

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="34626.87"/>	<input type="text" value="34626.87"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="94245.65"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="19053.97"/>	<input type="text" value="181672.75"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="113299.62"/>	<input type="text" value="216299.62"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15500.00"/>	<input type="text" value="118500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="97799.62"/>	<input type="text" value="97799.62"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	18455.64	131554.78
(ii) Unitemized	598.33	50117.97
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	19053.97	181672.75
(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)	19053.97	181672.75
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 Transfers (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))..... ▶	19053.97	181672.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	19053.97	181672.75

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	15500.00	118500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	15500.00	118500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15500.00	118500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	19053.97	181672.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19053.97	181672.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. MS. CHRISTINE A TUCKER		Date of Receipt MM / DD / YYYY 09 / 21 / 2011
Mailing Address 289 SANTA ANA AVE		Transaction ID : 10311238
City LONG BEACH	State CA	Zip Code 90803-3570
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Pacific Life	Occupation Vice President	Check
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. MS. JUNE G ARCE		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 20050 EMERALD MEADOW DR		Transaction ID : PR10362105124
City WALNUT	State CA	Zip Code 91789
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Pacific Life	Occupation DIR MKTG COMPL	P/R Deduction (\$60.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) C. MS. JULIE E TRASK		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 181 S CRAIG DR		Transaction ID : PR10362125124
City ORANGE	State CA	Zip Code 92869
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Pacific Life	Occupation DIR CUSTOMER SERVICE	P/R Deduction (\$40.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 94
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 505 13TH ST

City State Zip Code
 HUNTINGTON BEACH CA 92648

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

Name of Employer Occupation
 Pacific Life AVP ITS STRATEGIC SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR10362255124

Amount of Each Receipt this Period
 0.00

P/R Deduction (\$0.00 Monthly)

Full Name (Last, First, Middle Initial)
B. MS. KATHLEEN N WILSON

Mailing Address 2525 JUANITA WAY

City State Zip Code
 LAGUNA BEACH CA 92651

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

Name of Employer Occupation
 Pacific Life SR BUS ANA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR10362275124

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. 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 Occupation
 Pacific Life EXEC VP RSD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1503.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR10362305124

Amount of Each Receipt this Period
 167.00

P/R Deduction (\$167.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **197.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 94
	<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. MR. EDWARD R BYRD
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Pacific Life SR VP & CHF ACTG OFCR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR10362325124
 Amount of Each Receipt this Period
 125.00
 P/R Deduction (\$125.00 Monthly)

B. MR. JOSEPH E CELENTANO
 Full Name (Last, First, Middle Initial)
 Mailing Address 26661 CAMPESINO
 City State Zip Code
 MISSION VIEJO CA 92691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life SR VP ERM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR10362385124
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 Monthly)

C. MS. LAURIE A CHURCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 21851 NEWLAND ST SPC 246
 City State Zip Code
 HUNTINGTON BEACH CA 92646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life STRCT STTLMNTS CONS (G)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR10362425124
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	265.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 94
<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. MS. KATHLEEN A CLUNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 858 S BLUEBIRD CIR
 City ANAHEIM State CA Zip Code 92807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP ASST TREASURER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10362465124
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

B. MS. GAIL C MOSCOSO
 Full Name (Last, First, Middle Initial)
 Mailing Address 31558 WEST NINE DR
 City LAGUNA NIGUEL State CA Zip Code 92677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP CLIENT SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10362485124
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$60.00 Monthly)

C. MR. DENNIS M CORBETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 15136 TOURAIN WAY
 City IRVINE State CA Zip Code 92604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP TAX COMPLIANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10362515124
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 94
	<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. MR. PAUL J CROXTON
Full Name (Last, First, Middle Initial)

Mailing Address 30132 HILLSIDE TER

City SN JUAN CAPISTRANO State CA Zip Code 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 ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : PR10362555124

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 2712 LIGHTHOUSE LN

City CORONA DEL MAR State CA Zip Code 92625

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

Name of Employer Pacific Life Occupation AVP RE ASSET MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : PR10362565124

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 12162 WICKLOW LN

City NAPLES State FL Zip Code 34120

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

Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : PR10362575124

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 94
<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. MS. STEPHANIE J CURRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 BRYCE CYN
 City ALISO VIEJO State CA Zip Code 92656
 Name of Employer Pacific Life Occupation AVP ADVANCED SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10362595124
 Amount of Each Receipt this Period 90.00
 P/R Deduction (\$90.00 Monthly)

B. MS. DIANE W DALES
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 CLERMONT
 City NEWPORT COAST State CA Zip Code 92657
 Name of Employer Pacific Life Occupation AVP CREDIT ANALYSIS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10362605124
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. MS. LINDA D LARSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8315 ROAD R NW
 City QUINCY State WA Zip Code 98848
 Name of Employer Pacific Life Occupation AVP IND COMPLIANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10362625124
 Amount of Each Receipt this Period 120.00
 P/R Deduction (\$120.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 94
<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. MR. MARK R FALK
Full Name (Last, First, Middle Initial)

Mailing Address 64 SUMMERSTONE

City IRVINE	State CA	Zip Code 92614
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pacific Life	Occupation AVP STRATEGIC PROGRAMS
----------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : PR10362715124

Amount of Each Receipt this Period
125.00

P/R Deduction (\$125.00 Monthly)

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

Mailing Address 22 ARCADE

City IRVINE	State CA	Zip Code 92603
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pacific Life	Occupation AVP PORTFOLIO MGMT
----------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : PR10362775124

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

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

Mailing Address 718 K THANGA DR

City CORONA DEL MAR	State CA	Zip Code 92625
------------------------	-------------	-------------------

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

Name of Employer Pacific Life	Occupation AVP RE INVESTMENTS
----------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : PR10362785124

Amount of Each Receipt this Period
35.00

P/R Deduction (\$35.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 94
	<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. MS. MARTHA A GATES
 Full Name (Last, First, Middle Initial)
 Mailing Address 31411 MONTEREY ST
 City LAGUNA BEACH State CA Zip Code 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 ▼ 3099.96

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10362865124
 Amount of Each Receipt this Period 416.66
 P/R Deduction (\$416.66 Monthly)

B. MR. FRANK J GOETZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 SOVENTE
 City IRVINE State CA Zip Code 92606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP RISK SELECTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10362905124
 Amount of Each Receipt this Period 70.00
 P/R Deduction (\$70.00 Monthly)

C. MS. MILDA C GOODMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 ALISO AVE
 City NEWPORT BEACH State CA Zip Code 92663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP ADV & PUB RLNS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10362925124
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 536.66
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 14 OF 94
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MS. LORENE C GORDON
 Full Name (Last, First, Middle Initial)
 Mailing Address 37 LANTANA
 City State Zip Code
 ALISO VIEJO CA 92656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life VP OPERATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR10362935124
 Amount of Each Receipt this Period
 25.00
 P/R Deduction (\$25.00 Monthly)

B. MS. C MARLA GRAHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 23672 BRASILIA ST
 City State Zip Code
 MISSION VIEJO CA 92691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life APPLIC DEV MGR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR10362945124
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

C. MR. WILLIAM C GREEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 12889 RALSTON CIR
 City State Zip Code
 SAN DIEGO CA 92130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life SR CONSTR LOAN ACCT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR10362955124
 Amount of Each Receipt this Period
 25.00
 P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 94
	<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. MR. ADRIAN S GRIGGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8766 CANARY AVE
 City FOUNTAIN VALLEY State CA Zip Code 92708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR VP FINANCE & RISK
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10362965124
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

B. MS. IRENE L JACOBSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6052 SAN YSIDRO CIR
 City BUENA PARK State CA Zip Code 90620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation ACCOUNT MGMT SPEC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10362995124
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. MS. BRENDA K HARDWIG
 Full Name (Last, First, Middle Initial)
 Mailing Address 13112 EARLHAM ST
 City SANTA ANA State CA Zip Code 92705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation COMMUNITY RELTNS COORD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10363035124
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 190.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 16 OF 94
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1880 N EL CAMINO REAL

City State Zip Code
 SAN CLEMENTE CA 92672

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

Name of Employer Occupation
 Pacific Life SVP BRAND MGMT & PA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3749.94

Date of Receipt
 09 / 30 / 2011
Transaction ID : PR10363065124

Amount of Each Receipt this Period
 416.66

P/R Deduction (\$416.66 Monthly)

