

# 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 08 01 2007 through 08 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 09 11 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	8

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 .....	39030.51									
(c) Total Receipts (from Line 19) .....	17307.98	149577.30								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	56338.49	170338.49								
7. Total Disbursements (from Line 31) .....	0.00	114000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	56338.49	56338.49								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	8

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	14957.65	100505.00
(i) Itemized (use Schedule A) .....	2350.33	49072.30
(ii) Unitemized .....	17307.98	149577.30
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	17307.98	149577.30
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)) .....	17307.98	149577.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17307.98	149577.30

**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.....	0.00	114000.00
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))..	0.00	114000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	0.00	114000.00

**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) .....	17307.98	149577.30
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17307.98	149577.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS. JUNE GARCE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 20050 EMERALD MEADOW DR		<b>Transaction ID: PR10362101264</b>	
City State Zip Code WALNUT CA 91789	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 DIR MKTG COMPLIANCE	Aggregate Year-to-Date ▼ _____ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MS. JULIE E TRASK</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 181 S CRAIG DR		<b>Transaction ID: PR10362121264</b>	
City State Zip Code ORANGE CA 92869	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 Pacific Life Occupation MGR CUSTOMER SVC	Aggregate Year-to-Date ▼ _____ 320.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MR. DANIEL F BASS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 531 PROMONTORY DR E		<b>Transaction ID: PR10362151264</b>	
City State Zip Code NEWPORT BEACH CA 92660	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 VP REINSURANCE	Aggregate Year-to-Date ▼ _____ 320.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>90.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. ANTHONY J BONNO		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 61 VERNAL SPG		<b>Transaction ID:</b> PR10362231264	
City IRVINE	State CA	Zip Code 92603	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation SR VP HUMAN RESOURCES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2300.00		P/R Deduction (\$400.00 Monthly)

<b>B.</b> Full Name (Last, First, Middle Initial) MR. ALAN H BROWN		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 505 13TH ST		<b>Transaction ID:</b> PR10362251264	
City HUNTINGTON BEACH	State CA	Zip Code 92648	Amount of Each Receipt this Period 70.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation AVP INFO TECH OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00		P/R Deduction (\$70.00 Monthly)

<b>C.</b> Full Name (Last, First, Middle Initial) MS. KATHLEEN N WILSON		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 2525 JUANITA WAY		<b>Transaction ID:</b> PR10362271264	
City LAGUNA BEACH	State CA	Zip Code 92651	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation SR PROJECT ANALYST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
MR. DEWEY P BUSHAW

Mailing Address 29132 ALFIERI ST

City State Zip Code  
LAGUNA NIGUEL CA 92677

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1255.00

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

**Transaction ID:** PR10362301264

Amount of Each Receipt this Period  
167.00

P/R Deduction (\$167.00 Monthly)

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

Mailing Address 3029 FLAGSTONE DR

City State Zip Code  
FRANKLIN TN 37069

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 666.72

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

**Transaction ID:** PR10362311264

Amount of Each Receipt this Period  
83.34

P/R Deduction (\$83.34 Monthly)

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

Mailing Address 17520 PAGE CT

City State Zip Code  
YORBA LINDA CA 92886

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

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

**Transaction ID:** PR10362321264

Amount of Each Receipt this Period  
110.00

P/R Deduction (\$110.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>360.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. DAVID R CARMICHAEL</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1525 SERENADE TER		<b>Transaction ID: PR10362361264</b>	
City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period _____ 416.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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) ▼	Aggregate Year-to-Date ▼ _____ 3328.00		P/R Deduction (\$416.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MR. JOSEPH E CELENTANO</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 26661 CAMPESINO		<b>Transaction ID: PR10362381264</b>	
City State Zip Code MISSION VIEJO CA 92691	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation SR VP PROD MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 800.00		P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. MS. SHARON A CHEEVER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 33512 VALLE RD		<b>Transaction ID: PR10362401264</b>	
City State Zip Code SN JUAN CAPISTRANO CA 92675	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation VP & INVEST COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 755.00		P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>616.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS. LAURIE A CHURCH</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 21851 NEWLAND ST SPC 246		<b>Transaction ID: PR10362421264</b>	
City State Zip Code HUNTINGTON BEACH CA 92646	Amount of Each Receipt this Period _____ 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation MGR STRUCT STTLMNTS OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 320.00		
		P/R Deduction (\$40.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MS. BERNADINE E CHWALEK</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 33741 SHACKLETON ISLE		<b>Transaction ID: PR10362431264</b>	
City State Zip Code DANA POINT CA 92629	Amount of Each Receipt this Period _____ 0.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation AVP INVEST CNSL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 420.00		
		P/R Deduction (\$0.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. JACK D CLABOUGH</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1410 TANGLEWOOD DR		<b>Transaction ID: PR10362451264</b>	
City State Zip Code CORONA CA 92882	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation VP & CHIEF LIFE UNDERWRITER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00		
		P/R Deduction (\$50.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>90.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS. GAIL C MOSCOSO</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 31558 WEST NINE DR		<b>Transaction ID: PR10362481264</b>	
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 _____	P/R Deduction (\$60.00 Monthly)		
Name of Employer Pacific Life Occupation VP CLIENT SERVICES	Aggregate Year-to-Date ▼ _____ 480.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MS. CHRISTINE L KELLERMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 26571 VIA CALIFORNIA		<b>Transaction ID: PR10362491264</b>	
City State Zip Code CAPISTRANO BEACH CA 92624	Amount of Each Receipt this Period _____ 33.33		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$33.33 Monthly)		
Name of Employer Pacific Life Occupation APPLIC DEV MGR	Aggregate Year-to-Date ▼ _____ 266.64		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MR. BRENDAN L COLLINS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 25551 ORCHARD RIM LN		<b>Transaction ID: PR10362501264</b>	
City State Zip Code LAKE FOREST CA 92630	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 AVP PORT MGMT, IG TRADING	Aggregate Year-to-Date ▼ _____ 280.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>128.33</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR. DENNIS M CORBETT</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 15136 TOURAIN WAY		<b>Transaction ID: PR10362511264</b>
City IRVINE State CA Zip Code 92604	Amount of Each Receipt this Period _____ 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$100.00 Monthly)	
Name of Employer Pacific Life Occupation VP TAX COMPLIANCE	Aggregate Year-to-Date ▼ _____ 755.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MR. CAMERON COSGROVE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 20455 VIA BURGOS		<b>Transaction ID: PR10362531264</b>
City YORBA LINDA State CA Zip Code 92887	Amount of Each Receipt this Period _____ 85.00	
FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$85.00 Monthly)	
Name of Employer Pacific Life Occupation VP LIFE CHIEF INFO OFFICER	Aggregate Year-to-Date ▼ _____ 680.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MR. DANIEL C CRAIN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 36 WINTERGREEN		<b>Transaction ID: PR10362541264</b>
City IRVINE State CA Zip Code 92604	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$30.00 Monthly)	
Name of Employer Pacific Life Occupation MGR PROD COMPLIANCE	Aggregate Year-to-Date ▼ _____ 330.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>215.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 67
	<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. 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 ▼ 400.00

