

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 12 01 2007 through 12 31 2007

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

Type or Print Name of Treasurer Robert Haskell

Signature of Treasurer Electronically Filed by Robert Haskell Date 01 18 2008

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

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

**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
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		20761.19
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	77006.43									
(c) Total Receipts (from Line 19)	17221.98	218467.22								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	94228.41	239228.41								
7. Total Disbursements (from Line 31)	4000.00	147000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	90228.41	92228.41								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	16752.65	166598.60
(i) Itemized (use Schedule A)		
(ii) Unitemized	469.33	51868.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)	17221.98	218467.22
(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)	17221.98	218467.22
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))	17221.98	218467.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17221.98	218467.22

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	147000.00
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))..	4000.00	147000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4000.00	147000.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	17221.98	218467.22
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17221.98	218467.22
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: PAGE 6 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
MS. JUNE G ARCE

Mailing Address 20050 EMERALD MEADOW DR

City State Zip Code
WALNUT CA 91789

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

Name of Employer Pacific Life Occupation DIR MKTG COMPLIANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt / /

Transaction ID: PR10362101554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. JULIE E TRASK

Mailing Address 181 S CRAIG DR

City State Zip Code
ORANGE CA 92869

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

Name of Employer Pacific Life Occupation MGR CUSTOMER SVC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt / /

Transaction ID: PR10362121554

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 531 PROMONTORY DR E

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation VP REINSURANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt / /

Transaction ID: PR10362151554

Amount of Each Receipt this Period 0.00

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 92
(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. LYNETTE G BONES

Mailing Address 23955 WARSAW ST

City MISSION VIEJO State CA Zip Code 92691

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

Name of Employer Pacific Life Occupation MGR RET ANN BUS DEV

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M / D D / Y Y Y Y Y
Transaction ID: PR10362221554
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. ANTHONY J BONNO

Mailing Address 61 VERNAL SPG

City IRVINE State CA Zip Code 92603

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

Name of Employer Pacific Life Occupation SR VP HUMAN RESOURCES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3900.00

Date of Receipt: M M / D D / Y Y Y Y Y
Transaction ID: PR10362231554
 Amount of Each Receipt this Period 400.00
 P/R Deduction (\$400.00 Monthly)

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

Mailing Address 505 13TH 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 INFO TECH OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt: M M / D D / Y Y Y Y Y
Transaction ID: PR10362251554
 Amount of Each Receipt this Period 70.00
 P/R Deduction (\$70.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 495.00

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 / 92
(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. KATHLEEN N WILSON

Mailing Address 2525 JUANITA WAY

City State Zip Code
LAGUNA BEACH CA 92651

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

Name of Employer Pacific Life Occupation SR PROJECT ANALYST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt / /

Transaction ID: PR10362271554

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 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 SR VP AMF CHF MKTG OFCR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1923.00

Date of Receipt / /

Transaction ID: PR10362301554

Amount of Each Receipt this Period 167.00

P/R Deduction (\$167.00 Monthly)

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

Mailing Address 5256 LYSANDER LN

City State Zip Code
BRENTWOOD TN 37027

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 ▼ 1000.08

Date of Receipt / /

Transaction ID: PR10362311554

Amount of Each Receipt this Period 83.34

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **280.34**

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 9 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR. EDWARD R BYRD	Date of Receipt
	Mailing Address 17520 PAGE CT	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code YORBA LINDA CA 92886	Transaction ID: PR10362321554
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 110.00
	Name of Employer Pacific Life Occupation SR VP & CHF ACTG OFCR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="text"/> Aggregate Year-to-Date 1290.00	P/R Deduction (\$110.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. JOHN E CARLSON	Date of Receipt
	Mailing Address 55 GILLMAN ST	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code IRVINE CA 92612	Transaction ID: PR10362351554
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00
	Name of Employer Pacific Life Occupation AVP INS CNSL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="text"/> Aggregate Year-to-Date 300.00	P/R Deduction (\$25.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. DAVID R CARMICHAEL	Date of Receipt
	Mailing Address 1525 SERENADE TER	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code CORONA DEL MAR CA 92625	Transaction ID: PR10362361554
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 416.00
	Name of Employer Pacific Life Occupation SR VP GEN COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="text"/> Aggregate Year-to-Date 4992.00	P/R Deduction (\$416.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	551.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 92
(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 SR VP PROD MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M / D D / Y Y Y Y Y
Transaction ID: PR10362381554

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 VP & INVEST COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1155.00

Date of Receipt: M M / D D / Y Y Y Y Y
Transaction ID: PR10362401554

Amount of Each Receipt this Period: 100.00

P/R Deduction (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. LAURIE A CHURCH

Mailing Address 21851 NEWLAND ST SPC 246

City HUNTINGTON BEACH State CA Zip Code 92646

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

Name of Employer Pacific Life Occupation MGR STRUCT STTLMNTS OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: M M / D D / Y Y Y Y Y
Transaction ID: PR10362421554

Amount of Each Receipt this Period: 40.00

P/R Deduction (\$40.00 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: (check only one)	PAGE 11 / 92
	<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. BERNADINE E CHWALEK		Date of Receipt
	Mailing Address 33741 SHACKLETON ISLE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	DANA POINT	CA	92629
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10362431554
Name of Employer Pacific Life		Occupation AVP INVEST CNSL	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 ▼ 420.00	<input type="text"/> 0.00
			P/R Deduction (\$0.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. JACK D CLABOUGH		Date of Receipt
	Mailing Address 1410 TANGLEWOOD DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	CORONA	CA	92882
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10362451554
Name of Employer Pacific Life		Occupation VP & CHIEF LIFE UNDERWRITER	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 ▼ 600.00	<input type="text"/> 50.00
			P/R Deduction (\$50.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MS. KATHLEEN A CLUNE		Date of Receipt
	Mailing Address 858 S BLUEBIRD CIR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	ANAHEIM	CA	92807
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10362461554
Name of Employer Pacific Life		Occupation AVP ASST TREASURER	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 ▼ 300.00	<input type="text"/> 25.00
			P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 75.00
TOTAL 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: (check only one)	PAGE 12 / 92
	<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. GAIL C MOSCOSO		Date of Receipt
	Mailing Address 31558 WEST NINE DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	LAGUNA NIGUEL	CA	92677
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10362481554
Name of Employer Pacific Life		Occupation VP CLIENT SERVICES	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 ▼ 720.00	<input type="text"/> 60.00
			P/R Deduction (\$60.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MS. CHRISTINE L KELLERMAN		Date of Receipt
	Mailing Address 26571 VIA CALIFORNIA		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	CAPISTRANO BEACH	CA	92624
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10362491554
Name of Employer Pacific Life		Occupation APPLIC DEV MGR	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 ▼ 399.96	<input type="text"/> 33.33
			P/R Deduction (\$33.33 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. BRENDAN L COLLINS		Date of Receipt
	Mailing Address 25551 ORCHARD RIM LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	LAKE FOREST	CA	92630
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10362501554
Name of Employer Pacific Life		Occupation AVP PORT MGMT, IG TRADING	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 ▼ 420.00	<input type="text"/> 35.00
			P/R Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 128.33
TOTAL 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 13 / 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MR. DENNIS M CORBETT		Date of Receipt
	Mailing Address 15136 TOURAINÉ WAY		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	IRVINE	CA	92604
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Pacific Life		Occupation VP TAX COMPLIANCE	Transaction ID: PR10362511554
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 1155.00	<input type="text"/> 100.00
			P/R Deduction (\$100.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. CAMERON COSGROVE		Date of Receipt
	Mailing Address 20455 VIA BURGOS		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	YORBA LINDA	CA	92887
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Pacific Life		Occupation VP LIFE CHIEF INFO OFFICER	Transaction ID: PR10362531554
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 1020.00	<input type="text"/> 85.00
			P/R Deduction (\$85.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. DANIEL C CRAIN		Date of Receipt
	Mailing Address 36 WINTERGREEN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	IRVINE	CA	92604
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Pacific Life		Occupation MGR PROD COMPLIANCE	Transaction ID: PR10362541554
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 450.00	<input type="text"/> 30.00
			P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 215.00
TOTAL 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 14 / 92
(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. PAUL J CROXTON

Mailing Address 30132 HILLSIDE TER

City State Zip Code
SN JUAN CAPISTRANO CA 92675

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 ▼ 600.00

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

Transaction ID: PR10362551554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

B.

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

Mailing Address 2712 LIGHTHOUSE LN

City State Zip Code
CORONA DEL MAR CA 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 ▼ 600.00

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

Transaction ID: PR10362561554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

C.