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

Mailing Address 2702 SAN JOAQUIN HILLS RD

City State Zip Code
 CORONA DEL MAR CA 92625

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

Name of Employer Occupation
 Pacific Life AVP COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 666.00

Date of Receipt
 09 / 30 / 2011
Transaction ID : PR10363075124

Amount of Each Receipt this Period
 74.00

P/R Deduction (\$74.00 Monthly)

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

Mailing Address 5613 DAISY ST

City State Zip Code
 SIMI VALLEY CA 93063

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

Name of Employer Occupation
 Pacific Life AVP & VALUATION ACTUARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 840.00

Date of Receipt
 09 / 30 / 2011
Transaction ID : PR10363105124

Amount of Each Receipt this Period
 100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 590.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 94
	<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. MR. KEVIN A HENDRA
Full Name (Last, First, Middle Initial)

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 Occupation
Pacific Life AVP TAX

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
630.00

Date of Receipt
09 / 30 / 2011
Transaction ID : PR10363115124

Amount of Each Receipt this Period
75.00

P/R Deduction (\$75.00 Monthly)

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

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 Occupation
Pacific Life VP INV ADVISOR OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
09 / 30 / 2011
Transaction ID : PR10363165124

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

C. MS. MARYBETH HUGHES
Full Name (Last, First, Middle Initial)

Mailing Address 2283 WATERMAN WAY

City State Zip Code
COSTA MESA CA 92627

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

Name of Employer Occupation
Pacific Life DIR CORPORATE RISK

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
09 / 30 / 2011
Transaction ID : PR10363205124

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 215.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 94
	<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. MS. CAROL A JENSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 8554 202ND STREET SW
 City EDMONDS State WA Zip Code 98026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation NATL SLS MGR M CHANNEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10363245124
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

B. MR. JEFF R JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 SAND OAKS RD.
 City LAGUNA NIGUEL State CA Zip Code 92677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP CORP FIN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10363255124
 Amount of Each Receipt this Period 55.00
 P/R Deduction (\$55.00 Monthly)

C. MR. KENT R JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 25621 DEL NORTE
 City LAGUNA NIGUEL State CA Zip Code 92677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP ACTUARIAL & REINS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10363265124
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 355.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 94
	<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. MR. MARK J JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 1812 LEADBURN RD

City TOWSON State MD Zip Code 21204

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

Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1275.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10363275124

Amount of Each Receipt this Period 150.00

P/R Deduction (\$150.00 Monthly)

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

Mailing Address 906 NEWTON LN

City PLACENTIA State CA Zip Code 92870

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

Name of Employer Pacific Life Occupation VP CORPORATE TECHNOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10363285124

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 27 GRAY STONE WAY

City LAGUNA NIGUEL State CA Zip Code 92677

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

Name of Employer Pacific Life Occupation AVP SPECIALTY INVESTMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10363295124

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 280.00

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

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

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

FOR LINE NUMBER: PAGE 20 OF 94
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MS. SUZANNE T KAMPA
 Full Name (Last, First, Middle Initial)
 Mailing Address 5531 STANFORD AVE
 City State Zip Code
 GARDEN GROVE CA 92845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life IT AUDIT CONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR10363325124
 Amount of Each Receipt this Period
 60.00
 P/R Deduction (\$60.00 Monthly)

B. MR. BRIAN D KLEMENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 24611 BENJAMIN CIR
 City State Zip Code
 DANA POINT CA 92629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life VP & CORPORATE CONTROLLER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR10363375124
 Amount of Each Receipt this Period
 80.00
 P/R Deduction (\$80.00 Monthly)

C. MR. JOHN P KONTOS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6307 CAMINO MARINERO
 City State Zip Code
 SAN CLEMENTE CA 92673
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life VP INSTITUTIONAL MARKETS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR10363425124
 Amount of Each Receipt this Period
 150.00
 P/R Deduction (\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 290.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 21 OF 94
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MS. JODY L LINNEMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 262 S FAIRFIELD LN
 City ORANGE State CA Zip Code 92869
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10363455124
 Amount of Each Receipt this Period 0.00
 P/R Deduction (\$0.00 Monthly)

B. MR. FLETCHER C LARSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 709 AVENIDA MIROLA
 City PALOS VERDES EST State CA Zip Code 90274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation REGIONAL VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10363475124
 Amount of Each Receipt this Period 400.00
 P/R Deduction (\$400.00 Monthly)

C. MS. TERESA M LORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16432 CAMINO CANADA LN
 City HUNTINGTON BEACH State CA Zip Code 92649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR SYSTEMS ANALYST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10363545124
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 94
	<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. MS. LAURENE E MAC ELWEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1033 SECRETARIAT CIR
 City COSTA MESA State CA Zip Code 92626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP FUND COMPLIANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10363565124
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

B. MS. STEPHANIE J BABKOW
 Full Name (Last, First, Middle Initial)
 Mailing Address 9901 OCEANCREST DR
 City HUNTINGTON BEACH State CA Zip Code 92646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP FIELD FINANCIAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10363585124
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

C. MR. DESMOND G MARSH
 Full Name (Last, First, Middle Initial)
 Mailing Address 74 SETON RD
 City IRVINE State CA Zip Code 92612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP ANNUITY APPS ADMIN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10363595124
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$150.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 23 OF 94
(check only one)

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

A. MR. THOMAS J MAYS
Full Name (Last, First, Middle Initial)
Mailing Address 7406 PALOMA DR
City HUNTINGTON BEACH State CA Zip Code 92648
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation VP GOVT RELNS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10363605124
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Monthly)

B. MS. GAIL H MC INTOSH
Full Name (Last, First, Middle Initial)
Mailing Address 622 18TH ST
City HUNTINGTON BEACH State CA Zip Code 92648
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation AVP COUNSEL
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10363615124
Amount of Each Receipt this Period 40.00
P/R Deduction (\$40.00 Monthly)

C. MR. ROBERT B MC KIBBIN
Full Name (Last, First, Middle Initial)
Mailing Address 6911 W 129TH PL
City OVERLAND PARK State KS Zip Code 66209
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 ▼ 225.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10363625124
Amount of Each Receipt this Period 25.00
P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 115.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 94
<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. MS. JULIA C MC KINNEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3615 PASEO DEL CAMPO
 City PALOS VERDES EST State CA Zip Code 90274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10363635124
 Amount of Each Receipt this Period 75.00
 P/R Deduction (\$75.00 Monthly)

B. MR. MORGAN C MC KNIGHT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1217 HIGHCREST DR
 City BURLESON State TX Zip Code 76028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation APPLIC DEV CONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10363645124
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. MR. HENRY M MC MILLAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4006 INLET ISLE DR
 City CORONA DEL MAR State CA Zip Code 92625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR VP & CHIEF RISK OFCR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10363665124
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 94
	<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. MS. CAROLYN J MIDDLEBROOKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2024 E OCEAN BLVD
 City NEWPORT BEACH State CA Zip Code 92661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP & CHIEF LIFE UNDERWRITER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10363695124
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

B. MS. AUDREY L MILFS
 Full Name (Last, First, Middle Initial)
 Mailing Address 26922 ROCKING HORSE LN
 City LAGUNA HILLS State CA Zip Code 92653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP & SECRETARY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10363715124
 Amount of Each Receipt this Period 0.00
 P/R Deduction (\$0.00 Monthly)

C. MR. JOSE T MISCOLTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 BRYCE CYN
 City ALISO VIEJO State CA Zip Code 92656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP PROD & PORT MKTG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10363755124
 Amount of Each Receipt this Period 65.00
 P/R Deduction (\$65.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 90.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 94
	<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. MS. ELIZABETH A MOORE
Full Name (Last, First, Middle Initial)

Mailing Address 6412 N 159TH ST

City OMAHA	State NE	Zip Code 68116
---------------	-------------	-------------------

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

Name of Employer Pacific Life	Occupation SYSTEMS ANALYSIS CONS
----------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
405.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR10363765124

Amount of Each Receipt this Period
45.00

P/R Deduction (\$45.00 Monthly)

B. MR. JAMES T MORRIS
Full Name (Last, First, Middle Initial)

Mailing Address 32141 COOK LN

City SN JUAN CAPISTRANO	State CA	Zip Code 92675
----------------------------	-------------	-------------------

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

Name of Employer Pacific Life	Occupation CHAIRMAN, PRESIDENT & CEO
----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3744.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR10363795124

Amount of Each Receipt this Period
416.00

P/R Deduction (\$416.00 Monthly)