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

**Transaction ID:** PR10362551264

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 ▼ 400.00

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

**Transaction ID:** PR10362561264

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 23820 CAPE MONACO RD

City State Zip Code  
BONITA SPRINGS FL 34135

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 ▼ 650.00

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

**Transaction ID:** PR10362571264

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MS. STEPHANIE J CURRY</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address PO BOX 15358		<b>Transaction ID: PR10362591264</b>	
City State Zip Code IRVINE CA 92623		Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Pacific Life AVP ADVANCED SALES			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 665.00	
		P/R Deduction (\$85.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MS. DIANE W DALES</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 28 CLERMONT		<b>Transaction ID: PR10362601264</b>	
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			
Name of Employer Occupation Pacific Life AVP CREDIT ANALYSIS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	
		P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MS. LINDA D LARSON</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 8315 ROAD R NW		<b>Transaction ID: PR10362621264</b>	
City State Zip Code QUINCY WA 98848		Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Pacific Life AVP IND COMPLIANCE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 720.00	
		P/R Deduction (\$90.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	225.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. EMILE C DUROCHER</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 9740 E GRANITE PEAK TRL		<b>Transaction ID: PR10362661264</b>	
City <b>SCOTTSDALE</b>	State <b>AZ</b>	Zip Code <b>85262</b>	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation <b>FIELD VP MRKTNG AFFILIATE</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
		P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MS. NANCY E ENOMOTO</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 2001 BARRANCA		<b>Transaction ID: PR10362691264</b>	
City <b>NEWPORT BEACH</b>	State <b>CA</b>	Zip Code <b>92660</b>	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation <b>DIR IMD OPS RSK MGMT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		
		P/R Deduction (\$35.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. MARK R FALK</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 64 SUMMERSTONE		<b>Transaction ID: PR10362711264</b>	
City <b>IRVINE</b>	State <b>CA</b>	Zip Code <b>92614</b>	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation <b>AVP STRATEGIC PROGRAMS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
		P/R Deduction (\$125.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	210.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 718 K THANGA 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 AVP RE INVESTMENTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

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

**Transaction ID:** PR10362781264

Amount of Each Receipt this Period  
35.00

P/R Deduction (\$35.00 Monthly)

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

Mailing Address 2915 CALLE GUADALAJARA

City State Zip Code  
SAN CLEMENTE CA 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 ▼ 240.00

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

**Transaction ID:** PR10362791264

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 31411 MONTEREY ST

City State Zip Code  
LAGUNA BEACH CA 92651

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

Name of Employer Pacific Life Occupation SR VP OPERATIONS

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:** PR10362861264

Amount of Each Receipt this Period  
150.00

P/R Deduction (\$150.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>215.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 67
	<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. FRANK J GOETZ

Mailing Address 7 SOVENTE

City State Zip Code  
IRVINE CA 92606

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

Name of Employer Occupation  
Pacific Life AVP NEW BUSINESS SVCS

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 536.00

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

**Transaction ID:** PR10362901264

Amount of Each Receipt this Period  
70.00

P/R Deduction (\$70.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. KEVIN P GOODMAN

Mailing Address 310 ALISO AVE

City State Zip Code  
NEWPORT BEACH CA 92663

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

Name of Employer Occupation  
Pacific Life ACCUM PROD CONS

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 320.00

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

**Transaction ID:** PR10362911264

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$40.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. MILDA C GOODMAN

Mailing Address 310 ALISO AVE

City State Zip Code  
NEWPORT BEACH CA 92663

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

Name of Employer Occupation  
Pacific Life AVP ADV & PUB RL TNS

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:** PR10362921264

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>160.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS. C MARLA GRAHAM</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 23672 BRASILIA ST		<b>Transaction ID: PR10362941264</b>	
City <b>MISSION VIEJO</b>	State <b>CA</b>	Zip Code <b>92691</b>	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation <b>MGR NEXT WAVE PMO/BA</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00		
		P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. ADRIAN S GRIGGS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 8766 CANARY AVE		<b>Transaction ID: PR10362961264</b>	
City <b>FOUNTAIN VALLEY</b>	State <b>CA</b>	Zip Code <b>92708</b>	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation <b>VP FINANCE &amp; COMPLIANCE</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00		
		P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MS. IRENE L HALLETT</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 60 PALATINE APT 223		<b>Transaction ID: PR10362991264</b>	
City <b>IRVINE</b>	State <b>CA</b>	Zip Code <b>92612</b>	Amount of Each Receipt this Period _____ 30.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation <b>NATL ACCOUNTS SUPR</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00		
		P/R Deduction (\$30.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>130.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MS. BRENDA K HARDWIG</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 13112 EARLHAM ST		<b>Transaction ID: PR10363031264</b>	
City State Zip Code SANTA ANA CA 92705	Amount of Each Receipt this Period _____ 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation COMMUNITY RELTNS COORD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 320.00		
		P/R Deduction (\$40.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. ROBERT G HASKELL</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 31735 SEACLIFF DR		<b>Transaction ID: PR10363061264</b>	
City State Zip Code LAGUNA BEACH CA 92651	Amount of Each Receipt this Period _____ 416.66		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation SR VP PUBLIC AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 3333.28		
		P/R Deduction (\$416.66 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. DALE E HAWLEY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1137 SUNSET CLIFFS BLVD		<b>Transaction ID: PR10363071264</b>	
City State Zip Code SAN DIEGO CA 92107	Amount of Each Receipt this Period _____ 74.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation AVP INVEST CNSL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 592.00		
		P/R Deduction (\$74.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>530.66</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2335 RANCHO DEL ORO RD UNIT 4

