

# 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 02 01 2007 through 02 28 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 03 12 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	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	2

D	D
2	8

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 .....	36967.33									
(c) Total Receipts (from Line 19) .....	16166.14	32372.28								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	53133.47	53133.47								
7. Total Disbursements (from Line 31) .....	14500.00	14500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	38633.47	38633.47								
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	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	2

D	D
2	8

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	5533.64	8762.28
(i) Itemized (use Schedule A) .....	10632.50	23610.00
(ii) Unitemized .....	16166.14	32372.28
(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) .....	16166.14	32372.28
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)) .....	16166.14	32372.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	16166.14	32372.28

**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.....	14500.00	14500.00
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))..	14500.00	14500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	14500.00	14500.00

**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) .....	16166.14	32372.28
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16166.14	32372.28
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 7 / 16
	<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. MARK R FALK</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 64 SUMMERSTONE		<b>Transaction ID: PR1036271998</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 ▼ _____ 250.00		
		P/R Deduction (\$125.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MS. MARTHA A GATES</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 31411 MONTEREY ST		<b>Transaction ID: PR1036286998</b>	
City <b>LAGUNA BEACH</b>	State <b>CA</b>	Zip Code <b>92651</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 OPERATIONS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 250.00		
		P/R Deduction (\$125.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. 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: PR1036306998</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 PUBLIC AFFAIRS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 833.32		
		P/R Deduction (\$416.66 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>666.66</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 8 / 16
	<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. WILLIAM L HEZZELWOOD</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 6700 CAMINO CRESTA		<b>Transaction ID: PR1036313998</b>	
City State Zip Code SAN CLEMENTE CA 92673	Amount of Each Receipt this Period _____ 120.00		
FEC ID number of contributing federal political committee. C _____	Name of Employer Occupation Pacific Life VP PROGRAM MGMT OFC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00		
		P/R Deduction (\$120.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. JOHN P KONTOS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 6307 CAMINO MARINERO		<b>Transaction ID: PR1036342998</b>	
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 Occupation Pacific Life VP KEY ACCOUNT MKTG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 220.00		
		P/R Deduction (\$110.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. 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: PR1036359998</b>	
City State Zip Code IRVINE CA 92612	Amount of Each Receipt this Period _____ 120.00		
FEC ID number of contributing federal political committee. C _____	Name of Employer Occupation Pacific Life AVP TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00		
		P/R Deduction (\$120.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>350.00</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 9 / 16
	<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. JOHN E MILBERG</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 33811 DONEGAL LN		<b>Transaction ID: PR1036370998</b>
City State Zip Code SN JUAN CAPISTRANO CA 92675	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 SR VP RISK FIN & IM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00	P/R Deduction (\$150.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MS. AUDREY L MILFS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 26922 ROCKING HORSE LN		<b>Transaction ID: PR1036371998</b>
City State Zip Code LAGUNA HILLS CA 92653	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 VP & SECRETARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00	P/R Deduction (\$200.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. MR. JAMES T MORRIS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 29022 PINTAIL CIR		<b>Transaction ID: PR1036379998</b>
City State Zip Code LAGUNA NIGUEL CA 92677	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 CHIEF OPERATING OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 832.00	P/R Deduction (\$416.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>766.00</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 / 16
	<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. JOHN C MULVIHILL Mailing Address 27822 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> PR1036380998 Amount of Each Receipt this Period 175.00 P/R Deduction (\$175.00 Monthly)
Name of Employer Pacific Life Occupation VP RE ASSET MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MR. DARAGH M O'SULLIVAN Mailing Address 177 22ND ST APT 14 City COSTA MESA State CA Zip Code 92627 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1036390998 Amount of Each Receipt this Period 150.00 P/R Deduction (\$150.00 Monthly)
Name of Employer Pacific Life Occupation VP PRODUCT DESIGN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MR. THEODORE A PREMIER Mailing Address 20 MOLINO City NEWPORT BEACH State CA Zip Code 92660 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1036408998 Amount of Each Receipt this Period 125.00 P/R Deduction (\$125.00 Monthly)
Name of Employer Pacific Life Occupation VP COMM MORT PROD 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) .....	<b>450.00</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 / 16
	<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 IRVINE State CA Zip Code 92603

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

Name of Employer Pacific Life Occupation VP M FINANCIAL DISTRIBUTION

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

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

**Transaction ID:** PR1036414998

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 SCOTTSDALE State AZ Zip Code 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 ▼ 550.00