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

Mailing Address 27382 VIA PRIORATO

City SN JUAN CAPISTRANO	State CA	Zip Code 92675
----------------------------	-------------	-------------------

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

Name of Employer Pacific Life	Occupation VP RE ASSET MGMT
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR10363805124

Amount of Each Receipt this Period
175.00

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	636.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 27 OF 94
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR. RICHARD P OLSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 24902 SUNSET PL E
 City LAGUNA HILLS State CA Zip Code 92653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation DIR SECURITY SVCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10363935124
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

B. MS. JOYCE J PEAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 SUNRISE
 City IRVINE State CA Zip Code 92603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP TALENT ACQ & DEV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10364005124
 Amount of Each Receipt this Period 75.00
 P/R Deduction (\$75.00 Monthly)

C. MS. ALYCE PETERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 10033 WINESAP AVE
 City CHERRY VALLEY State CA Zip Code 92223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP MARKETING SVCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10364025124
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$80.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 94
<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. MR. B P PILLION
Full Name (Last, First, Middle Initial)

Mailing Address 915 STROKE RD

City VILLANOVA State PA Zip Code 19085

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **09 / 30 / 2011**

Transaction ID : PR10364045124

Amount of Each Receipt this Period **40.00**

P/R Deduction (\$40.00 Monthly)

B. MR. YVES F PINKOWITZ
Full Name (Last, First, Middle Initial)

Mailing Address 20541 VIA EL TAJO

City YORBA LINDA State CA Zip Code 92887

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

Name of Employer Pacific Life Occupation VP CORP AUDIT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **09 / 30 / 2011**

Transaction ID : PR10364055124

Amount of Each Receipt this Period **44.00**

P/R Deduction (\$44.00 Monthly)

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

Mailing Address 20 MOLINO

City NEWPORT BEACH State CA Zip Code 92660

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

Name of Employer Pacific Life Occupation VP REAL ESTATE FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2025.00**

Date of Receipt **09 / 30 / 2011**

Transaction ID : PR10364085124

Amount of Each Receipt this Period **225.00**

P/R Deduction (\$225.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **309.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 94
	<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. MR. JOSEPH A PUM
Full Name (Last, First, Middle Initial)

Mailing Address 33 BOLERO

City MISSION VIEJO State CA Zip Code 92692

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

Name of Employer Pacific Life Occupation INTERNAL AUDIT DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR10364095124

Amount of Each Receipt this Period
75.00

P/R Deduction (\$75.00 Monthly)

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

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 ▼ **1125.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR10364145124

Amount of Each Receipt this Period
125.00

P/R Deduction (\$125.00 Monthly)

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

Mailing Address 19 GLEN ELLEN

City IRVINE State CA Zip Code 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 ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR10364205124

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **230.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 94
<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. MR. RICHARD J SCHINDLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 28472 AVENIDA PLACIDA
 City SN JUAN CAPISTRANO State CA Zip Code 92675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR VP LIFE CHF MKTG OFCR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2850.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10364265124
 Amount of Each Receipt this Period 325.00
 P/R Deduction (\$325.00 Monthly)

B. MS. KIMBERLY K SCHULTZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 28392 CALLE PINON
 City SN JUAN CAPISTRANO State CA Zip Code 92675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR WHOLESALER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10364305124
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

C. MS. CATHY L SCHWARTZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 87 PELICAN CT
 City NEWPORT BEACH State CA Zip Code 92660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP CREDIT ANALYSIS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10364315124
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR. ALAN L SCHWITZGEBEL		Date of Receipt
Mailing Address 18612 MORONGO ST		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
FOUNTAIN VALLEY	CA	92708
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : PR10364325124
Pacific Life	HR BUS PARTNER CONS	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="225.00"/>	<input type="text" value="25.00"/>
		P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial) B. MS. SONJA V SCOTT		Date of Receipt
Mailing Address 30 CANYONWOOD		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
IRVINE	CA	92620
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : PR10364335124
Pacific Life	AVP COMPENSATION	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="405.00"/>	<input type="text" value="45.00"/>
		P/R Deduction (\$45.00 Monthly)

Full Name (Last, First, Middle Initial) C. MR. BRADLEY W SHERRELL		Date of Receipt
Mailing Address 2315 VIA ZAFIRO		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
SAN CLEMENTE	CA	92673
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : PR10364355124
Pacific Life	AVP TECH OFFICE	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>	<input type="text" value="50.00"/>
		P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="120.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 94
	<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. MS. CAROL R SUDBECK
Full Name (Last, First, Middle Initial)

Mailing Address 11 SOMMET

City NEWPORT COAST	State CA	Zip Code 92657
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pacific Life	Occupation SR VP HR & FACILITIES
----------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3096.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : PR10364505124

Amount of Each Receipt this Period
416.00

P/R Deduction (\$416.00 Monthly)

B. MS. ALICE P TERLECKY
Full Name (Last, First, Middle Initial)

Mailing Address 2130 CAMINO LAUREL

City SAN CLEMENTE	State CA	Zip Code 92673
----------------------	-------------	-------------------

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

Name of Employer Pacific Life	Occupation AVP NEW BUSINESS SVCS
----------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : PR10364575124

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

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

Mailing Address 355 S LORETTA DR

City ORANGE	State CA	Zip Code 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 ▼
810.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : PR10364585124

Amount of Each Receipt this Period
90.00

P/R Deduction (\$90.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	531.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 94
	<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. MR. STEPHEN J TORETTO
Full Name (Last, First, Middle Initial)

Mailing Address 22862 ORENSE

City MISSION VIEJO	State CA	Zip Code 92691
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pacific Life	Occupation VP COUNSEL
----------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : PR10364595124

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

B. MR. KHANH T TRAN
Full Name (Last, First, Middle Initial)

Mailing Address 47 VERNAL SPG

City IRVINE	State CA	Zip Code 92603
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pacific Life	Occupation EXEC VP CFO & CHF INVEST OFCR
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3749.94**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : PR10364605124

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

C. MR. EDDIE D TUNG
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 10386

City NEWPORT BEACH	State CA	Zip Code 92658
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pacific Life	Occupation AVP REGULATORY PROD ACCTG
----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : PR10364625124

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	551.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 94
	<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. MS. CATHRYN L VAN WEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 41974 CARSON CT
 City MURRIETA State CA Zip Code 92562
 Name of Employer Pacific Life Occupation AVP NATL ACCTS & BD SVCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10364635124
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

B. MR. JOHN M WALDECK
 Full Name (Last, First, Middle Initial)
 Mailing Address 67 LAURELHURST DR
 City LADERA RANCH State CA Zip Code 92694
 Name of Employer Pacific Life Occupation VP RE UWG & CONST SVCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10364655124
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 Monthly)

C. MS. NAOMI D WHEELER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1827 MAIN ST
 City HUNTINGTON BEACH State CA Zip Code 92648
 Name of Employer Pacific Life Occupation AVP FINANCIAL ANALYSIS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10364735124
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 28532 VIA PRIMAVERA

City SN JUAN CAPISTRANO	State CA	Zip Code 92675
----------------------------	-------------	-------------------

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

Name of Employer Pacific Life	Occupation VP SALES
----------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1080.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : PR10364745124

Amount of Each Receipt this Period
120.00

P/R Deduction (\$120.00 Monthly)

B. MR. ALAN D WUEST
Full Name (Last, First, Middle Initial)

Mailing Address 32 COLORIDO

City RCHO STA MARGARITA	State CA	Zip Code 92688
----------------------------	-------------	-------------------

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

Name of Employer Pacific Life	Occupation AVP OPERATIONS SUPPORT
----------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : PR10364805124

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 8 CASTLEBAR

City IRVINE	State CA	Zip Code 92618
----------------	-------------	-------------------

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

Name of Employer Pacific Life	Occupation VP & FUND ADVISOR COUNSEL
----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : PR10364825124

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 94
	<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. MS. MARIA ZAMBELLI-DOUGHERTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 525 LOMBARDY RD
 City DREXEL HILL State PA Zip Code 19026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SUPR OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10364835124
 Amount of Each Receipt this Period 0.00
 P/R Deduction (\$0.00 Monthly)

B. MR. MICHAEL A BELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 PRECIPICE
 City LAGUNA NIGUEL State CA Zip Code 92677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation EVP LIFE INSURANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3150.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10365145124
 Amount of Each Receipt this Period 350.00
 P/R Deduction (\$350.00 Monthly)