City State Zip Code  
OCEANSIDE CA 92056

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

Name of Employer Pacific Life Occupation AVP & VALUATION ACTUARY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 605.00

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

**Transaction ID:** PR10363101264

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 DIR TAX OPERATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

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

**Transaction ID:** PR10363111264

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  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR10363131264

Amount of Each Receipt this Period  
0.00

P/R Deduction (\$0.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>125.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 25391 REMESA DR

City State Zip Code  
MISSION VIEJO CA 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 ▼ 276.00

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

**Transaction ID:** PR10363141264

Amount of Each Receipt this Period  
36.00

P/R Deduction (\$36.00 Monthly)

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

Mailing Address 23972 GOLDENEYE DR

City State Zip Code  
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation VP INV ADVISOR OPS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

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

**Transaction ID:** PR10363161264

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 State Zip Code  
RANCHO SANTA FE CA 92067

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

Name of Employer Pacific Life Occupation EVP & CHIEF INVESTMENT OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

**Transaction ID:** PR10363181264

Amount of Each Receipt this Period  
0.00

P/R Deduction (\$0.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>136.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. MS. MARYBETH HUGHES</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2283 WATERMAN WAY		<b>Transaction ID: PR10363201264</b>	
City COSTA MESA	State CA	Zip Code 92627	Amount of Each Receipt this Period _____ 40.00
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ _____ 290.00		

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MS. MARY K MCWARD</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2 GLASTONBURY PL		<b>Transaction ID: PR10363211264</b>	
City LAGUNA NIGUEL	State CA	Zip Code 92677	Amount of Each Receipt this Period _____ 60.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation VP MARKETING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 450.00		

P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. MR. CHRIS M JANOWIAK</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2056 COLUMBUS WAY		<b>Transaction ID: PR10363231264</b>	
City VISTA	State CA	Zip Code 92081	Amount of Each Receipt this Period _____ 60.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation DIR CORP INTERNET STRATEGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 480.00		

P/R Deduction (\$60.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>160.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS. CAROL A JENSEN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 8554 202ND STREET SW		<b>Transaction ID: PR10363241264</b>	
City <b>EDMONDS</b>	State <b>WA</b>	Zip Code <b>98026</b>	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>DIVISION VP</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 800.00		
		P/R Deduction (\$100.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. JEFF R JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1 SAND OAKS RD.		<b>Transaction ID: PR10363251264</b>	
City <b>LAGUNA NIGUEL</b>	State <b>CA</b>	Zip Code <b>92677</b>	Amount of Each Receipt this Period _____ 45.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>TREASURER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 360.00		
		P/R Deduction (\$45.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. KENT R JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 25621 DEL NORTE		<b>Transaction ID: PR10363261264</b>	
City <b>LAGUNA NIGUEL</b>	State <b>CA</b>	Zip Code <b>92677</b>	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>VP ACTUARIAL &amp; REINS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00		
		P/R Deduction (\$50.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>195.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS. SUZANNE T KAMPA		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10363321264	
Mailing Address 5531 STANFORD AVE		Amount of Each Receipt this Period 60.00	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		
		P/R Deduction (\$60.00 Monthly)	

<b>B.</b> Full Name (Last, First, Middle Initial) MS. ANITA KARANJIA		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10363331264	
Mailing Address 9 MONTECILO		Amount of Each Receipt this Period 65.00	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 505.00		
		P/R Deduction (\$65.00 Monthly)	

<b>C.</b> Full Name (Last, First, Middle Initial) MR. BRIAN D KLEMENS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10363371264	
Mailing Address 24611 BENJAMIN CIR		Amount of Each Receipt this Period 80.00	
City State Zip Code DANA POINT CA 92629	FEC ID number of contributing federal political committee. C		
Name of Employer Pacific Life	Occupation VP & TREASURER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00		
		P/R Deduction (\$80.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	205.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 67
	<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		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 30862 PASEO DEL NIGUEL		Transaction ID: PR10363381264	
City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation VP & INVEST COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		
		P/R Deduction (\$30.00 Monthly)	

B. Full Name (Last, First, Middle Initial) MR. JOHN P KONTOS		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 6307 CAMINO MARINERO		Transaction ID: PR10363421264	
City State Zip Code SAN CLEMENTE CA 92673	Amount of Each Receipt this Period 110.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation VP KEY ACCOUNT MKTG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00		
		P/R Deduction (\$110.00 Monthly)	

C. Full Name (Last, First, Middle Initial) MS. JODY L LINNEMAN		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 262 S FAIRFIELD LN		Transaction ID: PR10363451264	
City State Zip Code ORANGE CA 92869	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation AVP INVEST CNSL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		
		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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. FLETCHER C LARSON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 709 AVENIDA MIROLA		<b>Transaction ID: PR10363471264</b>	
City State Zip Code PALOS VERDES EST CA 90274	Amount of Each Receipt this Period _____ 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ _____ 1050.00		P/R Deduction (\$150.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MR. DAVID LAWS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 10935 E BERRY AVE		<b>Transaction ID: PR10363481264</b>	
City State Zip Code ENGLEWOOD CO 80111	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ _____ 800.00		P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. MS. TERESA M LORD</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 16432 CAMINO CANADA LN		<b>Transaction ID: PR10363541264</b>	
City State Zip Code HUNTINGTON BEACH CA 92649	Amount of Each Receipt this Period _____ 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation SR SYSTEMS ANALYST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00		P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>280.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS. LAURENE E MAC ELWEE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1033 SECRETARIAT CIR		<b>Transaction ID: PR10363561264</b>	
City COSTA MESA	State CA	Zip Code 92626	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ _____ 800.00		P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MR. DESMOND G MARSH</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 74 SETON RD		<b>Transaction ID: PR10363591264</b>	
City IRVINE	State CA	Zip Code 92612	Amount of Each Receipt this Period _____ 120.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation AVP ANNUITY APPLIC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 960.00		P/R Deduction (\$120.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. MR. THOMAS J MAYS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 7406 PALOMA DR		<b>Transaction ID: PR10363601264</b>	
City HUNTINGTON BEACH	State CA	Zip Code 92648	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation VP GOVT RELNS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00		P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>270.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 67						
	(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