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

Mailing Address 12162 WICKLOW LN

City State Zip Code
NAPLES FL 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 ▼ 1050.00

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

Transaction ID: PR10362571554

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 200.00

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 15 / 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MS. STEPHANIE J CURRY		Date of Receipt
	Mailing Address PO BOX 15358		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	IRVINE	CA	92623
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Pacific Life		Occupation AVP ADVANCED SALES	Transaction ID: PR10362591554
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 1005.00	<input type="text"/> 85.00
			P/R Deduction (\$85.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MS. DIANE W DALES		Date of Receipt
	Mailing Address 28 CLERMONT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	NEWPORT COAST	CA	92657
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Pacific Life		Occupation AVP CREDIT ANALYSIS	Transaction ID: PR10362601554
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 600.00	<input type="text"/> 50.00
			P/R Deduction (\$50.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MS. LINDA D LARSON		Date of Receipt
	Mailing Address 8315 ROAD R NW		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	QUINCY	WA	98848
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Pacific Life		Occupation AVP IND COMPLIANCE	Transaction ID: PR10362621554
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 1080.00	<input type="text"/> 90.00
			P/R Deduction (\$90.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 225.00
TOTAL 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 16 / 92
(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. EMILE C DUROCHER

Mailing Address 9740 E GRANITE PEAK TRL

City State Zip Code
SCOTTSDALE AZ 85262

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

Name of Employer Pacific Life Occupation FIELD VP MRKTNG AFFILIATE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 / /

Transaction ID: PR10362661554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. NANCY E ENOMOTO

Mailing Address 2001 BARRANCA

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation DIR IMD OPS RSK MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 / /

Transaction ID: PR10362691554

Amount of Each Receipt this Period 35.00

P/R Deduction (\$35.00 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 Pacific Life Occupation AVP STRATEGIC PROGRAMS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 / /

Transaction ID: PR10362711554

Amount of Each Receipt this Period 125.00

P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **210.00**

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 / 92
(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. PETER S FIEK

Mailing Address 22 ARCADE

City IRVINE State CA Zip Code 92603

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

Name of Employer Pacific Life Occupation AVP PORTFOLIO 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 Y
Transaction ID: PR10362771554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. DAVID R FINEAR

Mailing Address 718 K THANGA DR

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 INVESTMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID: PR10362781554

Amount of Each Receipt this Period 35.00

P/R Deduction (\$35.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. MARTIN J FLEISCHMAN

Mailing Address 2915 CALLE GUADALAJARA

City SAN CLEMENTE State CA Zip Code 92673

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

Name of Employer Pacific Life Occupation AVP SEPARATE ACCTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID: PR10362791554

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00

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 18 / 92
	<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. MARTHA A GATES	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 31411 MONTEREY ST	Transaction ID: PR10362861554
	City State Zip Code LAGUNA BEACH CA 92651	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$150.00 Monthly)
	Name of Employer Occupation Pacific Life SR VP OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1725.00	

B.	Full Name (Last, First, Middle Initial) MR. FRANK J GOETZ	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 7 SOVENTE	Transaction ID: PR10362901554
	City State Zip Code IRVINE CA 92606	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$70.00 Monthly)
	Name of Employer Occupation Pacific Life AVP NEW BUSINESS SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 816.00	

C.	Full Name (Last, First, Middle Initial) MR. KEVIN P GOODMAN	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 310 ALISO AVE	Transaction ID: PR10362911554
	City State Zip Code NEWPORT BEACH CA 92663	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Monthly)
	Name of Employer Occupation Pacific Life ACCUM PROD CONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

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

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

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

FOR LINE NUMBER: PAGE 19 / 92
(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. MILDA C GOODMAN
Mailing Address 310 ALISO AVE
City NEWPORT BEACH State CA Zip Code 92663
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation AVP ADV & PUB RLTNS
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 560.00
Date of Receipt M M / D D / Y Y Y Y Y
Transaction ID: PR10362921554
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. LORENE C GORDON
Mailing Address 37 LANTANA
City ALISO VIEJO State CA Zip Code 92656
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation VP OPERATIONS
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt M M / D D / Y Y Y Y Y
Transaction ID: PR10362931554
Amount of Each Receipt this Period 25.00
P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. C MARLA GRAHAM
Mailing Address 23672 BRASILIA ST
City MISSION VIEJO State CA Zip Code 92691
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation MGR NEXT WAVE PMO/BA
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00
Date of Receipt M M / D D / Y Y Y Y Y
Transaction ID: PR10362941554
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 125.00
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 20 / 92
(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. WILLIAM C GREEN

Mailing Address 12889 RALSTON CIR

City State Zip Code
SAN DIEGO CA 92130

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

Name of Employer Pacific Life Occupation SR CASH COLLTRL COORD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt / /

Transaction ID: PR10362951554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

B. 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 Pacific Life Occupation VP FINANCE & COMPLIANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt / /

Transaction ID: PR10362961554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. IRENE L HALLETT

Mailing Address 60 PALATINE APT 223

City State Zip Code
IRVINE CA 92612

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

Name of Employer Pacific Life Occupation NATL ACCOUNTS SUPR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt / /

Transaction ID: PR10362991554

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **105.00**

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 21 / 92
(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. 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 ▼ 480.00

Date of Receipt / /

Transaction ID: PR10363031554

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 31735 SEACLIFF DR

City State Zip Code
LAGUNA BEACH CA 92651

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 ▼ 4999.92

Date of Receipt / /

Transaction ID: PR10363061554

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 ▼ 888.00

Date of Receipt / /

Transaction ID: PR10363071554

Amount of Each Receipt this Period 74.00

P/R Deduction (\$74.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **530.66**

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: PAGE 22 / 92
(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. ROBERT J HEMSTEAD

Mailing Address 310 E MCCOY LN

City State Zip Code
SANTA MARIA CA 93455

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

Name of Employer Pacific Life Occupation AVP & VALUATION ACTUARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 945.00

Date of Receipt / /

Transaction ID: PR10363101554

Amount of Each Receipt this Period 85.00

P/R Deduction (\$85.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. KEVIN A HENDRA

Mailing Address 58 VIAGGIO LN

City State Zip Code
FOOTHILL RANCH CA 92610

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

Name of Employer Pacific Life Occupation CORP TAX DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt / /

Transaction ID: PR10363111554

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 6700 CAMINO CRESTA

City State Zip Code
SAN CLEMENTE CA 92673

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

Name of Employer Pacific Life Occupation VP PROGRAM MGMT OFC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt / /

Transaction ID: PR10363131554

Amount of Each Receipt this Period 0.00

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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 23 / 92
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)
MR. DAVID L HICKS

Mailing Address 25391 REMESA DR

City MISSION VIEJO State CA Zip Code 92691

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

Name of Employer Pacific Life Occupation SR NETWORK MGMT ENGR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 348.00

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

Transaction ID: PR10363141554

Amount of Each Receipt this Period: 0.00

P/R Deduction (\$0.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. HOWARD T HIRAKAWA

Mailing Address 23972 GOLDENEYE 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 INV ADVISOR OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

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

Transaction ID: PR10363161554

Amount of Each Receipt this Period: 100.00

P/R Deduction (\$100.00 Monthly)

C.

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

Mailing Address PO BOX 2108

City RANCHO SANTA FE State CA Zip Code 92067

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

Name of Employer Pacific Life Occupation EVP & CHIEF INVESTMENT OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: PR10363181554

Amount of Each Receipt this Period: 0.00

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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 24 / 92
	<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

A.	Full Name (Last, First, Middle Initial) MS. MARYBETH HUGHES	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2283 WATERMAN WAY	Transaction ID: PR10363201554
	City State Zip Code COSTA MESA CA 92627	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation CORP RISK MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	P/R Deduction (\$40.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MS. MARY K MCWARD	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2 GLASTONBURY PL	Transaction ID: PR10363211554
	City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation VP MARKETING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 690.00	P/R Deduction (\$60.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. CHRIS M JANOWIAK	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2056 COLUMBUS WAY	Transaction ID: PR10363231554
	City State Zip Code VISTA CA 92081	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation DIR CORP INTERNET STRATEGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 720.00	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 25 / 92
(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. 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 Pacific Life Occupation DIVISION VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 / /

Transaction ID: PR10363241554

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 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 Pacific Life Occupation TREASURER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
 / /

Transaction ID: PR10363251554

Amount of Each Receipt this Period 45.00

P/R Deduction (\$45.00 Monthly)

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

Mailing Address 25621 DEL NORTE

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation VP ACTUARIAL & REINS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 / /

Transaction ID: PR10363261554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **195.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 92
(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. 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 Pacific Life Occupation FVP FIELD WHOLESALING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt / /

Transaction ID: PR10363271554

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

B. 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 CORP APPL SYSTEMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt / /

Transaction ID: PR10363281554

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. LORI A JOHNSTONE

Mailing Address 27 GRAY STONE WAY

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation AVP HIGH YIELD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt / /

Transaction ID: PR10363291554

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 205.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 92
(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. 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 ▼ 720.00
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR10363321554
Amount of Each Receipt this Period 60.00
P/R Deduction (\$60.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. ANITA KARANJIA
Mailing Address 9 MONTECILO
City State Zip Code
FOOTHILL RANCH CA 92610
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation BUSINESS CONS
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 765.00
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR10363331554
Amount of Each Receipt this Period 65.00
P/R Deduction (\$65.00 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 ▼ 945.00
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR10363371554
Amount of Each Receipt this Period 80.00
P/R Deduction (\$80.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 92

(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. JUNE E KNUTH

Mailing Address 30862 PASEO DEL NIGUEL

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Occupation
Pacific Life VP & INVEST COUNSEL

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

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363381554

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

B.