C. MR. PAUL V LIGEROS
 Full Name (Last, First, Middle Initial)
 Mailing Address 44 RABANO
 City RCHO STA MARGARITA State CA Zip Code 92688
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation PROD & COMPETITION CONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10365205124
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	380.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MR. REED J LLOYD		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2011 Transaction ID : PR10365215124
Mailing Address 6 SANDERLING LN		Amount of Each Receipt this Period 75.00
City ALISO VIEJO	State CA	Zip Code 92656
FEC ID number of contributing federal political committee. C	P/R Deduction (\$75.00 Monthly)	
Name of Employer Pacific Life	Occupation AVP ADVANCED MKTG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	

Full Name (Last, First, Middle Initial) B. MR. REX A OLSON		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2011 Transaction ID : PR10365225124
Mailing Address 1963 PORT LAURENT PL		Amount of Each Receipt this Period 50.00
City NEWPORT BEACH	State CA	Zip Code 92660
FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Monthly)	
Name of Employer Pacific Life	Occupation VP&SR MANAGING DIR (LEV FIN)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. MR. SAMUEL TANG		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2011 Transaction ID : PR10365235124
Mailing Address PO BOX 4586		Amount of Each Receipt this Period 50.00
City MISSION VIEJO	State CA	Zip Code 92690
FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Monthly)	
Name of Employer Pacific Life	Occupation PRINCIPAL PAC TRIGUARD COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 OF 94
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. MS. CAROLYN DEAN

Mailing Address **PO BOX 3051**

City **DANA POINT** State **CA** Zip Code **92629**

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

Name of Employer **Pacific Life** Occupation **ACCOUNTING DIR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : PR10365345124

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)
B. MS. ANGELA D HARRELSON

Mailing Address **286 VIRGINIA PL**

City **COSTA MESA** State **CA** Zip Code **92627**

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

Name of Employer **Pacific Life** Occupation **BUS SYSTEMS ANA**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : PR10365405124

Amount of Each Receipt this Period
30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)
C. MS. CAROL E RUMSEY

Mailing Address **25221 SPINDLEWOOD**

City **LAGUNA NIGUEL** State **CA** Zip Code **92677**

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 ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : PR10365455124

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **95.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 94
	<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. MR. PHILIP A TEETER
 Full Name (Last, First, Middle Initial)
 Mailing Address 376 MYRTLE ST
 City LAGUNA BEACH State CA Zip Code 92651
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR VP TECH & OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1530.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10365475124
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 Monthly)

B. MR. LOREN M DOLLET
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 JUPITER HLS
 City NEWPORT BEACH State CA Zip Code 92660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation EXEC VP GEN COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10365555124
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

C. MR. TENNYSON S OYLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 PEONY
 City IRVINE State CA Zip Code 92618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP PUBLIC AFFAIRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10365615124
 Amount of Each Receipt this Period 75.00
 P/R Deduction (\$75.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 94
<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. MS. VALERIE MORRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 48 W YALE LOOP
 City IRVINE State CA Zip Code 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 ▼ 870.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10365685124
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

B. MS. PATRICIA S DOUGLASS
 Full Name (Last, First, Middle Initial)
 Mailing Address 640 SAINT JAMES RD
 City NEWPORT BEACH State CA Zip Code 92663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP GOVT RELNS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10365735124
 Amount of Each Receipt this Period 275.00
 P/R Deduction (\$275.00 Monthly)

C. MR. WILLIAM D BURKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2216 NELDA WAY
 City ALAMO State CA Zip Code 94507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation REGIONAL VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10365785124
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	475.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 94
	<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. MR. SILAS K DUNN
Full Name (Last, First, Middle Initial)

Mailing Address 14 ELDERWOOD

City IRVINE	State CA	Zip Code 92614
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pacific Life	Occupation AVP PSD COMPLIANCE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : PR10365845124

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 87 CUMMINGS BATTLE TRL

City HENDERSONVILLE	State NC	Zip Code 28739
------------------------	-------------	-------------------

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 ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : PR10365855124

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

C. MS. CHRISTINA Q HE
Full Name (Last, First, Middle Initial)

Mailing Address 16625 SONORA STREET

City TUSTIN	State CA	Zip Code 92782
----------------	-------------	-------------------

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

Name of Employer Pacific Life	Occupation VP INVESTMENT MGMT
----------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : PR10365875124

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	180.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 42 OF 94
(check only one)

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

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

Mailing Address 25202 LA ESTRADA DR

City LAGUNA NIGUEL	State CA	Zip Code 92677
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pacific Life	Occupation VP ADVANCE DESIGN
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : PR10365955124

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

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

Mailing Address 30 BRIAN RD

City BRIDGEWATER	State MA	Zip Code 02324
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : PR10365965124

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)
C. MR. EVAN P OHS

Mailing Address 2917 W MCGRAW ST

City SEATTLE	State WA	Zip Code 98199
-----------------	-------------	-------------------

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

Name of Employer Pacific Life	Occupation REGIONAL VP
----------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : PR10365975124

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 94
	<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. MS. JULIET A PINKERTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 DEMONBREUN ST
 City NASHVILLE State TN Zip Code 37201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation DIVISIONAL VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10365995124
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

B. MR. PHILLIP L SALEMNO
 Full Name (Last, First, Middle Initial)
 Mailing Address 47 BETSY LN
 City AMBLER State PA Zip Code 19002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation MARKETING CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10366035124
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

C. MR. RICHARD A TAUBE
 Full Name (Last, First, Middle Initial)
 Mailing Address 24081 NUTHATCH LN
 City LAGUNA NIGUEL State CA Zip Code 92677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP PRODUCT MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10366045124
 Amount of Each Receipt this Period 85.00
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 360.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MR. TRAVIS R MC KAY			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2011 Transaction ID : PR10366065124
Mailing Address 210 OXFORD AVE			Amount of Each Receipt this Period 100.00
City CLARENDON HILLS	State IL	Zip Code 60514	P/R Deduction (\$100.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation SR WHOLESALER	Aggregate Year-to-Date 900.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MS. KATHARINE B YOUNG			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2011 Transaction ID : PR10366105124
Mailing Address 18647 SANTA ISADORA ST			Amount of Each Receipt this Period 100.00
City FOUNTAIN VALLEY	State CA	Zip Code 92708	P/R Deduction (\$100.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation VP VALUATION & RISK MGMT	Aggregate Year-to-Date 860.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MR. DALE W PATRICK			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2011 Transaction ID : PR10366145124
Mailing Address 11975 LAMBERT			Amount of Each Receipt this Period 25.00
City TUSTIN	State CA	Zip Code 92782	P/R Deduction (\$25.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Life	Occupation AVP PORTFOLIO MGMT	Aggregate Year-to-Date 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 45 OF 94
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR. CHRISTOPHER VAN MIERLO
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Pacific Life SVP RSD SALES CHF MKTG OFCR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR10366155124
 Amount of Each Receipt this Period
 75.00
 P/R Deduction (\$75.00 Monthly)

B. MR. DOUGLAS J URATA
 Full Name (Last, First, Middle Initial)
 Mailing Address 28202 MILLWOOD RD
 City State Zip Code
 TRABUCO CANYON CA 92679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life SR MKTG ANA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR10366165124
 Amount of Each Receipt this Period
 25.00
 P/R Deduction (\$25.00 Monthly)

C. MR. MICHAEL S ROBB
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 CLIFFHOUSE BLF
 City State Zip Code
 NEWPORT COAST CA 92657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life EXEC VP RE INVEST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR10366195124
 Amount of Each Receipt this Period
 250.00
 P/R Deduction (\$250.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 94
	<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. MR. WILLIAM B ARMSTRONG
 Full Name (Last, First, Middle Initial)
 Mailing Address 5322 LAIRD RD
 City LOOMIS State CA Zip Code 95650
 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 ▼ 225.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10366225124
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

B. MR. RICHARD M WILKES
 Full Name (Last, First, Middle Initial)
 Mailing Address 7124 HAWKSBEARD DR
 City WESTERVILLE State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR WHOLESALER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10366275124
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

C. MR. RICHARD S BANNO
 Full Name (Last, First, Middle Initial)
 Mailing Address 26666 WHITE OAKS DR
 City LAGUNA HILLS State CA Zip Code 92653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP CAPITAL MKTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10366285124
 Amount of Each Receipt this Period 75.00
 P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 200.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 94
	<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. MR. THOMAS C BILELLO
 Full Name (Last, First, Middle Initial)
 Mailing Address 17812 BIGELOW PARK
 City TUSTIN State CA Zip Code 92780
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP OPERATIONS COMPL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10366295124
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