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

Full Name (Last, First, Middle Initial) <b>A. MS. GAIL H MC INTOSH</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 622 18TH ST		<b>Transaction ID: PR10363611264</b>	
City <b>HUNTINGTON BEACH</b>	State <b>CA</b>	Zip Code <b>92648</b>	Amount of Each Receipt this Period _____ 80.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>AVP INS CNSL</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 640.00		

P/R Deduction (\$80.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MS. JULIA C MC KINNEY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 207 N ELLERY DR		<b>Transaction ID: PR10363631264</b>	
City <b>SAN PEDRO</b>	State <b>CA</b>	Zip Code <b>90732</b>	Amount of Each Receipt this Period _____ 75.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>AVP INS CNSL</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 600.00		

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. MR. HENRY M MC MILLAN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 4006 INLET ISLE DR		<b>Transaction ID: PR10363661264</b>	
City <b>CORONA DEL MAR</b>	State <b>CA</b>	Zip Code <b>92625</b>	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>SR VP &amp; CHIEF RISK OFCR</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 762.50		

P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>255.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 / 67
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. JOHN E MILBERG Mailing Address 33811 DONEGAL LN City SN JUAN CAPISTRANO State CA Zip Code 92675 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10363701264 Amount of Each Receipt this Period 175.00 P/R Deduction (\$175.00 Monthly)
Name of Employer: Pacific Life Occupation: SR VP RISK FIN & IM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1325.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MS. AUDREY L MILFS Mailing Address 26922 ROCKING HORSE LN City LAGUNA HILLS State CA Zip Code 92653 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10363711264 Amount of Each Receipt this Period 250.00 P/R Deduction (\$250.00 Monthly)
Name of Employer: Pacific Life Occupation: VP & SECRETARY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1850.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MR. JOSE T MISCOLTA Mailing Address 20 BRYCE CYN City ALISO VIEJO State CA Zip Code 92656 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10363751264 Amount of Each Receipt this Period 65.00 P/R Deduction (\$65.00 Monthly)
Name of Employer: Pacific Life Occupation: AVP PROD & PORT MKTG Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>490.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS. MICHELE A MYSZKA</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 26206 SANZ AVE		<b>Transaction ID: PR10363841264</b>	
City <b>MISSION VIEJO</b>	State <b>CA</b>	Zip Code <b>92691</b>	Amount of Each Receipt this Period _____ 10.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>COMMUNITY RELTNS DIR</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.00		
		P/R Deduction (\$10.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. DARAGH M O'SULLIVAN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 177 22ND ST APT 14		<b>Transaction ID: PR10363901264</b>	
City <b>COSTA MESA</b>	State <b>CA</b>	Zip Code <b>92627</b>	Amount of Each Receipt this Period _____ 200.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>VP PRODUCT DESIGN</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1450.00		
		P/R Deduction (\$200.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. RICHARD P OLSON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 24852 CAMBERWELL ST		<b>Transaction ID: PR10363931264</b>	
City <b>LAGUNA HILLS</b>	State <b>CA</b>	Zip Code <b>92653</b>	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>DIR SECURITY SVCS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00		
		P/R Deduction (\$50.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>260.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) MS. JOYCE J PEAD		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10364001264	
Mailing Address 25 SUNRISE		Amount of Each Receipt this Period 50.00	
City IRVINE	State CA	Zip Code 92603	P/R Deduction (\$50.00 Monthly)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation AVP HR CONSULTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MS. ALYCE PETERSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10364021264	
Mailing Address 2908 VIA HIDALGO		Amount of Each Receipt this Period 75.00	
City SAN CLEMENTE	State CA	Zip Code 92673	P/R Deduction (\$75.00 Monthly)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation VP MARKETING SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MR. B P PILLION		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10364041264	
Mailing Address 915 STROKE RD		Amount of Each Receipt this Period 40.00	
City VILLANOVA	State PA	Zip Code 19085	P/R Deduction (\$40.00 Monthly)
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 320.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	165.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 67
	<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. 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 ▼ 880.00

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

**Transaction ID:** PR10364141264

Amount of Each Receipt this Period  
110.00

P/R Deduction (\$110.00 Monthly)

**B.** 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 ▼ 2325.00

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

**Transaction ID:** PR10364181264

Amount of Each Receipt this Period  
300.00

P/R Deduction (\$300.00 Monthly)

**C.** 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 ▼ 240.00

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

**Transaction ID:** PR10364201264

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>440.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. ROBERT D RUSSELL</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 51202 EASTCHURCH		<b>Transaction ID: PR10364231264</b>	
City <b>CHAPEL HILL</b>	State <b>NC</b>	Zip Code <b>27517</b>	Amount of Each Receipt this Period _____ 75.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>AVP RE INVESTMENTS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 600.00		
		P/R Deduction (\$75.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. RICHARD J SCHINDLER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 28792 APPLETREE		<b>Transaction ID: PR10364261264</b>	
City <b>MISSION VIEJO</b>	State <b>CA</b>	Zip Code <b>92692</b>	Amount of Each Receipt this Period _____ 125.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>SR VP LIFE CHF MKTG OFCR</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 925.00		
		P/R Deduction (\$125.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MS. CATHY L SCHWARTZ</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 87 PELICAN CT		<b>Transaction ID: PR10364311264</b>	
City <b>NEWPORT BEACH</b>	State <b>CA</b>	Zip Code <b>92660</b>	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>AVP CREDIT ANALYSIS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 800.00		
		P/R Deduction (\$100.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 67
	<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. 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 ▼ 305.00

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

**Transaction ID:** PR10364331264

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$40.00 Monthly)

**B.** 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 ▼ 400.00

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

**Transaction ID:** PR10364351264

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. PENNY S SPARKS

Mailing Address 1661 UTAH CIR

City State Zip Code  
COSTA MESA CA 92626

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

Name of Employer Pacific Life Occupation DIR COMPLIANCE

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:** PR10364441264

Amount of Each Receipt this Period  
75.00

P/R Deduction (\$75.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>165.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 67
	<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. CAROL R SUDBECK

Mailing Address 11 SOMMET

City State Zip Code  
NEWPORT COAST CA 92657

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 ▼ 400.00

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

**Transaction ID:** PR10364501264

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. THOMAS C SUTTON

Mailing Address 111 SHORECLIFF 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 CHRMN & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.96