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 Occupation
Pacific Life VP KEY ACCOUNT MKTG

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1320.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363421554

Amount of Each Receipt this Period

110.00

P/R Deduction (\$110.00 Monthly)

C.

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 Occupation
Pacific Life AVP INVEST CNSL

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 720.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363451554

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

200.00

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 29 / 92		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.	Full Name (Last, First, Middle Initial) MR. FLETCHER C LARSON		Date of Receipt
	Mailing Address 709 AVENIDA MIROLA		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	PALOS VERDES EST	CA	90274
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10363471554
Name of Employer Pacific Life		Occupation REGIONAL VP	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 ▼	<input type="text"/> 150.00
		<input type="text"/> 1650.00	P/R Deduction (\$150.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. DAVID LAWS		Date of Receipt
	Mailing Address 10935 E BERRY AVE		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	ENGLEWOOD	CO	80111
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10363481554
Name of Employer Pacific Life		Occupation REGIONAL VP	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 ▼	<input type="text"/> 100.00
		<input type="text"/> 1200.00	P/R Deduction (\$100.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MS. TERESA M LORD		Date of Receipt
	Mailing Address 16432 CAMINO CANADA LN		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	HUNTINGTON BEACH	CA	92649
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10363541554
Name of Employer Pacific Life		Occupation SR SYSTEMS ANALYST	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 ▼	<input type="text"/> 30.00
		<input type="text"/> 360.00	P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 280.00
TOTAL 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 30 / 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MS. LAURENE E MAC ELWEE	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1033 SECRETARIAT CIR	Transaction ID: PR10363561554
	City State Zip Code COSTA MESA CA 92626	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Monthly)
	Name of Employer Pacific Life Occupation AVP VARIABLE REG COMPLIANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

B.	Full Name (Last, First, Middle Initial) MS. STEPHANIE J BABKOW	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 9901 OCEANCREST DR	Transaction ID: PR10363581554
	City State Zip Code HUNTINGTON BEACH CA 92646	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Monthly)
	Name of Employer Pacific Life Occupation AVP CLIENT SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) MR. DESMOND G MARSH	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 74 SETON RD	Transaction ID: PR10363591554
	City State Zip Code IRVINE CA 92612	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$120.00 Monthly)
	Name of Employer Pacific Life Occupation AVP ANNUITY APPLIC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1440.00	

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 31 / 92
(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. THOMAS J MAYS

Mailing Address 7406 PALOMA DR

City State Zip Code
HUNTINGTON BEACH CA 92648

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 ▼ 600.00

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

Transaction ID: PR10363601554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

B.

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

Mailing Address 622 18TH ST

City State Zip Code
HUNTINGTON BEACH CA 92648

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 ▼ 960.00

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

Transaction ID: PR10363611554

Amount of Each Receipt this Period 80.00

P/R Deduction (\$80.00 Monthly)

C.

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

Mailing Address 207 N ELLERY DR

City State Zip Code
SAN PEDRO CA 90732

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

Name of Employer Pacific Life Occupation AVP INS CNSL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

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

Transaction ID: PR10363631554

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 205.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 92
(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. MORGAN C MC KNIGHT

Mailing Address 1217 HIGHCREST DR

City State Zip Code
BURLESON TX 76028

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

Name of Employer Pacific Life Occupation APPLIC DEV CONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt / /

Transaction ID: PR10363641554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 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 Pacific Life Occupation SR VP & CHIEF RISK OFCR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1162.50

Date of Receipt / /

Transaction ID: PR10363661554

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 33811 DONEGAL LN

City State Zip Code
SN JUAN CAPISTRANO CA 92675

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

Name of Employer Pacific Life Occupation SR VP RISK FIN & IM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2025.00

Date of Receipt / /

Transaction ID: PR10363701554

Amount of Each Receipt this Period 175.00

P/R Deduction (\$175.00 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 33 / 92
(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. 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 Pacific Life Occupation VP & SECRETARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2850.00

Date of Receipt / /

Transaction ID: PR10363711554

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. JOSE T MISCOLTA

Mailing Address 20 BRYCE CYN

City State Zip Code
ALISO VIEJO CA 92656

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

Name of Employer Pacific Life Occupation AVP PROD & PORT MKTG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt / /

Transaction ID: PR10363751554

Amount of Each Receipt this Period 65.00

P/R Deduction (\$65.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MS. ELIZABETH A MOORE

Mailing Address 6412 N 159TH ST

City State Zip Code
OMAHA NE 68116

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

Name of Employer Pacific Life Occupation SYSTEMS ANALYSIS CONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt / /

Transaction ID: PR10363761554

Amount of Each Receipt this Period 45.00

P/R Deduction (\$45.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **360.00**

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 / 92

(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. JAMES T MORRIS

Mailing Address 29022 PINTAIL CIR

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Occupation
Pacific Life PRESIDENT & CEO

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 4992.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363791554

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

B.

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

Mailing Address 27822 HOMESTEAD RD

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Occupation
Pacific Life VP RE ASSET MGMT

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2100.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363801554

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MS. MICHELE A MYSZKA

Mailing Address 26206 SANZ AVE

City State Zip Code
MISSION VIEJO CA 92691

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

Name of Employer Occupation
Pacific Life COMMUNITY RELTNS DIR

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10363841554

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

601.00

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 35 / 92
(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. DARAGH M O'SULLIVAN

Mailing Address 177 22ND ST APT 14

City State Zip Code
COSTA MESA CA 92627

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

Name of Employer Occupation
Pacific Life VP PRODUCT DESIGN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

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

Transaction ID: PR10363901554

Amount of Each Receipt this Period
200.00

P/R Deduction (\$200.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. RICHARD P OLSON

Mailing Address 24852 CAMBERWELL ST

City State Zip Code
LAGUNA HILLS CA 92653

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

Name of Employer Occupation
Pacific Life DIR SECURITY SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: PR10363931554

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MS. HEATHER A PAIGE

Mailing Address 29352 BOBOLINK DR

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Occupation
Pacific Life AVP IMD OPS & COMPL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: PR10363961554

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **275.00**

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

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

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

FOR LINE NUMBER: PAGE 36 / 92
(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 HR CONSULTING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt / /

Transaction ID: PR10364001554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 2908 VIA HIDALGO

City SAN CLEMENTE State CA Zip Code 92673

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

Name of Employer Pacific Life Occupation VP MARKETING SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt / /

Transaction ID: PR10364021554

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. B P PILLION

Mailing Address 915 STROKE RD

City VILLANOVA State PA Zip Code 19085

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 ▼ 480.00

Date of Receipt / /

Transaction ID: PR10364041554

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **165.00**

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 / 92
(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. YVES F PINKOWITZ

Mailing Address 20541 VIA EL TAJO

City State Zip Code
YORBA LINDA CA 92887

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

Name of Employer Pacific Life Occupation VP CORP AUDIT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 438.00

Date of Receipt / /

Transaction ID: PR10364051554

Amount of Each Receipt this Period 37.00

P/R Deduction (\$37.00 Monthly)

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

Mailing Address 20 MOLINO

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation VP COMM MORT PROD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1725.00

Date of Receipt / /

Transaction ID: PR10364081554

Amount of Each Receipt this Period 150.00

P/R Deduction (\$150.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. JOSEPH A PUM

Mailing Address 33 BOLERO

City State Zip Code
MISSION VIEJO CA 92692

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

Name of Employer Pacific Life Occupation INTERNAL AUDIT DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt / /

Transaction ID: PR10364091554

Amount of Each Receipt this Period 35.00

P/R Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 222.00

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 38 / 92
(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 State Zip Code
IRVINE CA 92603

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

Name of Employer Pacific Life Occupation VP M FINANCIAL DISTRIBUTION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1320.00

Date of Receipt / /

Transaction ID: PR10364141554

Amount of Each Receipt this Period 110.00

P/R Deduction (\$110.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. BIRGIT RICKETTS

Mailing Address 1534 DOGWOOD WAY

City State Zip Code
NORCO CA 92860

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

Name of Employer Pacific Life Occupation SR ADV COMPL ANA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt / /

Transaction ID: PR10364151554

Amount of Each Receipt this Period 20.00

P/R Deduction (\$20.00 Monthly)

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

Mailing Address 38347 N 104TH PL

City State Zip Code
SCOTTSDALE AZ 85262

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

Name of Employer Pacific Life Occupation EXEC VP ANNUITIES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3525.00

Date of Receipt / /

Transaction ID: PR10364181554

Amount of Each Receipt this Period 300.00

P/R Deduction (\$300.00 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 39 / 92
(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. THOMAS M RONCE

Mailing Address 19 GLEN ELLEN

City State Zip Code
IRVINE CA 92602

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

Name of Employer Pacific Life Occupation VP & TAX COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt / /

Transaction ID: PR10364201554

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 51202 EASTCHURCH

City State Zip Code
CHAPEL HILL NC 27517

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

Name of Employer Pacific Life Occupation AVP RE INVESTMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt / /

Transaction ID: PR10364231554

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

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

Mailing Address 28792 APPLETREE

City State Zip Code
MISSION VIEJO CA 92692

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1425.00

Date of Receipt / /

Transaction ID: PR10364261554

Amount of Each Receipt this Period 125.00

P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **230.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MS. PEGGY L SCHMIDT		Date of Receipt
	Mailing Address 25 RECODO		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	IRVINE	CA	92620
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Pacific Life		Occupation VP PROGRAM MGMT	Transaction ID: PR10364271554
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 240.00	Amount of Each Receipt this Period <input type="text"/> 20.00
			P/R Deduction (\$20.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MS. KIMBERLY K SCHULTZ		Date of Receipt
	Mailing Address 28392 CALLE PINON		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	SN JUAN CAPISTRANO	CA	92675
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Pacific Life		Occupation SR WHOLESALER	Transaction ID: PR10364301554
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	Amount of Each Receipt this Period <input type="text"/> 25.00
			P/R Deduction (\$25.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MS. CATHY L SCHWARTZ		Date of Receipt
	Mailing Address 87 PELICAN CT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	NEWPORT BEACH	CA	92660
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Pacific Life		Occupation AVP CREDIT ANALYSIS	Transaction ID: PR10364311554
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1200.00	Amount of Each Receipt this Period <input type="text"/> 100.00
			P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 145.00
TOTAL 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 41 / 92
(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. ALAN L SCHWITZGEBEL

Mailing Address 18612 MORONGO ST

City State Zip Code
FOUNTAIN VALLEY CA 92708

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

Name of Employer Pacific Life Occupation SR HR GENERALIST COORDINATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 / /

Transaction ID: PR10364321554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. SONJA V SCOTT

Mailing Address 30 CANYONWOOD

City State Zip Code
IRVINE CA 92620

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

Name of Employer Pacific Life Occupation AVP COMPENSATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

Date of Receipt
 / /

Transaction ID: PR10364331554

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. BRADLEY W SHERRELL

Mailing Address 2315 VIA ZAFIRO

City State Zip Code
SAN CLEMENTE CA 92673

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

Name of Employer Pacific Life Occupation AVP INFO TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 / /

Transaction ID: PR10364351554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **115.00**

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 42 / 92
	<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. PENNY S SPARKS	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1661 UTAH CIR	Transaction ID: PR10364441554
	City State Zip Code COSTA MESA CA 92626	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$75.00 Monthly)
	Name of Employer Pacific Life Occupation DIR PORTFOLIO OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

B.	Full Name (Last, First, Middle Initial) MR. WILLIAM E STODDART	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2413 W 123RD TER	Transaction ID: PR10364471554
	City State Zip Code LEAWOOD KS 66209	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Monthly)
	Name of Employer Pacific Life Occupation REGIONAL VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) MS. CAROL R SUDBECK	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 11 SOMMET	Transaction ID: PR10364501554
	City State Zip Code NEWPORT COAST CA 92657	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Monthly)
	Name of Employer Pacific Life Occupation VP TALENT ACQ & DEV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	150.00
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 43 / 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR. THOMAS C SUTTON	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 111 SHORECLIFF RD	Transaction ID: PR10364521554
	City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period 0.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$0.00 Monthly)
	Name of Employer Pacific Life Occupation CHRMN & GEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.96	

B.	Full Name (Last, First, Middle Initial) MS. ALICE P TERLECKY	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2130 CAMINO LAUREL	Transaction ID: PR10364571554
	City State Zip Code SAN CLEMENTE CA 92673	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Monthly)
	Name of Employer Pacific Life Occupation AVP NEW BUSINESS SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) MR. JOHN G TORELL	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 355 S LORETTA DR	Transaction ID: PR10364581554
	City State Zip Code ORANGE CA 92869	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$75.00 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 ▼ 885.00	

SUBTOTAL of Receipts This Page (optional)	100.00
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 44 / 92
	<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. STEPHEN J TORETTO		Date of Receipt
	Mailing Address 22862 ORENSE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	MISSION VIEJO	CA	92691
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10364591554
Name of Employer Pacific Life		Occupation VP & INSURANCE COUNSEL	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 ▼ 630.00	<input type="text"/> 55.00
			P/R Deduction (\$55.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. KHANH T TRAN		Date of Receipt
	Mailing Address 47 VERNAL SPG		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	IRVINE	CA	92603
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10364601554
Name of Employer Pacific Life		Occupation EXEC VP CFO	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 ▼ 4999.92	<input type="text"/> 416.66
			P/R Deduction (\$416.66 Monthly)

C.	Full Name (Last, First, Middle Initial) MS. SUSAN L TULLY		Date of Receipt
	Mailing Address 6929 N HAYDEN RD PMB 157		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	SCOTTSDALE	AZ	85250
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10364611554
Name of Employer Pacific Life		Occupation SR WHOLESALER	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 ▼ 720.00	<input type="text"/> 60.00
			P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 531.66
TOTAL 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 45 / 92

(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. EDDIE D TUNG

Mailing Address PO BOX 10386

City State Zip Code
NEWPORT BEACH CA 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 ▼ 705.00

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

Transaction ID: PR10364621554

Amount of Each Receipt this Period 60.00

P/R Deduction (\$60.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MS. CATHRYN L VAN WEY

Mailing Address 41974 CARSON CT

City State Zip Code
MURRIETA CA 92562

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life Occupation DIR NATL ACCTS & KEY ACCT SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

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

Transaction ID: PR10364631554

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MS. MELANIE G WAGNER

Mailing Address 1842 MOORPARK DR

City State Zip Code
BREA CA 92821

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life Occupation DIR HR & PR SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

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

Transaction ID: PR10364641554

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) 120.00

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 46 / 92
	<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. JOHN M WALDECK	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 67 LAURELHURST DR	Transaction ID: PR1036465154
	City State Zip Code LADERA RANCH CA 92694	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Monthly)
	Name of Employer Occupation Pacific Life AVP RE UNDERWRITING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1155.00	

B.	Full Name (Last, First, Middle Initial) MS. DARLENE A WALLACE	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address PO BOX 2462	Transaction ID: PR10364661554
	City State Zip Code NEWPORT BEACH CA 92659	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Monthly)
	Name of Employer Occupation Pacific Life SR SYSTEMS ANA (LD)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) MS. NANCY A WEBB	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 36 BLACK HAWK	Transaction ID: PR10364701554
	City State Zip Code IRVINE CA 92603	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Monthly)
	Name of Employer Occupation Pacific Life VP FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional)	225.00
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 47 / 92
(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. NAOMI D WHEELER

Mailing Address 1827 MAIN 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 FINANCIAL ANALYSIS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt / /

Transaction ID: PR10364731554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

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

Mailing Address 32122 VIA CARLOS

City State Zip Code
SN JUAN CAPISTRANO CA 92675

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

Name of Employer Pacific Life Occupation VP INTERNAL WHLSLNG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 870.00

Date of Receipt / /

Transaction ID: PR10364741554

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. KAREN S WILEY

Mailing Address 2921 PLAYER LANE

City State Zip Code
TUSTIN CA 92782

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

Name of Employer Pacific Life Occupation DIR COMMUNICATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt / /

Transaction ID: PR10364751554

Amount of Each Receipt this Period 20.00

P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **120.00**

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 48 / 92
(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. ALAN D WUEST

Mailing Address 32 COLORIDO

City RCHO STA MARGARITA State CA Zip Code 92688

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

Name of Employer Pacific Life Occupation DIR OPS SUPPORT SERVICES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
Transaction ID: PR10364801554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. ROBIN S YONIS

Mailing Address 8 CASTLEBAR

City IRVINE State CA Zip Code 92618

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

Name of Employer Pacific Life Occupation VP VAR REGULATORY COMPL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
Transaction ID: PR10364821554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. MARIA ZAMBELLI-DOUGHERTY