B. MR. STEPHEN M BOLLINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 17345 FLAME TREE CIR
 City FOUNTAIN VALLEY State CA Zip Code 92708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP E-COMMERCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10366305124
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

C. MS. MARY ANN BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 304 WEYMOUTH PL
 City LAGUNA BEACH State CA Zip Code 92651
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation EVP CORPORATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3749.94

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10366315124
 Amount of Each Receipt this Period 416.66
 P/R Deduction (\$416.66 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 481.66
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 94
<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. MS. LORI K CARRASCO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2742 PORTOLA DR
 City COSTA MESA State CA Zip Code 92626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation CORP SECRETARIAL CONS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **315.00**

Date of Receipt **09 / 30 / 2011**
Transaction ID : PR10366325124
 Amount of Each Receipt this Period **40.00**
 P/R Deduction (\$40.00 Monthly)

B. MR. SIMON S FENG
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 CANDELA
 City IRVINE State CA Zip Code 92620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP BUS & TECH INTEG
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1800.00**

Date of Receipt **09 / 30 / 2011**
Transaction ID : PR10366355124
 Amount of Each Receipt this Period **200.00**
 P/R Deduction (\$200.00 Monthly)

C. MR. THOMAS GIBBONS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1970 PARK NEWPORT
 City NEWPORT BEACH State CA Zip Code 92660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SVP TAX
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2790.00**

Date of Receipt **09 / 30 / 2011**
Transaction ID : PR10366365124
 Amount of Each Receipt this Period **315.00**
 P/R Deduction (\$315.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **555.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 94
	<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. MS. MARY M HAWKINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6182 S 177TH ST
 City OMAHA State NE Zip Code 68135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP OPS BUS SOLUTNS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **405.00**

Date of Receipt **09 / 30 / 2011**
Transaction ID : PR10366395124
 Amount of Each Receipt this Period **45.00**
 P/R Deduction (\$45.00 Monthly)

B. MR. JAMES KARAF
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 PALO ALTO PL
 City APTOS State CA Zip Code 95003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation DIVISIONAL VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1125.00**

Date of Receipt **09 / 30 / 2011**
Transaction ID : PR10366405124
 Amount of Each Receipt this Period **125.00**
 P/R Deduction (\$125.00 Monthly)

C. MR. MARK A KARPE
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 AUTUMNLEAF
 City IRVINE State CA Zip Code 92614
 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 **270.00**

Date of Receipt **09 / 30 / 2011**
Transaction ID : PR10366415124
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **200.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 94
	<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. MR. GREGORY L KEELING
Full Name (Last, First, Middle Initial)

Mailing Address 406 1/2 HELIOTROPE AVE

City	State	Zip Code
CORONA DEL MAR	CA	92625

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

Name of Employer	Occupation
Pacific Life	VP FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : PR10366425124

Amount of Each Receipt this Period

90.00

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 43 LEMANS

City	State	Zip Code
NEWPORT COAST	CA	92657

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

Name of Employer	Occupation
Pacific Life	VP CORPORATE FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : PR10366445124

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

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

Mailing Address 1850 INDUSTRIAL ST

City	State	Zip Code
LOS ANGELES	CA	90021

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

Name of Employer	Occupation
Pacific Life	AVP CREDIT ANALYSIS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : PR10366455124

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 94
	<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. MR. STEPHAN P MITCHELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 18111 THEODORA DR
 City TUSTIN State CA Zip Code 92780
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation PRODUCT SPEC DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10366465124
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

B. MR. CHAD A ROSS
 Full Name (Last, First, Middle Initial)
 Mailing Address 851 VIA BARQUERO
 City SAN MARCOS State CA Zip Code 92069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation MGR BROKER DEALER SVCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10366495124
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

C. MR. DAVID K ROSUCK
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 SAINT JOHN DR
 City HAWTHORN WOODS State IL Zip Code 60047
 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 ▼ 270.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10366505124
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 94
	<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. MS. PATRICIA A SANDBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 FLINT AVE
 City State Zip Code
 LONG BEACH CA 90814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP COUNSEL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR10366525124
 Amount of Each Receipt this Period
 25.00
 P/R Deduction (\$25.00 Monthly)

B. MR. JOSEPH D SCHNEIDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 307 ESQUINA
 City State Zip Code
 NEWPORT BEACH CA 92660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life VP INFO TECH SVCS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR10366535124
 Amount of Each Receipt this Period
 25.00
 P/R Deduction (\$25.00 Monthly)

C. MS. ELIZABETH H SKINNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 CORAL LK
 City State Zip Code
 IRVINE CA 92614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP TECHNOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR10366555124
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	80.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 53 OF 94
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MS. CHERYL L TOBIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 24426 PEACOCK ST
 City LAKE FOREST State CA Zip Code 92630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10366575124
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

B. MS. CATHLEEN H PULFORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 33742 PEQUITO DR
 City DANA POINT State CA Zip Code 92629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation REG RPTG & ANA CONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10366615124
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

C. MR. DENNIS L BAHLMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6052 MEADOW VIEW CT
 City JOHNSTON State IA Zip Code 50131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP RISK SELECTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10366625124
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 OF 94
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MR. KEVIN W BERWALD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2011 Transaction ID : PR10366635124
Mailing Address 17601 PARKE LN		Amount of Each Receipt this Period 25.00
City GROSSE ILE	State MI	Zip Code 48138
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Monthly)
Name of Employer Pacific Life	Occupation FVP FIELD WHOLESALING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. MR. GEORGE A PAULIK		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2011 Transaction ID : PR10366655124
Mailing Address 2990 WINDSTONE CIR		Amount of Each Receipt this Period 25.00
City MARIETTA	State GA	Zip Code 30062
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Monthly)
Name of Employer Pacific Life	Occupation SR FVP-NCM FI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. MR. JEFF J BRADSHAW		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2011 Transaction ID : PR10366675124
Mailing Address 22081 OAK GRV		Amount of Each Receipt this Period 50.00
City MISSION VIEJO	State CA	Zip Code 92692
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Monthly)
Name of Employer Pacific Life	Occupation VP CORP DEV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 94
<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. MS. DEBORAH K JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3019 SAN ANSELIN AVE
 City State Zip Code
 LONG BEACH CA 90808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life SYSTEMS ANALYSIS SUPR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR1036685124
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

B. MS. KAREN M BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 FOREST HILLS CT
 City State Zip Code
 DANA POINT CA 92629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP MODEL OFC ANN TECH
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR1036695124
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$40.00 Monthly)

C. MR. KENNETH W COX
 Full Name (Last, First, Middle Initial)
 Mailing Address 12182 DEWAR DR
 City State Zip Code
 RIVERSIDE CA 92505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life IT DELIVERY MGR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR10366705124
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 140.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 56 OF 94
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. MR. STEVEN R ELDER

Mailing Address 385 25TH AVE

City State Zip Code
 MILTON WA 98354

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

Name of Employer Occupation
 Pacific Life SR WHOLESALER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR10366725124

Amount of Each Receipt this Period
 50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
B. MR. STEPHEN K ENG

Mailing Address 324 TURTLE CREST DR

City State Zip Code
 IRVINE CA 92603

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

Name of Employer Occupation
 Pacific Life DIR RISK MGMT

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR10366735124

Amount of Each Receipt this Period
 40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)
C. MS. CHARLENE A GRANT

Mailing Address 3311 SEAVIEW AVE

City State Zip Code
 CORONA DEL MAR CA 92625

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

Name of Employer Occupation
 Pacific Life AVP COUNSEL

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR10366755124

Amount of Each Receipt this Period
 35.00

P/R Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00

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

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

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

FOR LINE NUMBER: PAGE 57 OF 94
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR. DAVID C HONERKAMP
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Pacific Life AVP RE ACQUISITIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR10366765124
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

B. MS. KRISTINA L KENNEDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 CAMARIN ST
 City State Zip Code
 FOOTHILL RANCH CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life VP ACTUARIAL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR10366785124
 Amount of Each Receipt this Period
 25.00
 P/R Deduction (\$25.00 Monthly)

C. MS. LINDA L KOTOWICZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 795 TREPANNY LN
 City State Zip Code
 WAYNE PA 19087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life FVP M MKTG
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR10366795124
 Amount of Each Receipt this Period
 60.00
 P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 135.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 94
	<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. MS. SHARON E PACHECO
 Full Name (Last, First, Middle Initial)
 Mailing Address 21611 BLUEJAY ST
 City TRABUCO CANYON State CA Zip Code 92679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP CHIEF COMPLIANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10366825124
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