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

**Transaction ID:** PR10364521264

Amount of Each Receipt this Period  
0.00

P/R Deduction (\$0.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. JOHN G TORELL

Mailing Address 355 S LORETTA DR

City State Zip Code  
ORANGE CA 92869

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

Name of Employer Pacific Life Occupation VP ACCTG & RPTG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

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

**Transaction ID:** PR10364581264

Amount of Each Receipt this Period  
75.00

P/R Deduction (\$75.00 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. STEPHEN J TORETTO		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 22862 ORENSE		<b>Transaction ID:</b> PR10364591264	
City MISSION VIEJO	State CA	Zip Code 92691	Amount of Each Receipt this Period 55.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation VP & INSURANCE COUNS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00		
		P/R Deduction (\$55.00 Monthly)	

<b>B.</b> Full Name (Last, First, Middle Initial) MR. KHANH T TRAN		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 47 VERNAL SPG		<b>Transaction ID:</b> PR10364601264	
City IRVINE	State CA	Zip Code 92603	Amount of Each Receipt this Period 416.66
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation EXEC VP CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3333.28		
		P/R Deduction (\$416.66 Monthly)	

<b>C.</b> Full Name (Last, First, Middle Initial) MS. SUSAN L TULLY		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 6929 N HAYDEN RD PMB 157		<b>Transaction ID:</b> PR10364611264	
City SCOTTSDALE	State AZ	Zip Code 85250	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation SR WHOLESALER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		
		P/R Deduction (\$60.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	531.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. EDDIE D TUNG</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address PO BOX 10386		<b>Transaction ID: PR10364621264</b>	
City <b>NEWPORT BEACH</b>	State <b>CA</b>	Zip Code <b>92658</b>	Amount of Each Receipt this Period _____ <b>60.00</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>AVP REGULATORY PROD ACCTG</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>465.00</b>		
		P/R Deduction (\$60.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MS. CATHRYN L VAN WEY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 41974 CARSON CT		<b>Transaction ID: PR10364631264</b>	
City <b>MURRIETA</b>	State <b>CA</b>	Zip Code <b>92562</b>	Amount of Each Receipt this Period _____ <b>30.00</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>DIR BROKER DEALER SVCS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>240.00</b>		
		P/R Deduction (\$30.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MS. MELANIE G WAGNER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1842 MOORPARK DR		<b>Transaction ID: PR10364641264</b>	
City <b>BREA</b>	State <b>CA</b>	Zip Code <b>92821</b>	Amount of Each Receipt this Period _____ <b>30.00</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>DIR HR &amp; PR SVCS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>240.00</b>		
		P/R Deduction (\$30.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>120.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 67 LAURELHURST DR

City State Zip Code  
LADERA RANCH CA 92694

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

Name of Employer Pacific Life Occupation AVP RE UNDERWRITING

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 755.00

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

**Transaction ID:** PR10364651264

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 36 BLACK HAWK

City State Zip Code  
IRVINE CA 92603

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

Name of Employer Pacific Life Occupation VP FINANCE

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00

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

**Transaction ID:** PR10364701264

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 32122 VIA CARLOS

City State Zip Code  
SN JUAN CAPISTRANO CA 92675

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

Name of Employer Pacific Life Occupation VP INTERNAL WHLSLNG

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 570.00

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

**Transaction ID:** PR10364741264

Amount of Each Receipt this Period  
75.00

P/R Deduction (\$75.00 Monthly)

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS. KAREN S WILEY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2921 PLAYER LANE		<b>Transaction ID: PR10364751264</b>
City State Zip Code TUSTIN CA 92782	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Pacific Life Occupation DIR COMMUNICATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 205.00	P/R Deduction (\$20.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MS. ROBIN S YONIS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 8 CASTLEBAR		<b>Transaction ID: PR10364821264</b>
City State Zip Code IRVINE CA 92618	Amount of Each Receipt this Period _____ 50.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Pacific Life Occupation VP VAR REGULATORY COMPL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00	P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. MR. MICHAEL J WAUTERS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2942 COPA DE ORO DR		<b>Transaction ID: PR10365121264</b>
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 _____		
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 ▼ _____ 365.00	P/R Deduction (\$55.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>125.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. MICHAEL A BELL</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 2 PRECIPICE		<b>Transaction ID: PR10365141264</b>	
City <b>LAGUNA NIGUEL</b>	State <b>CA</b>	Zip Code <b>92677</b>	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation <b>EVP LIFE INSURANCE</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00		
		P/R Deduction (\$250.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. PAUL V LIGEROS</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 44 RABANO		<b>Transaction ID: PR10365201264</b>	
City <b>RCHO STA MARGARITA</b>	State <b>CA</b>	Zip Code <b>92688</b>	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation <b>PROD &amp; COMPETITION CONS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00		
		P/R Deduction (\$35.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. REED J LLOYD</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 6 SANDERLING LN		<b>Transaction ID: PR10365211264</b>	
City <b>ALISO VIEJO</b>	State <b>CA</b>	Zip Code <b>92656</b>	Amount of Each Receipt this Period 65.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation <b>AVP ADVANCED MKTG</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 505.00		
		P/R Deduction (\$65.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. SAMUEL TANG</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 9 KEMPTON LN		<b>Transaction ID: PR10365231264</b>	
City <b>LADERA RANCH</b>	State <b>CA</b>	Zip Code <b>92694</b>	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation <b>PRINCIPAL PAC TRIGUARD COO</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		
		P/R Deduction (\$30.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MS. CAROLYN DEAN</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address PO BOX 3051		<b>Transaction ID: PR10365341264</b>	
City <b>DANA POINT</b>	State <b>CA</b>	Zip Code <b>92629</b>	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation <b>DIR FINANCIAL RPTG</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		
		P/R Deduction (\$40.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. PHILIP A TEETER</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 73 WOODHAVEN DR		<b>Transaction ID: PR10365471264</b>	
City <b>LAGUNA NIGUEL</b>	State <b>CA</b>	Zip Code <b>92677</b>	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation <b>VP ANN TECHNOLOGY</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 925.00		
		P/R Deduction (\$125.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	195.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. RICHARD G CHERNEY Mailing Address 27835 HOMESTEAD RD City LAGUNA NIGUEL State CA Zip Code 92677 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1036541264 Amount of Each Receipt this Period 50.00
Name of Employer Pacific Life Occupation EXEC VP GLOBAL MARKETING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	P/R Deduction (\$50.00 Monthly)