Mailing Address 525 LOMBARDY RD

City DREXEL HILL State PA Zip Code 19026

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

Name of Employer Pacific Life Occupation SUPR OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
Transaction ID: PR10364831554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 100.00

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 49 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR. MICHAEL J WAUTERS	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2942 COPA DE ORO DR	Transaction ID: PR10365121554
	City State Zip Code LOS ALAMITOS CA 90720	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$55.00 Monthly)
	Name of Employer Pacific Life Occupation AVP FIN REPTG & PLNG Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 585.00	

B.	Full Name (Last, First, Middle Initial) MR. MICHAEL A BELL	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2 PRECIPICE	Transaction ID: PR10365141554
	City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$250.00 Monthly)
	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 ▼ 2750.00	

C.	Full Name (Last, First, Middle Initial) MR. PAUL V LIGEROS	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 44 RABANO	Transaction ID: PR10365201554
	City State Zip Code RCHO STA MARGARITA CA 92688	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$35.00 Monthly)
	Name of Employer Pacific Life Occupation PROD & COMPETITION CONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 405.00	

SUBTOTAL of Receipts This Page (optional)	340.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 92
	<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		Date of Receipt
	Mailing Address 6 SANDERLING LN		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	ALISO VIEJO	CA	92656
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Pacific Life		Occupation AVP ADVANCED 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 ▼ <input type="text"/> 765.00	<input type="text"/> 65.00
			P/R Deduction (\$65.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. REX A OLSON		Date of Receipt
	Mailing Address 1963 PORT LAURENT PL		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	NEWPORT BEACH	CA	92660
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Pacific Life		Occupation SR MANAGING DIR, PAM	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 ▼ <input type="text"/> 300.00	<input type="text"/> 25.00
			P/R Deduction (\$25.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. SAMUEL TANG		Date of Receipt
	Mailing Address 9 KEMPTON LN		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	LADERA RANCH	CA	92694
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Pacific Life		Occupation PRINCIPAL PAC TRIGUARD COO	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 ▼ <input type="text"/> 360.00	<input type="text"/> 30.00
			P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 120.00
TOTAL 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: (check only one)	PAGE 51 / 92
	<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. CAROLYN DEAN	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address PO BOX 3051	Transaction ID: PR10365341554
	City State Zip Code DANA POINT CA 92629	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pacific Life DIR FINANCIAL RPTG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	P/R Deduction (\$40.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MS. ANGELA D HARRELSON	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 286 VIRGINIA PL	Transaction ID: PR10365401554
	City State Zip Code COSTA MESA CA 92627	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pacific Life BUS SYSTEMS ANALYST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	P/R Deduction (\$25.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MS. CAROL E RUMSEY	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 25221 SPINDLEWOOD	Transaction ID: PR10365451554
	City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pacific Life COMPLIANCE MGR (FUNDS)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	▶	90.00
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 52 / 92
	<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	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 376 MYRTLE ST	Transaction ID: PR10365471554
	City State Zip Code LAGUNA BEACH CA 92651	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$125.00 Monthly)
	Name of Employer Pacific Life Occupation VP ANN TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1425.00	

B.	Full Name (Last, First, Middle Initial) MR. RICHARD BAUDOIN	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 12 INDIAN SPRING RD	Transaction ID: PR10365491554
	City State Zip Code NORWALK CT 06853	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Monthly)
	Name of Employer Pacific Life Occupation MNG DIR & CPTL MKTS PRTFL MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) MR. BENJAMIN JUNG	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 115 VIA KORON	Transaction ID: PR10365511554
	City State Zip Code NEWPORT BEACH CA 92663	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Monthly)
	Name of Employer Pacific Life Occupation MANAGING DIR & COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	175.00
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 53 / 92

(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. RICHARD G CHERNEY

Mailing Address 27835 HOMESTEAD RD

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Occupation
Pacific Life EXEC VP GLOBAL MARKETING

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

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10365541554

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MS. KAREN S WALL

Mailing Address 1811 RIVERFORD RD

City State Zip Code
TUSTIN CA 92780

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

Name of Employer Occupation
Pacific Life APPLIC DEV DIR

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

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10365581554

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C.

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 PUBLIC AFFAIRS MGR

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

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10365611554

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

135.00

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 54 / 92
(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. WILLIAM D COTTON

Mailing Address 703 KAHN PL

City State Zip Code
ALEXANDRIA VA 22314

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 ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR10365621554

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

B.

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

Mailing Address 1121 EBBTIDE RD

City State Zip Code
CORONA DEL MAR CA 92625

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

Name of Employer Pacific Life Occupation SR VP ANN ADMIN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1545.00

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR10365661554

Amount of Each Receipt this Period
130.00

P/R Deduction (\$130.00 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 Pacific Life Occupation VP HR PRGMS & SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 990.00

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR10365681554

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 265.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 92

(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

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

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

A.

Full Name (Last, First, Middle Initial)
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 Occupation
Pacific Life VP GOVT RELNS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2550.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10365731554

Amount of Each Receipt this Period

215.00

P/R Deduction (\$215.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. NORM AKHAMLICH

Mailing Address 24321 AUGUSTIN ST

City State Zip Code
MISSION VIEJO CA 92691

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

Name of Employer Occupation
Pacific Life MGR BUILDING OPERATIONS

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

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10365751554

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MS. JEANINE M BASHORE

Mailing Address 2021 DEBORAH LN

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Occupation
Pacific Life SR HR COORDINATOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 243.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10365771554

Amount of Each Receipt this Period

22.00

P/R Deduction (\$22.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

262.00

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 56 / 92
(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. WILLIAM D BURKE

Mailing Address 2216 NELDA WAY

City ALAMO State CA Zip Code 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 ▼ 1200.00

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

Transaction ID: PR10365781554

Amount of Each Receipt this Period: 100.00

P/R Deduction (\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. DAMIAN DELL'OSO

Mailing Address 1A DERICKSON DR

City WILMINGTON State DE Zip Code 19808

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 ▼ 290.00

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

Transaction ID: PR10365811554

Amount of Each Receipt this Period: 0.00

P/R Deduction (\$0.00 Monthly)

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

Mailing Address 995 QUIVERA ST

City LAGUNA BEACH State CA Zip Code 92651

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 ▼ 1935.00

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

Transaction ID: PR10365831554

Amount of Each Receipt this Period: 165.00

P/R Deduction (\$165.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 265.00

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

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

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

FOR LINE NUMBER: PAGE 57 / 92
(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. SILAS K DUNN

Mailing Address 14 ELDERWOOD

City IRVINE State CA Zip Code 92614

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

Name of Employer Pacific Life Occupation AVP PSD COMPLIANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
Transaction ID: PR10365841554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

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

Mailing Address 21612 MARIGOT DR

City BOCA RATON State FL Zip Code 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 ▼ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
Transaction ID: PR10365851554

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. CHARLES W HARVEY

Mailing Address 411 1/2 POINSETTIA AVE

City CORONA DEL MAR State CA Zip Code 92625

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

Name of Employer Pacific Life Occupation SR SYSTEMS ADMINR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
Transaction ID: PR10365861554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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 58 / 92
(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. CHRISTINA Q HE

Mailing Address 16625 SONORA STREET

City State Zip Code
TUSTIN CA 92782

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

Name of Employer Pacific Life Occupation AVP ASSET/LIAB STRAT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR10365871554

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. RONALD S KLINGE

Mailing Address 995 QUIVERA ST

City State Zip Code
LAGUNA BEACH CA 92651

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

Name of Employer Pacific Life Occupation SR PRODUCT ANA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR10365921554

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. ERIC B MILLS

Mailing Address 25202 LA ESTRADA DR

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation AVP ADVANCED DESIGN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR10365951554