B. MS. DAWN M TRAUTMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7424 CITY LIGHTS DR
 City ALISO VIEJO State CA Zip Code 92656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR VP IT & STRATEGIC PLNG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 945.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10366865124
 Amount of Each Receipt this Period 105.00
 P/R Deduction (\$105.00 Monthly)

C. MR. WILLIAM K VINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2111 OWENS DRIVE
 City FULLERTON State CA Zip Code 92833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation ACTUARIAL CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10366875124
 Amount of Each Receipt this Period 24.00
 P/R Deduction (\$24.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 169.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 94
	<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. MR. JEFFREY R WILT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 BAILEY DR
 City GLENWOOD State NJ Zip Code 07418
 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 ▼ 495.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10366885124
 Amount of Each Receipt this Period 55.00
 P/R Deduction (\$55.00 Monthly)

B. MR. STUART A HOLLAND
 Full Name (Last, First, Middle Initial)
 Mailing Address 4931 CAREFREE TRAIL
 City PARKER State CO Zip Code 80134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR FVP-NCM IP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10366915124
 Amount of Each Receipt this Period 75.00
 P/R Deduction (\$75.00 Monthly)

C. MR. BRANDON J CAGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 SKYWOOD ST
 City LADERA RANCH State CA Zip Code 92694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10366955124
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	170.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 60 OF 94
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR. LARRY D GARDNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 214 S 202ND ST
 City ELKHORN State NE Zip Code 68022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation COMPLIANCE MANAGER, NE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10366995124
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

B. MS. ADRIANNE M GEORGANTAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 28373 BOULDER DR
 City TRABUCO CANYON State CA Zip Code 92679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR FLD SVCS PROJ ANA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10367005124
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

C. MR. DAVID L GOLDSTEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 12324 CANTURA ST
 City STUDIO CITY State CA Zip Code 91604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation FVP COLI UNIT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10367015124
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 24 TAOS

City RCHO STA MARGARITA State CA Zip Code 92688

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

Name of Employer Pacific Life Occupation DIR ADVD MKTG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : PR10367025124

Amount of Each Receipt this Period
65.00

P/R Deduction (\$65.00 Monthly)

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

Mailing Address 10158 NADINE ST

City TEMPLE CITY State CA Zip Code 91780

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

Name of Employer Pacific Life Occupation DATABASE MGMT CONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : PR10367045124

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)
C. MR. RONALD C SEXTON

Mailing Address 2800 KELLER DR APT 50

City TUSTIN State CA Zip Code 92782

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

Name of Employer Pacific Life Occupation SR DATABASE ADMINR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : PR10367095124

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 94
	<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. MR. KEITH C WERSCHKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 25252 NORTHRUP DR
 City LAGUNA HILLS State CA Zip Code 92653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP EC & AGG RISK
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10367125124
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

B. MR. JIM Y CHU
 Full Name (Last, First, Middle Initial)
 Mailing Address 22931 GALAXY LN
 City LAKE FOREST State CA Zip Code 92630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP PRICING & DESIGN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10367145124
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

C. MR. ROBERT J HUNT
 Full Name (Last, First, Middle Initial)
 Mailing Address 20130 NE 28TH PL
 City SAMMAMISH State WA Zip Code 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 ▼ 360.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10367165124
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 190.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 94
<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. MR. STEVEN H GOLDBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 TWIN FLOWER ST
 City LADERA RANCH State CA Zip Code 92694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation DIR ANNUITIES PRODUCT DEVELPMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **675.00**

Date of Receipt **09 / 30 / 2011**
Transaction ID : PR10367185124
 Amount of Each Receipt this Period **75.00**
 P/R Deduction (\$75.00 Monthly)

B. MR. JASON T TODD
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 LAURELHURST DR
 City LADERA RANCH State CA Zip Code 92694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP CREDIT ANALYSIS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **09 / 30 / 2011**
Transaction ID : PR10371995124
 Amount of Each Receipt this Period **50.00**
 P/R Deduction (\$50.00 Monthly)

C. MR. ROBERT J AVELLINO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 PHEASANT DR.
 City MT. LAUREL State NJ Zip Code 08054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR WHOLESALER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **09 / 30 / 2011**
Transaction ID : PR10614785124
 Amount of Each Receipt this Period **25.00**
 P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 94
	<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. MR. CARLETON J MUENCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 NORTHERN PINE LOOP
 City ALISO VIEJO State CA Zip Code 92656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP INVESTMENT OVERSIGHT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10614835124
 Amount of Each Receipt this Period 45.00
 P/R Deduction (\$45.00 Monthly)

B. MR. PATRICK J O'BRIEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1112 LAS POSAS
 City SAN CLEMENTE State CA Zip Code 92673
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP SPECIALIZED MRKTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10614845124
 Amount of Each Receipt this Period 35.00
 P/R Deduction (\$35.00 Monthly)

C. MR. TIM N SHAHEEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 27621 HOMESTEAD RD
 City LAGUNA NIGUEL State CA Zip Code 92677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP BUS INTEL & ILLUS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10614875124
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 94
<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. MR. MATTHEW WELLS
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 BONITA DR
 City HOMEWOOD State AL Zip Code 35209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR WHOLESALER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10614925124
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

B. MR. MICHAEL J DONNELLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 GARDEN TER
 City WALPOLE State MA Zip Code 02081
 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 ▼ 225.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10667995124
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

C. MR. JAMES P LEASURE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2427 PORT WHITBY PL
 City NEWPORT BEACH State CA Zip Code 92660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP&SR MANAGING DIR (LEV FIN)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR10668015124
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	155.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 94
	<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. MR. JAMES F SHERIDAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 9584 ROBIN AVE
 City FOUNTAIN VALLEY State CA Zip Code 92708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation DIR ACG/AIRCRAFT SVCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR11084695124
 Amount of Each Receipt this Period 35.00
 P/R Deduction (\$35.00 Monthly)

B. MR. DAVID J VAN DE WATER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6433 PALOMINO WAY
 City WEST LINN State OR Zip Code 97068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation MARKETING CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR11106895124
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. MS. ANN E FARLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4014 ALADDIN DR
 City HUNTINGTON BEACH State CA Zip Code 92649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP PRODUCT DEV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR11323355124
 Amount of Each Receipt this Period 45.00
 P/R Deduction (\$45.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 67 OF 94
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MS. ANN M DELANEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 GRENADA ST
 City LAGUNA NIGUEL State CA Zip Code 92677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation PROJECT MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR12361935124
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

B. MR. ROGER D BOND
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 SAN TROPEZ CT.
 City LAGUNA BEACH State CA Zip Code 92651
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation INTERNAL AUDIT CONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR15598895124
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

C. MR. ANDREW OLEKSIW
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 SKY RANCH RD
 City LADERA RANCH State CA Zip Code 92694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SVP CORP DEVELPMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR15598905124
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 94
<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. MS. RAE A MCKEATING
 Full Name (Last, First, Middle Initial)
 Mailing Address 25842 DANA BLF W
 City State Zip Code
 CAPISTRANO BEACH CA 92624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP LEGAL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR22130715124
 Amount of Each Receipt this Period
 70.00
 P/R Deduction (\$70.00 Monthly)

B. MR. CHRISTOPHER S DALLAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 EARLYMORN
 City State Zip Code
 IRVINE CA 92614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP COUNSEL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR22130735124
 Amount of Each Receipt this Period
 25.00
 P/R Deduction (\$25.00 Monthly)

C. MR. EDWIN J FERRELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 CASTLEROCK
 City State Zip Code
 IRVINE CA 92603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life VP INVSTMT MGMT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR22130755124
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 94
	<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. MS. JENELLE J FRANKLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6131 COSTA DEL REY
 City State Zip Code
 LONG BEACH CA 90803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life IT AUDIT CONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR22130765124
 Amount of Each Receipt this Period
 25.00
 P/R Deduction (\$25.00 Monthly)

B. MR. DONAL P HANLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 591 S MARENGO AVE UNIT 7
 City State Zip Code
 PASADENA CA 91106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life VP LEGAL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 231.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR22130775124
 Amount of Each Receipt this Period
 26.00
 P/R Deduction (\$26.00 Monthly)