<b>B.</b> Full Name (Last, First, Middle Initial) MS. KAREN S WALL Mailing Address 1811 RIVERFORD RD City TUSTIN State CA Zip Code 92780 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10365581264 Amount of Each Receipt this Period 50.00
Name of Employer Pacific Life Occupation APPLIC DEV DIR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$50.00 Monthly)

<b>C.</b> Full Name (Last, First, Middle Initial) MR. TENNYSON S OYLER Mailing Address 112 CLEARBROOK City IRVINE State CA Zip Code 92614 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10365611264 Amount of Each Receipt this Period 35.00
Name of Employer Pacific Life Occupation PUBLIC AFFAIRS MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$35.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>135.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 67
	<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. 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 ▼ 400.00

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

**Transaction ID:** PR10365621264

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 ▼ 1025.00

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

**Transaction ID:** PR10365661264

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 ▼ 650.00

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

**Transaction ID:** PR10365681264

Amount of Each Receipt this Period  
85.00

P/R Deduction (\$85.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>265.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS. PATRICIA S DOUGLASS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 640 SAINT JAMES RD		<b>Transaction ID: PR10365731264</b>	
City <b>NEWPORT BEACH</b>	State <b>CA</b>	Zip Code <b>92663</b>	Amount of Each Receipt this Period _____ 215.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>VP GOVT RELNS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1690.00		
		P/R Deduction (\$215.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. WILLIAM D BURKE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2216 NELDA WAY		<b>Transaction ID: PR10365781264</b>	
City <b>ALAMO</b>	State <b>CA</b>	Zip Code <b>94507</b>	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>REGIONAL VP</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 800.00		
		P/R Deduction (\$100.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. DAMIAN DELL'OSO</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1A DERICKSON DR		<b>Transaction ID: PR10365811264</b>	
City <b>WILMINGTON</b>	State <b>DE</b>	Zip Code <b>19808</b>	Amount of Each Receipt this Period _____ 40.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>SR WHOLESALER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 290.00		
		P/R Deduction (\$40.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>355.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. DONALD M DOWNING</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 995 QUIVERA ST		<b>Transaction ID: PR10365831264</b>	
City <b>LAGUNA BEACH</b>	State <b>CA</b>	Zip Code <b>92651</b>	Amount of Each Receipt this Period 165.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation <b>FVP M MKTG</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1275.00		
		P/R Deduction (\$165.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. RODERICK P HANSEN</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 21612 MARIGOT DR		<b>Transaction ID: PR10365851264</b>	
City <b>BOCA RATON</b>	State <b>FL</b>	Zip Code <b>33428</b>	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation <b>REGIONAL VP</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		
		P/R Deduction (\$100.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MS. CHRISTINA Q HE</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 16625 SONORA STREET		<b>Transaction ID: PR10365871264</b>	
City <b>TUSTIN</b>	State <b>CA</b>	Zip Code <b>92782</b>	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation <b>AVP ASSET/LIAB STRAT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		
		P/R Deduction (\$40.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	305.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 30 BRIAN RD

City State Zip Code  
BRIDGEWATER MA 02324

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 ▼  
800.00

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

**Transaction ID:** PR10365961264

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 22 N. PALMIERA CIRCLE

City State Zip Code  
THE WOODLANDS TX 77382

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 ▼  
1340.00

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

**Transaction ID:** PR10365991264

Amount of Each Receipt this Period  
250.00

P/R Deduction (\$250.00 Monthly)

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

Mailing Address 24081 NUTHATCH LN

City State Zip Code  
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation AVP ACCUM PRODUCTS

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:** PR10366041264

Amount of Each Receipt this Period  
75.00

P/R Deduction (\$75.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>425.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. TRAVIS R MC KAY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 24719 JOLEE CT		<b>Transaction ID: PR10366061264</b>	
City <b>PLAINFIELD</b>	State <b>IL</b>	Zip Code <b>60544</b>	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>SR WHOLESALER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 800.00		P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MS. KATHARINE B YOUNG</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 18647 SANTA ISADORA ST		<b>Transaction ID: PR10366101264</b>	
City <b>FOUNTAIN VALLEY</b>	State <b>CA</b>	Zip Code <b>92708</b>	Amount of Each Receipt this Period _____ 75.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>AVP VALUATION &amp; RPTG</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 600.00		P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. MR. DALE W PATRICK</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 6 SUNNYVALE		<b>Transaction ID: PR10366141264</b>	
City <b>IRVINE</b>	State <b>CA</b>	Zip Code <b>92602</b>	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>AVP PORT MGMT, IG TRADING</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 275.00		P/R Deduction (\$25.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 67
	<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. CHRISTOPHER VAN MIERLO

Mailing Address 400 EL VUELO

City State Zip Code  
SAN CLEMENTE CA 92672

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

Name of Employer Pacific Life Occupation VP NATL ACCOUNTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

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

**Transaction ID:** PR10366151264

Amount of Each Receipt this Period  
55.00

P/R Deduction (\$55.00 Monthly)

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

Mailing Address 27481 VANTAGE CIRCLE

City State Zip Code  
SAN JUAN CAPISTRAN CA 92675

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

Name of Employer Pacific Life Occupation EXEC VP RE INVEST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

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

**Transaction ID:** PR10366191264

Amount of Each Receipt this Period  
250.00

P/R Deduction (\$250.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. JANE K WONG-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 VP QUANTITATIVE STRAT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