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00

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 59 / 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MR. JOHN F O'DONNELL		Date of Receipt
	Mailing Address 30 BRIAN RD		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	BRIDGEWATER	MA	02324
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Pacific Life		Occupation DIVISION VP	Transaction ID: PR10365961554
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1200.00	Amount of Each Receipt this Period <input type="text"/> 100.00
			P/R Deduction (\$100.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. EVAN P OHS		Date of Receipt
	Mailing Address 8124 WESTLAWN AVE		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	LOS ANGELES	CA	90045
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Pacific Life		Occupation FIELD VICE PRES	Transaction ID: PR10365971554
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	Amount of Each Receipt this Period <input type="text"/> 25.00
			P/R Deduction (\$25.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MS. JULIET A PINKERTON		Date of Receipt
	Mailing Address 22 N PALMIERA CIR		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	THE WOODLANDS	TX	77382
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Pacific Life		Occupation REGIONAL VP	Transaction ID: PR10365991554
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 2340.00	Amount of Each Receipt this Period <input type="text"/> 250.00
			P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 375.00
TOTAL 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 60 / 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MR. PHILLIP L SALEMNO		Date of Receipt
	Mailing Address 47 BETSY LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	AMBLER	PA	19002
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Pacific Life		Occupation SALES MANAGER	Transaction ID: PR10366031554
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	Amount of Each Receipt this Period <input type="text"/> 25.00
			P/R Deduction (\$25.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. RICHARD A TAUBE		Date of Receipt
	Mailing Address 24081 NUTHATCH LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	LAGUNA NIGUEL	CA	92677
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Pacific Life		Occupation VP PRODUCT MGMT	Transaction ID: PR10366041554
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 900.00	Amount of Each Receipt this Period <input type="text"/> 75.00
			P/R Deduction (\$75.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. TRAVIS R MC KAY		Date of Receipt
	Mailing Address 24719 JOLEE CT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	PLAINFIELD	IL	60544
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Pacific Life		Occupation SR WHOLESALER	Transaction ID: PR10366061554
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1200.00	Amount of Each Receipt this Period <input type="text"/> 100.00
			P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 200.00
TOTAL 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: (check only one)	PAGE 61 / 92
	<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. JOANN ROGERS	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 909 DREXEL AVE	Transaction ID: PR10366081554
	City DREXEL HILL State PA Zip Code 19026	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Monthly)
	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	

B.	Full Name (Last, First, Middle Initial) MS. KATHARINE B YOUNG	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 18647 SANTA ISADORA ST	Transaction ID: PR10366101554
	City FOUNTAIN VALLEY State CA Zip Code 92708	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$75.00 Monthly)
	Name of Employer Pacific Life Occupation AVP VALUATION & RPTG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

C.	Full Name (Last, First, Middle Initial) MR. DALE W PATRICK	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 11975 LAMBERT	Transaction ID: PR10366141554
	City TUSTIN State CA Zip Code 92782	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Monthly)
	Name of Employer Pacific Life Occupation AVP PORT MGMT, IG TRADING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	120.00
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 62 / 92
	<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. CHRISTOPHER VAN MIERLO		Date of Receipt
	Mailing Address 400 EL VUELO		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	SAN CLEMENTE	CA	92672
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10366151554
Name of Employer Pacific Life		Occupation VP NATL ACCOUNTS	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 ▼ 645.00	<input type="text"/> 55.00
			P/R Deduction (\$55.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. DOUGLAS J URATA		Date of Receipt
	Mailing Address 28202 MILLWOOD RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	TRABUCO CANYON	CA	92679
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10366161554
Name of Employer Pacific Life		Occupation SR PROJECT COORD	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 ▼ 300.00	<input type="text"/> 25.00
			P/R Deduction (\$25.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. MICHAEL S ROBB		Date of Receipt
	Mailing Address 27481 VANTAGE CIRCLE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	SN JUAN CAPISTRANO	CA	92675
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10366191554
Name of Employer Pacific Life		Occupation EXEC VP RE INVEST	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 ▼ 3000.00	<input type="text"/> 250.00
			P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 330.00
TOTAL 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: (check only one)	PAGE 63 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MS. JANE K WONG-HSU	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1121 EBBTIDE RD	Transaction ID: PR10366211554
	City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation VP QUANTITATIVE STRAT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	P/R Deduction (\$50.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. WILLIAM B ARMSTRONG	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 5322 LAIRD RD	Transaction ID: PR10366221554
	City State Zip Code LOOMIS CA 95650	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$25.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MS. HEATHER M BETONTE	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 295 SANTA BARBARA	Transaction ID: PR10366231554
	City State Zip Code IRVINE CA 92606	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation SUPR FINANCIAL ACCOUNTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	95.00
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 64 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
MR. MICHAEL P BORGATTI

Mailing Address 978 BALD CYPRESS DR

City State Zip Code
MANDEVILLE LA 70448

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 ▼ 600.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

Transaction ID: PR10366241554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. RAYMOND S GETTINS

Mailing Address 218 WORTHINGTON AVE

City State Zip Code
WYOMING OH 45215

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

Transaction ID: PR10366251554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. LISA M HENSGEN

Mailing Address 7900 INNISBROOK CT

City State Zip Code
PROSPECT KY 40059

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

Transaction ID: PR10366261554

Amount of Each Receipt this Period 20.00

P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 95.00

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 65 / 92
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

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

Mailing Address 7124 HAWKSBEARD DR

City WESTERVILLE State OH Zip Code 43082

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 ▼ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
Transaction ID: PR10366271554

Amount of Each Receipt this Period
 100.00

P/R Deduction (\$100.00 Monthly)

B.

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

Mailing Address 26666 WHITE OAKS DR

City LAGUNA HILLS State CA Zip Code 92653

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

Name of Employer Pacific Life Occupation AVP CAPITAL MKTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
Transaction ID: PR10366281554

Amount of Each Receipt this Period
 50.00

P/R Deduction (\$50.00 Monthly)

C.

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

Mailing Address 17812 BIGELOW PARK

City TUSTIN State CA Zip Code 92780

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

Name of Employer Pacific Life Occupation AVP IND COMP & TRANS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
Transaction ID: PR10366291554

Amount of Each Receipt this Period
 25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **175.00**

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 66 / 92
(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. STEPHEN M BOLLINGER

Mailing Address 17345 FLAME TREE CIR

City State Zip Code
FOUNTAIN VALLEY CA 92708

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

Name of Employer Occupation
Pacific Life AVP E-COMMERCE

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

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

Transaction ID: PR10366301554

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 288 CHIQUITA 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 CORP DEVELOPMT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 4999.92

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

Transaction ID: PR10366311554

Amount of Each Receipt this Period
416.66

P/R Deduction (\$416.66 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. LORI K CARRASCO

Mailing Address 2742 PORTOLA DR

City State Zip Code
COSTA MESA CA 92626

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

Name of Employer Occupation
Pacific Life SR PARALEGAL ANALYST

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

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

Transaction ID: PR10366321554

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **471.66**

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: PAGE 67 / 92
(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. EDWARD T CREECH

Mailing Address 168 HIGH HILLS DR

City MOORESVILLE State NC Zip Code 28117

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

Transaction ID: PR10366331554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. JEFFREY D DZIADZIOLA

Mailing Address 2917 CHALFONT LN

City PLANO State TX Zip Code 75023

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

Transaction ID: PR10366341554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

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

Mailing Address 10 CANDELA

City IRVINE State CA Zip Code 92620

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

Name of Employer Pacific Life Occupation VP INFO TECH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

Transaction ID: PR10366351554

Amount of Each Receipt this Period 150.00

P/R Deduction (\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 200.00

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 68 / 92
(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. THOMAS GIBBONS

Mailing Address 45137 BIG CANYON ST

City State Zip Code
INDIO CA 92201

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

Name of Employer Pacific Life Occupation VP TAX

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt / /

Transaction ID: PR10366361554

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MS. PAM M HAUK

Mailing Address 88 CALLE DE FELICIDAD

City State Zip Code
RCHO STA MARGARITA CA 92688

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

Name of Employer Pacific Life Occupation M MARKETING DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt / /

Transaction ID: PR10366381554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MS. MARY M HAWKINS

Mailing Address 6182 S 177TH ST

City State Zip Code
OMAHA NE 68135

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

Name of Employer Pacific Life Occupation AVP NEB OPS CENTER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt / /

Transaction ID: PR10366391554

Amount of Each Receipt this Period 45.00

P/R Deduction (\$45.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **170.00**

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 69 / 92		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.	Full Name (Last, First, Middle Initial) MR. JAMES KARAFI		Date of Receipt M M / D D / Y Y Y Y Y		
	Mailing Address 182 STANHOPE RD		Transaction ID: PR10366401554		
	City SPARTA	State NJ	Zip Code 07871	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$75.00 Monthly)		
	Name of Employer Pacific Life	Occupation REGIONAL VP	Aggregate Year-to-Date 825.00		

B.	Full Name (Last, First, Middle Initial) MR. MARK A KARPE		Date of Receipt M M / D D / Y Y Y Y Y		
	Mailing Address 16 AUTUMNLEAF		Transaction ID: PR10366411554		
	City IRVINE	State CA	Zip Code 92614	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$30.00 Monthly)		
	Name of Employer Pacific Life	Occupation DIR COMPLIANCE	Aggregate Year-to-Date 360.00		

C.	Full Name (Last, First, Middle Initial) MR. GREGORY L KEELING		Date of Receipt M M / D D / Y Y Y Y Y		
	Mailing Address 406 1/2 HELIOTROPE AVE		Transaction ID: PR10366421554		
	City CORONA DEL MAR	State CA	Zip Code 92625	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$30.00 Monthly)		
	Name of Employer Pacific Life	Occupation AVP FINANCE	Aggregate Year-to-Date 345.00		

SUBTOTAL of Receipts This Page (optional)	▶	135.00
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 70 / 92
(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. MICHAELE S NOZAKI