C. MS. JENNIFER L KRUMM
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 AMBROISE
 City State Zip Code
 NEWPORT COAST CA 92657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP FIN & DERIVATIVE RPTG
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 570.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR22130805124
 Amount of Each Receipt this Period
 65.00
 P/R Deduction (\$65.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 116.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 94
	<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. MS. SUSAN M KEELING
 Full Name (Last, First, Middle Initial)
 Mailing Address 406 1/2 HELIOTROPE AVE
 City CORONA DEL MAR State CA Zip Code 92625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP INV MGT ACCTG & RPTG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 555.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR22130825124
 Amount of Each Receipt this Period 70.00
 P/R Deduction (\$70.00 Monthly)

B. MR. GUY M MOCKELMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4227 N BRANCH DR
 City OMAHA State NE Zip Code 68116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR INTERNAL WHOLESALER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR22130835124
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

C. MR. TIMOTHY C MYERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 23819 CLAYMORE WAY
 City VALENCIA State CA Zip Code 91354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation CORP TAX DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR22130865124
 Amount of Each Receipt this Period 90.00
 P/R Deduction (\$90.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 94
	<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. MR. SCOTT P ROBINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 LAKE PINES DR
 City BRIGHTON State MI Zip Code 48114
 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 ▼ 225.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR22130885124
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

B. MR. JAY C HAMILTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 ARGOS
 City LAGUNA NIGUEL State CA Zip Code 92677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP CONTRACTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR22336355124
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$60.00 Monthly)

C. MR. SHEPHEARD M JAMES
 Full Name (Last, First, Middle Initial)
 Mailing Address 18030 BROOKHURST ST.
 City FOUNTAIN VALLEY State CA Zip Code 92708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP INTERNAL AUDIT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR22336365124
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MR. MICHAEL L ADAMS		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 Transaction ID : PR23430885124
Mailing Address 29362 ELBA DR		Amount of Each Receipt this Period 25.00
City LAGUNA NIGUEL	State CA	Zip Code 92677
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Monthly)
Name of Employer Pacific Life	Occupation FVP M MARKETING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. MR. RICHARD J MILLER		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 Transaction ID : PR31736845124
Mailing Address 22501 CHASE APT 9112		Amount of Each Receipt this Period 50.00
City ALISO VIEJO	State CA	Zip Code 92656
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Monthly)
Name of Employer Pacific Life	Occupation VP IND PROD CHANNEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. MR. DOUGLAS P JACKSON		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 Transaction ID : PR32777125124
Mailing Address 59 AUGUSTA		Amount of Each Receipt this Period 100.00
City COTO DE CAZA	State CA	Zip Code 92679
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life	Occupation FVP SALES DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 94
	<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. MR. PATRICK M ALLEN
Full Name (Last, First, Middle Initial)

Mailing Address 58 RUE DU CHATEAU

City	State	Zip Code
ALISO VIEJO	CA	92656

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

Name of Employer	Occupation
Pacific Life	MGR EQ ACCTG & RPTG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : PR33677825124

Amount of Each Receipt this Period

90.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 12123 COURSER AVE

City	State	Zip Code
LA MIRADA	CA	90638

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

Name of Employer	Occupation
Pacific Life	DIR ADVANCED DESIGNS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : PR33677845124

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

C. MS. MARIAN C BLACKSHEAR
Full Name (Last, First, Middle Initial)

Mailing Address 5528 BELLFLOWER BLVD

City	State	Zip Code
LAKEWOOD	CA	90713

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

Name of Employer	Occupation
Pacific Life	SYSTEMS ANALYST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : PR33677855124

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MS. LAURA J JUNG		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 Transaction ID : PR33677865124
Mailing Address 1111 BAYPOINTE DR		Amount of Each Receipt this Period 30.00
City NEWPORT BEACH	State CA	Zip Code 92660
FEC ID number of contributing federal political committee. C	Name of Employer Pacific Life	Occupation INTERNAL AUDIT CONS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial) B. MS. KATHRYN N HENSLER		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 Transaction ID : PR33677875124
Mailing Address 24372 ENCORVADO LN		Amount of Each Receipt this Period 25.00
City MISSION VIEJO	State CA	Zip Code 92691
FEC ID number of contributing federal political committee. C	Name of Employer Pacific Life	Occupation SR PARALEGAL ANA I
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial) C. MR. DANIEL E KOMOROSKE		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 Transaction ID : PR33677885124
Mailing Address 8 OSPREY AVE		Amount of Each Receipt this Period 50.00
City ALISO VIEJO	State CA	Zip Code 92656
FEC ID number of contributing federal political committee. C	Name of Employer Pacific Life	Occupation AVP LIFE REINSURANCE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	105.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 94
	<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. MR. DEAN R LAGERBORG
 Full Name (Last, First, Middle Initial)
 Mailing Address 58 BRISA FRESCA
 City RCHO STA MARGARITA State CA Zip Code 92688
 Name of Employer Pacific Life Occupation AVP INFO TECH SVCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR33677895124
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

B. MS. ADRIENNE MOUCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2524 W WATROUS AVE
 City TAMPA State FL Zip Code 33629
 Name of Employer Pacific Life Occupation REGIONAL VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR33677905124
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

C. MS. KAREN L MOYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4821 SUNNYBROOK AVE
 City BUENA PARK State CA Zip Code 90621
 Name of Employer Pacific Life Occupation SR SYSTEMS ANALYST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR33677915124
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 155.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 94
	<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. MR. BRIAN D PEAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 SUNRISE
 City IRVINE State CA Zip Code 92603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP APPL ARCH & INTEG.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR33677945124
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

B. MR. JEFFREY S PHILLIPS
 Full Name (Last, First, Middle Initial)
 Mailing Address 14932 PENFIELD CIR
 City HUNTINGTON BEACH State CA Zip Code 92647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation PROJECT MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR33677955124
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. MR. CHRISTOPHER L RATCHFORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2807 FOUNDERS BRIDGE RD
 City MIDLOTHIAN State VA Zip Code 23113
 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 ▼ 350.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR33677965124
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. MR. JON W RUELE
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 FULMAR LN
 City ALISO VIEJO State CA Zip Code 92656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR BUS ANA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR33677975124
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

B. MR. PARAG S SHAH
 Full Name (Last, First, Middle Initial)
 Mailing Address 24972 FOOTPATH LN
 City LAGUNA NIGUEL State CA Zip Code 92677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP PRODUCT DESIGN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR33677985124
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

C. MS. KARI S TURIGLIATTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 253 NIETO AVE
 City LONG BEACH State CA Zip Code 90803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR33677995124
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 105.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 94
	<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. MS. DEIDRE B WILSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 24215 SPARKLING SPRING LN
 City LAKE FOREST State CA Zip Code 92630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SUPR LITIGATION & COMPL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR33678015124
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

B. MR. JAMES P WITKOWSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 5620 FOXTAIL LOOP
 City CARLSBAD State CA Zip Code 92010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation CHANNEL MKTG DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 555.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR33678025124
 Amount of Each Receipt this Period 70.00
 P/R Deduction (\$70.00 Monthly)

C. MR. MICHAEL F MIRANNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 153 SHUTE CIR
 City OLD HICKORY State TN Zip Code 37138
 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 ▼ 375.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR34419155124
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 145.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 79 OF 94
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. MR. MATTHEW F WILHOIT
 Mailing Address 416 HELIOTROPE AVE
 City State Zip Code
 CORONA DEL MAR CA 92625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life VP LEGAL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR34659105124
 Amount of Each Receipt this Period
 25.00
 P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)
B. MR. KEVIN RODDY
 Mailing Address 23221 VIA DORADO
 City State Zip Code
 COTO DE CAZA CA 92679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life VP FINANCE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR38370895124
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
C. MR. WESLEY G AKINS
 Mailing Address 9 BROOKDALE
 City State Zip Code
 IRVINE CA 92604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life SR BUS ANA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR43582195124
 Amount of Each Receipt this Period
 25.00
 P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 94
	<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. MR. DAVID A HENDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 20727 E MAPLEWOOD LN

City CENTENNIAL State CO Zip Code 80016

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

Name of Employer Pacific Life Occupation FIELD VICE PRES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : PR43582255124

Amount of Each Receipt this Period
 50.00

P/R Deduction (\$50.00 Monthly)

B. MR. DANIEL J KUBICA
Full Name (Last, First, Middle Initial)

Mailing Address 26362 YOLANDA ST

City LAGUNA HILLS State CA Zip Code 92656

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

Name of Employer Pacific Life Occupation DIR FLD FIN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : PR43582265124