**Transaction ID:** PR10366211264

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>355.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. MR. MICHAEL P BORGATTI</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 978 BALD CYPRESS DR		<b>Transaction ID: PR10366241264</b>	
City <b>MANDEVILLE</b>	State <b>LA</b>	Zip Code <b>70448</b>	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>SR WHOLESALER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00		
		P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. RICHARD M WILKES</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 7124 HAWKSBEARD DR		<b>Transaction ID: PR10366271264</b>	
City <b>WESTERVILLE</b>	State <b>OH</b>	Zip Code <b>43082</b>	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>SR WHOLESALER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 800.00		
		P/R Deduction (\$100.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. RICHARD S BANNO</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 26666 WHITE OAKS DR		<b>Transaction ID: PR10366281264</b>	
City <b>LAGUNA HILLS</b>	State <b>CA</b>	Zip Code <b>92653</b>	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>AVP CAPITAL MKTS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00		
		P/R Deduction (\$50.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. STEPHEN M BOLLINGER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 17345 FLAME TREE CIR		<b>Transaction ID: PR10366301264</b>	
City <b>FOUNTAIN VALLEY</b>	State <b>CA</b>	Zip Code <b>92708</b>	Amount of Each Receipt this Period _____ 30.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>AVP E-COMMERCE</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00		
		P/R Deduction (\$30.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MS. MARY ANN BROWN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 288 CHIQUITA ST		<b>Transaction ID: PR10366311264</b>	
City <b>LAGUNA BEACH</b>	State <b>CA</b>	Zip Code <b>92651</b>	Amount of Each Receipt this Period _____ 416.66
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>SR VP CORP DEVELOPMT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 3333.28		
		P/R Deduction (\$416.66 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. SIMON S FENG</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 10 CANDELA		<b>Transaction ID: PR10366351264</b>	
City <b>IRVINE</b>	State <b>CA</b>	Zip Code <b>92620</b>	Amount of Each Receipt this Period _____ 150.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>VP INFO TECH</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1200.00		
		P/R Deduction (\$150.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>596.66</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
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 ▼ 800.00

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

**Transaction ID:** PR10366361264

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 Monthly)

**B.** 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 ▼ 360.00

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

**Transaction ID:** PR10366391264

Amount of Each Receipt this Period  
45.00

P/R Deduction (\$45.00 Monthly)

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

Mailing Address 182 STANHOPE RD

City State Zip Code  
SPARTA NJ 07871

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

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

**Transaction ID:** PR10366401264

Amount of Each Receipt this Period  
75.00

P/R Deduction (\$75.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>220.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. MARK A KARPE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 16 AUTUMNLEAF		<b>Transaction ID: PR10366411264</b>	
City <b>IRVINE</b>	State <b>CA</b>	Zip Code <b>92614</b>	Amount of Each Receipt this Period _____ 30.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>DIR COMPLIANCE</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00		
		P/R Deduction (\$30.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. GREGORY L KEELING</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 406 1/2 HELIOTROPE AVE		<b>Transaction ID: PR10366421264</b>	
City <b>CORONA DEL MAR</b>	State <b>CA</b>	Zip Code <b>92625</b>	Amount of Each Receipt this Period _____ 30.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>AVP FINANCE</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00		
		P/R Deduction (\$30.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. STEPHAN P MITCHELL</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 18111 THEODORA DR		<b>Transaction ID: PR10366461264</b>	
City <b>TUSTIN</b>	State <b>CA</b>	Zip Code <b>92780</b>	Amount of Each Receipt this Period _____ 45.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>SR PROD &amp; COMPETITION ANA</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 360.00		
		P/R Deduction (\$45.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>105.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. TERRY R PERKINS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 25522 SAWMILL LN		<b>Transaction ID: PR10366471264</b>	
City <b>LAKE FOREST</b>	State <b>CA</b>	Zip Code <b>92630</b>	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>VP ADVANCE DESIGN</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00		
		P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. CHAD A ROSS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 851 VIA BARQUERO		<b>Transaction ID: PR10366491264</b>	
City <b>SAN MARCOS</b>	State <b>CA</b>	Zip Code <b>92069</b>	Amount of Each Receipt this Period _____ 30.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>KEY ACCOUNT SUPR</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00		
		P/R Deduction (\$30.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. DAVID K ROSUCK</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 20 SAINT JOHN DR		<b>Transaction ID: PR10366501264</b>	
City <b>HAWTHORN WOODS</b>	State <b>IL</b>	Zip Code <b>60047</b>	Amount of Each Receipt this Period _____ 30.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>FIELD VICE PRES</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00		
		P/R Deduction (\$30.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>110.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MS. CARRIE A SALVINO</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2394 WESTMINSTER AVE		<b>Transaction ID: PR10366511264</b>	
City State Zip Code COSTA MESA CA 92627	Amount of Each Receipt this Period _____ 30.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation PROJECT MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00		P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MR. KYLE R WOODDELL</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2500 CHRISTOPHER OAKS CT		<b>Transaction ID: PR10366591264</b>	
City State Zip Code SAINT LOUIS MO 63129	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
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 ▼ _____ 725.00		P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. MR. DENNIS L BAHLMANN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 6052 MEADOW VIEW CT		<b>Transaction ID: PR10366621264</b>	
City State Zip Code JOHNSTON IA 50131	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
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 ▼ _____ 400.00		P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>180.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. JEFF J BRADSHAW</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 27302 MONDANO DR		<b>Transaction ID: PR10366671264</b>	
City State Zip Code MISSION VIEJO CA 92692	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ _____ 400.00		
		P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MS. DEBORAH K JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3019 SAN ANSELIN AVE		<b>Transaction ID: PR10366681264</b>	
City State Zip Code LONG BEACH CA 90808	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation SYSTEMS ANALYSIS SUPR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 325.00		
		P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MS. KAREN M BROWN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 11 FOREST HILLS CT		<b>Transaction ID: PR10366691264</b>	
City State Zip Code DANA POINT CA 92629	Amount of Each Receipt this Period _____ 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation AVP MODEL OFC ANN TECH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 320.00		
		P/R Deduction (\$40.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>140.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. KENNETH W COX Mailing Address 570 EBBCREEK DR APT P City CORONA State CA Zip Code 92880 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10366701264 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 Monthly)
Name of Employer Pacific Life Occupation APPLIC DEV CONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>B.</b> 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. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10366721264 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 Monthly)
Name of Employer Pacific Life Occupation SR WHOLESALER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>C.</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. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR10366731264 Amount of Each Receipt this Period 40.00 P/R Deduction (\$40.00 Monthly)
Name of Employer Pacific Life Occupation ALM CONSULTANT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>140.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 67
	(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

Full Name (Last, First, Middle Initial) <b>A. MS. CHARLENE A GRANT</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 3301 SEAVIEW AVE		<b>Transaction ID: PR10366751264</b>		
City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period _____ 35.00		P/R Deduction (\$35.00 Monthly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Name of Employer Occupation Pacific Life AVP VAR REG COMPL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 530.00			