Mailing Address 24441 CASWELL CT

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Occupation
Pacific Life AVP INFO SECURITY

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

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366431554

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. JOSEPH W KRUM

Mailing Address 43 LEMANS

City State Zip Code
NEWPORT COAST CA 92657

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

Name of Employer Occupation
Pacific Life VP STRATEGIC PRGMS

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

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366441554

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MS. DARCY L LEWIS

Mailing Address 7322 RESIDENCIA

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Occupation
Pacific Life AVP CREDIT ANALYSIS

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

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10366451554

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 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 71 / 92
(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. STEPHAN P MITCHELL

Mailing Address 18111 THEODORA DR

City State Zip Code
TUSTIN CA 92780

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

Name of Employer Pacific Life Occupation SR PROD & COMPETITION ANA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

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

Transaction ID: PR10366461554

Amount of Each Receipt this Period 45.00

P/R Deduction (\$45.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. TERRY R PERKINS

Mailing Address 25522 SAWMILL LN

City State Zip Code
LAKE FOREST CA 92630

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

Name of Employer Pacific Life Occupation VP ADVANCE DESIGN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: PR10366471554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. CHAD A ROSS

Mailing Address 851 VIA BARQUERO

City State Zip Code
SAN MARCOS CA 92069

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

Name of Employer Pacific Life Occupation KEY ACCOUNT SUPR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

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

Transaction ID: PR10366491554

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 125.00

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 72 / 92
(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. DAVID K ROSUCK

Mailing Address 20 SAINT JOHN DR

City State Zip Code
HAWTHORN WOODS IL 60047

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 ▼ 360.00

Date of Receipt / /

Transaction ID: PR10366501554

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. CARRIE A SALVINO

Mailing Address 2394 WESTMINSTER AVE

City State Zip Code
COSTA MESA CA 92627

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

Name of Employer Pacific Life Occupation PROJECT MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt / /

Transaction ID: PR10366511554

Amount of Each Receipt this Period 0.00

P/R Deduction (\$0.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. PATRICIA A SANDBERG

Mailing Address 400 FLINT AVE

City State Zip Code
LONG BEACH CA 90814

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 ▼ 300.00

Date of Receipt / /

Transaction ID: PR10366521554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **55.00**

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 73 / 92
(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. ELIZABETH H SKINNER
Mailing Address 57 CORAL LK
City IRVINE State CA Zip Code 92614
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation AVP TECHNOLOGY
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR1036651554
Amount of Each Receipt this Period 25.00
P/R Deduction (\$25.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. CHERYL L TOBIN
Mailing Address 24426 PEACOCK ST
City LAKE FOREST State CA Zip Code 92630
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation AVP INS CNSL
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR10366571554
Amount of Each Receipt this Period 25.00
P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER E ULRICH
Mailing Address 152 TROFELLO LN
City ALISO VIEJO State CA Zip Code 92656
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation INTRNL WHLSLR SUPR
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR10366581554
Amount of Each Receipt this Period 25.00
P/R Deduction (\$25.00 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 74 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
MR. KYLE R WOODDELL

Mailing Address 2500 CHRISTOPHER OAKS CT

City SAINT LOUIS State MO Zip Code 63129

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

Transaction ID: PR10366591554

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. CATHLEEN H PULFORD

Mailing Address 33742 PEQUITO DR

City DANA POINT State CA Zip Code 92629

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

Name of Employer Pacific Life Occupation REG RPTG & ANA CONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

Transaction ID: PR10366611554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. DENNIS L BAHLMANN

Mailing Address 6052 MEADOW VIEW CT

City JOHNSTON State IA Zip Code 50131

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

Name of Employer Pacific Life Occupation AVP NEW BUSINESS SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

Transaction ID: PR10366621554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 175.00

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 75 / 92
	<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

A.	Full Name (Last, First, Middle Initial) MR. KEVIN W BERWALD	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 17601 PARKE LN	Transaction ID: PR10366631554
	City State Zip Code GROSSE ILE MI 48138	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation SR WHOLESALER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$25.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. GEORGE A PAULIK	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2990 WINDSTONE CIR	Transaction ID: PR10366651554
	City State Zip Code MARIETTA GA 30062	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$25.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. JEFF J BRADSHAW	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 27302 MONDANO DR	Transaction ID: PR10366671554
	City State Zip Code MISSION VIEJO CA 92692	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation AVP BUSINESS DEV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	100.00
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 76 / 92
(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. DEBORAH K JOHNSON

Mailing Address 3019 SAN ANSELIN AVE

City State Zip Code
LONG BEACH CA 90808

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

Name of Employer Pacific Life Occupation SYSTEMS ANALYSIS SUPR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt / /

Transaction ID: PR1036681554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. KAREN M BROWN

Mailing Address 11 FOREST HILLS CT

City State Zip Code
DANA POINT CA 92629

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

Name of Employer Pacific Life Occupation AVP MODEL OFC ANN TECH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt / /

Transaction ID: PR10366691554

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. KENNETH W COX

Mailing Address 570 EBBCREEK DR APT P

City State Zip Code
CORONA CA 92880

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

Name of Employer Pacific Life Occupation APPLIC DEV CONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt / /

Transaction ID: PR10366701554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **140.00**

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 77 / 92
(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. STEVEN R ELDER
Mailing Address 37936 19TH AVE S
City FEDERAL WAY State WA Zip Code 98003
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 ▼ 600.00
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR10366721554
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. STEPHEN K ENG
Mailing Address 2311 BAYPOINTE DR
City NEWPORT BEACH State CA Zip Code 92660
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation ALM CONSULTANT
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR10366731554
Amount of Each Receipt this Period 40.00
P/R Deduction (\$40.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. ROBERT GOLDSTONE
Mailing Address 6556 MORNINGSIDE DR
City HUNTINGTON BEACH State CA Zip Code 92648
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation VP CHIEF MED OFCR
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR10366741554
Amount of Each Receipt this Period 20.00
P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 110.00
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 78 / 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) MS. CHARLENE A GRANT		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 3311 SEAVIEW AVE		Transaction ID: PR10366751554
	City CORONA DEL MAR	State CA	Zip Code 92625
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
	Name of Employer Pacific Life	Occupation AVP VAR REG COMPL	P/R Deduction (\$35.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 670.00		

B.	Full Name (Last, First, Middle Initial) MR. DAVID C HONERKAMP		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2712 LIGHTHOUSE LN		Transaction ID: PR10366761554
	City CORONA DEL MAR	State CA	Zip Code 92625
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Pacific Life	Occupation AVP RE ACQUISITIONS	P/R Deduction (\$50.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

C.	Full Name (Last, First, Middle Initial) MR. JEFF A JOLLEY		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 54 ASHBROOK		Transaction ID: PR10366771554
	City IRVINE	State CA	Zip Code 92604
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer Pacific Life	Occupation VP AMF CHIEF ACTUARY	P/R Deduction (\$25.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	110.00
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 79 / 92
(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. KRISTINA L KENNEDY

Mailing Address 6 CAMARIN ST

City State Zip Code
FOOTHILL RANCH CA 92610

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

Name of Employer Pacific Life Occupation AVP IMD ACTUARIAL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt / /

Transaction ID: PR10366781554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

B. 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 ▼ 720.00

Date of Receipt / /

Transaction ID: PR10366791554

Amount of Each Receipt this Period 60.00

P/R Deduction (\$60.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. ROBERT C O'BRIEN

Mailing Address 35 HERITAGE AVE

City State Zip Code
ASHLAND MA 01721

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 ▼ 600.00

Date of Receipt / /

Transaction ID: PR10366811554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **135.00**

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 80 / 92
(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. SHARON E PACHECO

Mailing Address 21611 BLUEJAY ST

City State Zip Code
TRABUCO CANYON CA 92679

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

Name of Employer Pacific Life Occupation VP CHIEF COMPLIANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR10366821554

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. WILLIAM K VINSON

Mailing Address 2111 OWENS DRIVE

City State Zip Code
FULLERTON CA 92833

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

Name of Employer Pacific Life Occupation ACTUARIAL CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR10366871554

Amount of Each Receipt this Period
24.00

P/R Deduction (\$24.00 Monthly)

C.

