** This Period (last page this line number only) ..... ▶

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JIM Y CHU		Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 22931 GALAXY LN		<b>Transaction ID:</b> PR10367143769
	City LAKE FOREST	State CA	Zip Code 92630
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
	Name of Employer Pacific Life	Occupation AVP PRICING & DESIGN	P/R Deduction (\$100.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. STEVEN H GOLDBERG		Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 11 TWIN FLOWER ST		<b>Transaction ID:</b> PR10367183769
	City LADERA RANCH	State CA	Zip Code 92694
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
	Name of Employer Pacific Life	Occupation DIR ANNUITIES PRODUCT DEVELOPM	P/R Deduction (\$75.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. MATTHEW WELLS		Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 120 BONITA DR		<b>Transaction ID:</b> PR10614923769
	City HOMEWOOD	State AL	Zip Code 35209
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
	Name of Employer Pacific Life	Occupation SR WHOLESALER	P/R Deduction (\$100.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	275.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 36 / 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

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

Mailing Address 25842 DANA BLF W

City State Zip Code  
CAPISTRANO BEACH CA 92624

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

Name of Employer Occupation  
Pacific Life AVP LEGAL

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: PR22130713769

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Monthly)

**B.**

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

Mailing Address 34 CASTLEROCK

City State Zip Code  
IRVINE CA 92603

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

Name of Employer Occupation  
Pacific Life VP CREDIT ANALYSIS

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 355.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: PR22130753769

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

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

Mailing Address 23819 CLAYMORE WAY

City State Zip Code  
VALENCIA CA 91354

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

Name of Employer Occupation  
Pacific Life CORP TAX DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 305.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: PR22130863769

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

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

245.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. DOUGLAS P JACKSON

Mailing Address 59 AUGUSTA

City State Zip Code  
COTO DE CAZA CA 92679

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

Name of Employer Pacific Life Occupation FVP SALES DEVELOPMENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 04 / 30 / 2010  
Transaction ID: PR32777123769  
Amount of Each Receipt this Period: 75.00  
P/R Deduction (\$75.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. ADRIENNE MOUCH

Mailing Address 2524 W WATROUS AVE

City State Zip Code  
TAMPA FL 33629

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 ▼ 400.00

Date of Receipt: 04 / 30 / 2010  
Transaction ID: PR33677903769  
Amount of Each Receipt this Period: 100.00  
P/R Deduction (\$100.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. DANIEL R MYTHEN

Mailing Address 21307 NE 97TH PL

City State Zip Code  
REDMOND WA 98053

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 ▼ 400.00

Date of Receipt: 04 / 30 / 2010  
Transaction ID: PR33677923769  
Amount of Each Receipt this Period: 100.00  
P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 275.00

**TOTAL** This Period (last page this line number only) ..... ▶ 20021.98

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Frank for Congress</p> <p>Mailing Address 38 Ivy Street, S.E.</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution Candidate Name Barney Frank Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9070912 <b>Date of Disbursement</b> 04 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Dave Camp for Congress</p> <p>Mailing Address 139 Ashman Road</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement Contribution Candidate Name David Camp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9070993 <b>Date of Disbursement</b> 04 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Melissa Bean For Congress</p> <p>Mailing Address Post Office Box 3068</p> <p>City Barrington State IL Zip Code 60011</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Melissa Bean Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9071290 <b>Date of Disbursement</b> 04 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>COMMITTEE TO RE-ELECT LINDA SANCHEZ</b></p> <p>Mailing Address 501 Capitol Court, NE, Suite 100</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Linda Sanchez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 39</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9071292 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>Friends of Jay Rockefeller</b></p> <p>Mailing Address 110-B East Broad Street</p> <p>City Falls Church State VA Zip Code 22046</p> <p>Purpose of Disbursement Contribution Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Jay Rockefeller</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9071293 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">2000.00</span></p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>Ryan for Congress</b></p> <p>Mailing Address P. O. Box 1919</p> <p>City Janesville State WI Zip Code 53547</p> <p>Purpose of Disbursement Contribution Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Paul Ryan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9071715 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p> <p>Contribution</p>

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Bachus for Congress	Transaction ID: 9092695 Date of Disbursement 04 / 22 / 2010
	Mailing Address 217 Third Street, SE	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Contribution Candidate Name Congressman Spencer Bachus Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 06	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

B.	Full Name (Last, First, Middle Initial) Friends of Max Baucus	Transaction ID: 9092696 Date of Disbursement 04 / 22 / 2010
	Mailing Address 818 Connecticut Avenue, NW Suite 1100	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20006	
	Purpose of Disbursement Contribution Candidate Name Max Baucus Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:	011 Category/ Type
	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

C.	Full Name (Last, First, Middle Initial) Bob Corker For Senate, 2012	Transaction ID: 9092697 Date of Disbursement 04 / 22 / 2010
	Mailing Address PO Box 848	Amount of Each Disbursement this Period 1000.00
	City Chattanooga State TN Zip Code 37401	
	Purpose of Disbursement Contribution Candidate Name Sen. Robert Corker Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mike Crapo for US Senate</p> <p>Mailing Address PO Box 1948</p> <p>City Boise State ID Zip Code 83701</p> <p>Purpose of Disbursement Contribution (Earmark by Mark Holmlund and transmitted by committee check.) <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Michael Crapo</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: ID District:</p>	<p><b>Transaction ID:</b> 9092698 <b>Date of Disbursement:</b> 04 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution (Earmark by Mark Holmlund and transmitted by committee check.)</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Pelosi for Congress</p> <p>Mailing Address 430 South Capitol Street, SE 1st Floor</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Nancy Pelosi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 08</p>	<p><b>Transaction ID:</b> 9092699 <b>Date of Disbursement:</b> 04 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Schumer</p> <p>Mailing Address 509 Madison Avenue Suite 1902</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Contribution Re-designated funds for trans. dated 02/25/2010 <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Charles Schumer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District:</p>	<p><b>Transaction ID:</b> 9114841 <b>Date of Disbursement:</b> 04 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><b>[MEMO ITEM]</b> Contribution Re-designated funds for trans. dated 02- /25/2010</p>

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 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

A.

Full Name (Last, First, Middle Initial)

Friends of Schumer

Mailing Address 509 Madison Avenue  
Suite 1902

City State Zip Code  
New York NY 10022

Purpose of Disbursement  
Contribution Funds Reported On March 20 Monthly

Candidate Name  
Charles Schumer

Office Sought:  House  
 Senate  
 President

State: NY District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 9123425

Date of Disbursement

02 / 25 / 2010

Amount of Each Disbursement this Period

2000.00

**[MEMO ITEM]**

Contribution Funds Report-  
ed On March 20 Monthly

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

0.00

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

18500.00