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

**Transaction ID:** PR1036418998

Amount of Each Receipt this Period  
 275.00

P/R Deduction (\$275.00 Monthly)

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

Mailing Address 111 SHORECLIFF RD

City CORONA DEL MAR State CA Zip Code 92625

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

Name of Employer Pacific Life Occupation CHRNM & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 833.32

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

**Transaction ID:** PR1036452998

Amount of Each Receipt this Period  
 416.66

P/R Deduction (\$416.66 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>801.66</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:	PAGE 12 / 16
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) MR. KHANH T TRAN Mailing Address 47 VERNAL SPG City IRVINE State CA Zip Code 92603 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1036460998 Amount of Each Receipt this Period 416.66
Name of Employer Pacific Life Occupation EXEC VP CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.32	P/R Deduction (\$416.66 Monthly)

<b>B.</b> Full Name (Last, First, Middle Initial) MR. MICHAEL A BELL Mailing Address 2 PRECIPICE 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> PR1036514998 Amount of Each Receipt this Period 125.00
Name of Employer Pacific Life Occupation EVP LIFE INSURANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$125.00 Monthly)

<b>C.</b> Full Name (Last, First, Middle Initial) MR. ROBERT C HSU Mailing Address 1121 EBBTIDE RD City CORONA DEL MAR State CA Zip Code 92625 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> PR1036566998 Amount of Each Receipt this Period 125.00
Name of Employer Pacific Life Occupation SR VP ANN ADMIN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$125.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>666.66</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 13 / 16
	<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		Transaction ID: PR1036573998	
City <b>NEWPORT BEACH</b>	State <b>CA</b>	Zip Code <b>92663</b>	Amount of Each Receipt this Period 205.00
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 ▼ 410.00		
		P/R Deduction (\$205.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>B. MR. DONALD M DOWNING</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 995 QUIVERA ST		Transaction ID: PR1036583998	
City <b>LAGUNA BEACH</b>	State <b>CA</b>	Zip Code <b>92651</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>FVP M MKTG</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 (\$150.00 Monthly)	

Full Name (Last, First, Middle Initial) <b>C. MR. MICHAEL S ROBB</b>		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 27481 VANTAGE CIRCLE		Transaction ID: PR1036619998	
City <b>SAN JUAN CAPISTRAN</b>	State <b>CA</b>	Zip Code <b>92675</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>EXEC VP RE INVEST</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
		P/R Deduction (\$250.00 Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	605.00
<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 14 / 16
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 288 CHIQUITA ST

City State Zip Code  
LAGUNA BEACH CA 92651

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

Name of Employer Pacific Life Occupation SR VP CORP DEVELPMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 833.32

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

**Transaction ID:** PR1036631998

Amount of Each Receipt this Period  
416.66

P/R Deduction (\$416.66 Monthly)

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

Mailing Address 10 CANDELA

City State Zip Code  
IRVINE CA 92620

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

Name of Employer Pacific Life Occupation VP INFO TECH

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** PR1036635998

Amount of Each Receipt this Period  
150.00

P/R Deduction (\$150.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>566.66</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>5533.64</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Committee To Elect Artur Davis To Congress</b>		<b>Transaction ID: 3822457</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 7
Mailing Address Post Office Box 1845		Amount of Each Disbursement this Period 5000.00
City Birmingham State AL Zip Code 35201	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Artur Davis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 7	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Pomeroy for Congress</b>		<b>Transaction ID: 3822964</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20013	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Earl Pomeroy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Tim Johnson for South Dakota, Inc.</b>		<b>Transaction ID: 3822963</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address 420 C Street, NE Lower Level		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Tim Johnson		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 16

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends Of Dick Durbin Committee</b>		<b>Transaction ID: 3836233</b> Date of Disbursement
Mailing Address PO Box 1949		<input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Springfield	State IL	Zip Code 62705
Purpose of Disbursement		Amount of Each Disbursement this Period
		<input type="text" value="2500.00"/>
Candidate Name Sen. Richard Durbin		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 1	

Full Name (Last, First, Middle Initial) <b>B. Richard E Neal for Congress Committee</b>		<b>Transaction ID: 3836300</b> Date of Disbursement
Mailing Address 76 Magnolia Terrace		<input type="text" value="02"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Springfield	State MA	Zip Code 01108
Purpose of Disbursement		Amount of Each Disbursement this Period
		<input type="text" value="5000.00"/>
Candidate Name Richard Neal		<input type="text" value="011"/> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA	District: 2	

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

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