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

Mailing Address 1 BAILEY DRIVE

City State Zip Code
GLENWOOD NJ 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 ▼ 660.00

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR10366881554

Amount of Each Receipt this Period
55.00

P/R Deduction (\$55.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **119.00**

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 81 / 92
(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. STUART A HOLLAND

Mailing Address 4931 CAREFREE TRAIL

City State Zip Code
PARKER CO 80134

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 ▼ 900.00

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

Transaction ID: PR10366911554

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. BRANDON J CAGE

Mailing Address 19211 HIGHLAND VIEW LN

City State Zip Code
PORTOLA HILLS CA 92679

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

Name of Employer Pacific Life Occupation ATTORNEY CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: PR10366951554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. PETER S DEERING

Mailing Address 3314 HILL ST

City State Zip Code
SAN DIEGO CA 92106

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

Name of Employer Pacific Life Occupation SR VP PSD STRATEGC GRWTH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: PR10366961554

Amount of Each Receipt this Period 0.00

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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 82 / 92
(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. MARK E FANE

Mailing Address 16373 CANON LN

City State Zip Code
CHINO HILLS CA 91709

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

Name of Employer Pacific Life Occupation SR INTERNAL WHOLESALER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: PR10366971554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. LARRY D GARDNER

Mailing Address 214 S 202ND ST

City State Zip Code
ELKHORN NE 68022

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

Name of Employer Pacific Life Occupation COMPLIANCE MANAGER, NE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

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

Transaction ID: PR10366991554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MS. ADRIANNE M GEORGANTAS

Mailing Address 28373 BOULDER DR

City State Zip Code
TRABUCO CANYON CA 92679

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

Name of Employer Pacific Life Occupation SR FLD SVCS PROJ ANA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

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

Transaction ID: PR10367001554

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 90.00

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 83 / 92
(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. DAVID L GOLDSTEIN

Mailing Address 12324 CANTURA ST

City State Zip Code
STUDIO CITY CA 91604

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

Name of Employer Pacific Life Occupation FVP COLI UNIT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt / /

Transaction ID: PR10367011554

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. CHIN H KIM

Mailing Address 24 TAOS

City State Zip Code
RCHO STA MARGARITA CA 92688

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

Name of Employer Pacific Life Occupation DIR ADV D MKTG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt / /

Transaction ID: PR10367021554

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. WAYNE K LEE

Mailing Address 9827 E LEMON AVE

City State Zip Code
ARCADIA CA 91007

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

Name of Employer Pacific Life Occupation DATABASE MGMT CONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt / /

Transaction ID: PR10367041554

Amount of Each Receipt this Period 20.00

P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **80.00**

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 84 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

<p>A. Full Name (Last, First, Middle Initial) MS. RACHELLE E REGEHR</p> <p>Mailing Address 20822 CATAMARAN LN</p> <p>City State Zip Code HUNTINGTON BEACH CA 92646</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Pacific Life Occupation INTERNAL WHOLESALER I</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR10367071554</p> <p>Amount of Each Receipt this Period 25.00</p> <p>P/R Deduction (\$25.00 Monthly)</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) MR. JAMES M RUGGERIO</p> <p>Mailing Address 449 SAINT ANNES DR</p> <p>City State Zip Code BIRMINGHAM AL 35244</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Pacific Life Occupation SR WHOLESALER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 780.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR10367081554</p> <p>Amount of Each Receipt this Period 65.00</p> <p>P/R Deduction (\$65.00 Monthly)</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) MR. RONALD C SEXTON</p> <p>Mailing Address 2553 W GLENCREST AVE</p> <p>City State Zip Code ANAHEIM CA 92801</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Pacific Life Occupation SYSTEMS ADMINISTRATOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 285.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR10367091554</p> <p>Amount of Each Receipt this Period 25.00</p> <p>P/R Deduction (\$25.00 Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	115.00
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 85 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
MR. KEITH C WERSCHKE

Mailing Address 25252 NORTHRUP DR

City State Zip Code
LAGUNA HILLS CA 92653

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life Occupation AVP AGG & INS RISK MGT

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: PR10367121554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 120 ALBERT PL APT 10

City State Zip Code
COSTA MESA CA 92627

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life Occupation AVP PROD DESIGN

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

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

Transaction ID: PR10367141554

Amount of Each Receipt this Period 65.00

P/R Deduction (\$65.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. ROBERT J HUNT

Mailing Address 20130 NE 28TH PL

City State Zip Code
SAMMAMISH WA 98074

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 ▼ 480.00

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

Transaction ID: PR10367161554

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) 155.00

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 86 / 92
(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. STEVEN H GOLDBERG

Mailing Address 18 THREE VINES CT

City State Zip Code
LADERA RANCH CA 92694

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

Name of Employer Pacific Life Occupation DIR ANNUITIES PRODUCT DEVELOPMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR10367181554

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. JASON T TODD

Mailing Address 59 LAURELHURST DR

City State Zip Code
LADERA RANCH CA 92694

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

Name of Employer Pacific Life Occupation CREDIT ANALYSIS MGR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR10371991554

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

C.

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

Mailing Address 3 PHEASANT DR.

City State Zip Code
MT. LAUREL NJ 08054

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 ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR10614781554

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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 87 / 92

(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. STEPHEN K BEST
Mailing Address 445 FLINT AVE

City State Zip Code
LONG BEACH CA 90814

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 ▼ 900.00

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

Transaction ID: PR10614791554

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. CARL B JACKSON
Mailing Address 22395 WOODGROVE RD

City State Zip Code
LAKE FOREST CA 92630

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

Name of Employer Occupation
Pacific Life BUS CONT PRGM DIR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 405.00

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

Transaction ID: PR10614811554

Amount of Each Receipt this Period
45.00

P/R Deduction (\$45.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. JOHN MCKEAN
Mailing Address PO BOX 1153

City State Zip Code
NEWPORT BEACH CA 92659

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

Name of Employer Occupation
Pacific Life VP MARKETING

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

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

Transaction ID: PR10614821554

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

170.00

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 88 / 92

(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. CARLETON J MUENCH

Mailing Address 510 SAN NICHOLAS CT

City State Zip Code
LAGUNA BEACH CA 92651

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life Occupation AVP INVESTMENT OVERSIGHT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

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

Transaction ID: PR10614831554

Amount of Each Receipt this Period 45.00

P/R Deduction (\$45.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. PATRICK J O'BRIEN

Mailing Address 1112 LAS POSAS

City State Zip Code
SAN CLEMENTE CA 92673

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life Occupation AVP SPECIALIZED MRKTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

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

Transaction ID: PR10614841554

Amount of Each Receipt this Period 35.00

P/R Deduction (\$35.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. ALEX M RUIZ

Mailing Address PO BOX 7312

City State Zip Code
NEWPORT BEACH CA 92658

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life Occupation ACTUARIAL CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

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

Transaction ID: PR10614861554

Amount of Each Receipt this Period 35.00

P/R Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional) 115.00

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 89 / 92
(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. TIM N SHAHEEN

Mailing Address 28 STONE PNE

City State Zip Code
ALISO VIEJO CA 92656

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

Name of Employer Pacific Life Occupation AVP MARKETING OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
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Transaction ID: PR10614871554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. CHARLES J SWEENEY

Mailing Address 6614 N 158TH ST

City State Zip Code
OMAHA NE 68116

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

Name of Employer Pacific Life Occupation DIR OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR10614901554

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. MATTHEW WELLS

Mailing Address 120 BONITA DR

City State Zip Code
HOMEWOOD AL 35209

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 ▼ 900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR10614921554

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **175.00**

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 90 / 92
(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. JAMES P LEASURE

Mailing Address 2427 PORT WHITBY PL

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation SR MANAGING DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR10668011554

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. MARK S ROCKLIN

Mailing Address 814 E MORNINGSIDE DR

City State Zip Code
PHOENIX AZ 85022

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 ▼ 210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR11084681554

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. DAVID J VAN DE WATER

Mailing Address 2062 MOUNT SHASTA DR

City State Zip Code
SAN PEDRO CA 90732

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

Name of Employer Pacific Life Occupation MARKETING CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR11106891554

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **110.00**

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 91 / 92
	(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. ANN E FARLEY		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 4014 ALADDIN DR		Transaction ID: PR11323351554
City HUNTINGTON BEACH	State CA	Zip Code 92649
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 45.00	
Name of Employer Pacific Life	Occupation AVP PRODUCT DEV	P/R Deduction (\$45.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B.

Full Name (Last, First, Middle Initial) MS. JENNIFER R JEWETT		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 31901 VIRGINIA WAY		Transaction ID: PR12361941554
City LAGUNA BEACH	State CA	Zip Code 92651
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 65.00	
Name of Employer Pacific Life	Occupation AVP INVEST CNSL	P/R Deduction (\$65.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	110.00
TOTAL This Period (last page this line number only)	16752.65

**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) Friends of Joe Baca Mailing Address 555 Capitol Mall Suite 1425 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Contribution Candidate Name Joseph Baca Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 43 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4990767 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 7
	Amount of Each Disbursement this Period 2000.00 Contribution
B. Full Name (Last, First, Middle Initial) Pennsylvanians for Kanjorski Mailing Address 126 S. Franklin Street City Wilkes-Barre State PA Zip Code 18701 Purpose of Disbursement Contribution Candidate Name Paul Kanjorski Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4990766 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 7
	Amount of Each Disbursement this Period 2000.00 Contribution

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