Full Name (Last, First, Middle Initial) <b>B. MR. DAVID C HONERKAMP</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 2712 LIGHTHOUSE LN		<b>Transaction ID: PR10366761264</b>		
City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period _____ 50.00		P/R Deduction (\$50.00 Monthly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Name of Employer Occupation Pacific Life AVP RE ACQUISITIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00			

Full Name (Last, First, Middle Initial) <b>C. MS. LINDA L KOTOWICZ</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 795 TREPANNY LN		<b>Transaction ID: PR10366791264</b>		
City State Zip Code WAYNE PA 19087	Amount of Each Receipt this Period _____ 60.00		P/R Deduction (\$60.00 Monthly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Name of Employer Occupation Pacific Life FVP M MKTG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 480.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>145.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. ROBERT C O'BRIEN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 35 HERITAGE AVE		<b>Transaction ID: PR10366811264</b>	
City ASHLAND	State MA	Zip Code 01721	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation SR WHOLESALER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00		
		P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MS. SHARON E PACHECO</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 21611 BLUEJAY ST		<b>Transaction ID: PR10366821264</b>	
City TRABUCO CANYON	State CA	Zip Code 92679	Amount of Each Receipt this Period _____ 40.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation VP CHIEF COMPLIANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 320.00		
		P/R Deduction (\$40.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. JEFFREY R WILT</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1 BAILEY DRIVE		<b>Transaction ID: PR10366881264</b>	
City GLENWOOD	State NJ	Zip Code 07418	Amount of Each Receipt this Period _____ 55.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pacific Life	Occupation FIELD VICE PRES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 440.00		
		P/R Deduction (\$55.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>145.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. STUART A HOLLAND</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 4931 CAREFREE TRAIL		<b>Transaction ID: PR10366911264</b>	
City <b>PARKER</b>	State <b>CO</b>	Zip Code <b>80134</b>	Amount of Each Receipt this Period _____ 75.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>FVP FIELD WHOLESALING</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 600.00		
		P/R Deduction (\$75.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. PETER S DEERING</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3314 HILL ST		<b>Transaction ID: PR10366961264</b>	
City <b>SAN DIEGO</b>	State <b>CA</b>	Zip Code <b>92106</b>	Amount of Each Receipt this Period _____ 0.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>SR VP PSD STRATEGC GRWTH</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00		
		P/R Deduction (\$0.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MS. ADRIANNE M GEORGANTAS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 28373 BOULDER DR		<b>Transaction ID: PR10367001264</b>	
City <b>TRABUCO CANYON</b>	State <b>CA</b>	Zip Code <b>92679</b>	Amount of Each Receipt this Period _____ 40.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation <b>SR FLD SVCS PROJ ANA</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 320.00		
		P/R Deduction (\$40.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>115.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. DAVID L GOLDSTEIN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 12324 CANTURA ST		<b>Transaction ID: PR10367011264</b>	
City State Zip Code STUDIO CITY CA 91604	Amount of Each Receipt this Period _____ 30.00		
FEC ID number of contributing federal political committee. C _____	Name of Employer Occupation Pacific Life FVP COLI UNIT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00		
		P/R Deduction (\$30.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. CHIN H KIM</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 24 TAOS		<b>Transaction ID: PR10367021264</b>	
City State Zip Code RCHO STA MARGARITA CA 92688	Amount of Each Receipt this Period _____ 30.00		
FEC ID number of contributing federal political committee. C _____	Name of Employer Occupation Pacific Life DIR ADV D MKTG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00		
		P/R Deduction (\$30.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. JAMES M RUGGERIO</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 449 SAINT ANNES DR		<b>Transaction ID: PR10367081264</b>	
City State Zip Code BIRMINGHAM AL 35244	Amount of Each Receipt this Period _____ 65.00		
FEC ID number of contributing federal political committee. C _____	Name of Employer Occupation Pacific Life SR WHOLESALER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 520.00		
		P/R Deduction (\$65.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>125.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 67
	<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. 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 ACTUARIAL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

**Transaction ID:** PR10367121264

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 ▼ 520.00

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

**Transaction ID:** PR10367141264

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 ▼ 320.00

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

**Transaction ID:** PR10367161264

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$40.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>155.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR. STEVEN H GOLDBERG</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 23411 SUMMERFIELD		<b>Transaction ID: PR10367181264</b>	
City <b>ALISO VIEJO</b>	State <b>CA</b>	Zip Code <b>92656</b>	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Pacific Life	Occupation DIR ANNUITIES PRODUCT DEVELOPMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00		
		P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. ROBERT J AVELLINO</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3 PHEASANT DR.		<b>Transaction ID: PR10614781264</b>	
City <b>MT. LAUREL</b>	State <b>NJ</b>	Zip Code <b>08054</b>	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
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 ▼ _____ 250.00		
		P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. STEPHEN K BEST</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 445 FLINT AVE		<b>Transaction ID: PR10614791264</b>	
City <b>LONG BEACH</b>	State <b>CA</b>	Zip Code <b>90814</b>	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
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 ▼ _____ 500.00		
		P/R Deduction (\$100.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. CARL B JACKSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10614811264
Mailing Address 22395 WOODGROVE RD		Amount of Each Receipt this Period 45.00
City LAKE FOREST	State CA	Zip Code 92630
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$45.00 Monthly)
Name of Employer Pacific Life	Occupation BUS CONT PRGM DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MR. CARLETON J MUENCH		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10614831264
Mailing Address 510 SAN NICHOLAS CT		Amount of Each Receipt this Period 45.00
City LAGUNA BEACH	State CA	Zip Code 92651
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$45.00 Monthly)
Name of Employer Pacific Life	Occupation AVP INVESTMENT OVERSIGHT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MR. TIM N SHAHEEN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR10614871264
Mailing Address 28 STONE PNE		Amount of Each Receipt this Period 50.00
City ALISO VIEJO	State CA	Zip Code 92656
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$50.00 Monthly)
Name of Employer Pacific Life	Occupation AVP MARKETING OPS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	140.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 67 / 67	
	(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"/> 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. MATTHEW WELLS

Mailing Address 3550 GRANDVIEW PKWY

City State Zip Code  
BIRMINGHAM AL 35243

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

Name of Employer Occupation  
Pacific Life SR WHOLESALER

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

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

**Transaction ID:** PR10614921264

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	14957.65