Amount of Each Receipt this Period
 50.00

P/R Deduction (\$50.00 Monthly)

C. MS. CARLA M MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 890 SHORES BLVD

City ROCKWALL State TX Zip Code 75087

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

Name of Employer Pacific Life Occupation FIELD VICE PRES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : PR43582275124

Amount of Each Receipt this Period
 50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

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

FOR LINE NUMBER: PAGE 81 OF 94
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR. RANDALL D MOODY
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 E. ELM ST.
 City BREA State CA Zip Code 92821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation CONSTRUCTION SVCS MGR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR43582285124
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

B. MR. JOSEPH J NICOLSI
 Full Name (Last, First, Middle Initial)
 Mailing Address 5865 E ANDOVER DR
 City HANOVER PARK State IL Zip Code 60133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation FIELD VICE PRES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR43582295124
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. MS. DEBRA A PEARE
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 ELCANO DR
 City HOT SPRINGS VILLGE State AR Zip Code 71909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SYS ADMIN SR (SR I)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR43582305124
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 94
	<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. MR. CHRISTIAN J PHANCO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4447 PARKCOURT LN
 City RIVERSIDE State CA Zip Code 92505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR43582315124
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

B. MR. SCOTT D REYNOLDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 10140 MORNINGSTAR CIR
 City VILLA PARK State CA Zip Code 92861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP INFO SEC & BCP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR43582325124
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

C. MR. VINCENT E SAMA
 Full Name (Last, First, Middle Initial)
 Mailing Address 39 SAMMIS ST
 City HUNTINGTON State NY Zip Code 11743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR WHOLESALER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR43582335124
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 83 OF 94
	(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"/> 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. MS. LAURYN D SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 17870 NEWHOPE ST
 City FOUNTAIN VALLEY State CA Zip Code 92708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR PAYROLL TAX ANA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR43582345124
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

B. MR. VINCENT A SPERA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1616 LOOKOUT CIR
 City WAXHAW State NC Zip Code 28173
 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 ▼ 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR43582355124
 Amount of Each Receipt this Period 75.00
 P/R Deduction (\$75.00 Monthly)

C. MS. JOANNE T GAGNON
 Full Name (Last, First, Middle Initial)
 Mailing Address 359 PEARL ST
 City READING State MA Zip Code 01867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation FVP M MARKETING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR48232225124
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 142.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 84 OF 94
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. MS. STACY J MARSH
 Mailing Address 318 VIA PROMESA
 City State Zip Code
 SAN CLEMENTE CA 92673
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP COUNSEL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR48232235124
 Amount of Each Receipt this Period
 25.00
 P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)
B. MS. TERESA A OSBORN
 Mailing Address 135 ROSEBUD LN
 City State Zip Code
 COUNCIL BLUFFS IA 51503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life SUPR INFORCE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR48232255124
 Amount of Each Receipt this Period
 25.00
 P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)
C. MR. GARY D PENCE
 Mailing Address 27691 BLOSSOM HILL RD
 City State Zip Code
 LAGUNA NIGUEL CA 92677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life ADVD DESIGN CONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR48232265124
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 85 OF 94
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. MS. LINDA M PIERCE
 Mailing Address 16215 BURDETTE CIR
 City State Zip Code
 OMAHA NE 68116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life DIR POLICYOWNER SVC CNTR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR48232275124
 Amount of Each Receipt this Period
 25.00
 P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)
B. MR. DAVID T CHANG
 Mailing Address 18 IROQUOIS CT
 City State Zip Code
 IRVINE CA 92602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP RISK MGMT ACTUARY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR59529255124
 Amount of Each Receipt this Period
 25.00
 P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)
C. MR. ROBERT W HARRISON
 Mailing Address 511 1/2 NARCISSUS AVE
 City State Zip Code
 CORONA DEL MAR CA 92625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP CORP TECH
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR59529265124
 Amount of Each Receipt this Period
 25.00
 P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 86 OF 94
<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. MR. ROBERT V IPPOLITO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2222 GLEN MARY PL
 City State Zip Code
 DULUTH GA 30097
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life FVP MUTUAL FUNDS - EAST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR60750505124
 Amount of Each Receipt this Period
 25.00
 P/R Deduction (\$25.00 Monthly)

B. MR. CADE H CHERRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 ESTERO POINTE
 City State Zip Code
 ALISO VIEJO CA 92656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP STRATEGIC PLANNING
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR61125885124
 Amount of Each Receipt this Period
 75.00
 P/R Deduction (\$75.00 Monthly)

C. MS. JENNIFER B COOK
 Full Name (Last, First, Middle Initial)
 Mailing Address 1965 SHERINGTON PL APT K312
 City State Zip Code
 NEWPORT BEACH CA 92663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life SR. BROKER DEALER COORD
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR61125895124
 Amount of Each Receipt this Period
 25.00
 P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 94
	<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. MR. GARY L FALDE
Full Name (Last, First, Middle Initial)

Mailing Address 9212 SANTIAGO DR

City HUNTINGTON BEACH State CA Zip Code 92646

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

Name of Employer Pacific Life Occupation VP & CHIEF ACTUARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt **09 / 30 / 2011**

Transaction ID : PR61125905124

Amount of Each Receipt this Period **75.00**

P/R Deduction (\$75.00 Monthly)

B. MR. BRIAN W REEVES
Full Name (Last, First, Middle Initial)

Mailing Address 553 PASEO LUNADO

City PALOS VERDES EST State CA Zip Code 90274

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

Name of Employer Pacific Life Occupation AVP CORPORATE FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **09 / 30 / 2011**

Transaction ID : PR61125955124

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

C. MR. RALPH D SCHOCH
Full Name (Last, First, Middle Initial)

Mailing Address 3443 CROOKED CREEK DR

City DIAMOND BAR State CA Zip Code 91765

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

Name of Employer Pacific Life Occupation SR DATABASE ADMINR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **09 / 30 / 2011**

Transaction ID : PR61125965124

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$30.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 94
	<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. MS. REBECCA S WARWAR
 Full Name (Last, First, Middle Initial)
 Mailing Address 196 S SAGEWOOD ST
 City ORANGE State CA Zip Code 92869
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation DIR OPEN SYSTEMS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR61125975124
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

B. MR. MATTHEW L HANSBERGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5516 RIVER AVE
 City NEWPORT BEACH State CA Zip Code 92663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP IT OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR67885065124
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. MR. MATTHEW A LEVENE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2147 IRIS PL
 City COSTA MESA State CA Zip Code 92627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP CREDIT ANALYSIS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR67885075124
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 140.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 89 OF 94
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MS. JILL PECKINGHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 COLONIAL WAY
 City State Zip Code
 ALISO VIEJO CA 92656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life ANNUITY PROJECT SVCS DIR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR67885095124
 Amount of Each Receipt this Period
 75.00
 P/R Deduction (\$75.00 Monthly)

B. MS. JESSICA L RICE
 Full Name (Last, First, Middle Initial)
 Mailing Address 511 S 51ST AVE
 City State Zip Code
 OMAHA NE 68106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP INTERNAL WHOLESALING
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR67885105124
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

C. MR. MICHAEL A YETTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3438 E RIDGEWAY RD
 City State Zip Code
 ORANGE CA 92867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP INVESTMENT SERVICES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR67885155124
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 90 OF 94
(check only one)

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

A. MR. ALEXANDER F MUNRO
Full Name (Last, First, Middle Initial)
Mailing Address 8 HILLSBOROUGH
City NEWPORT BEACH State CA Zip Code 92660
FEC ID number of contributing federal political committee. C
Name of Employer Pacific Life Occupation AVP ITS STRATEGIC SVCS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR68001205124
Amount of Each Receipt this Period 60.00
P/R Deduction (\$60.00 Monthly)

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	18455.64

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott Brown For US Senate Committee

Mailing Address 200 Reservoir Street

City Needham State MA Zip Code 02494

Purpose of Disbursement Contribution

011

Candidate Name

Sen. Scott Brown

Category/Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: MA District:

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2011

Transaction ID : 10297070

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Hatch Election Committee

Mailing Address 6510 Anna Maria Court

City McLean State VA Zip Code 22101

Purpose of Disbursement Contribution

011

Candidate Name

Orrin Hatch

Category/Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: UT District:

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2011

Transaction ID : 10297072

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Herger for Congress

Mailing Address P.O. Box 1007

City Willows State CA Zip Code 95988

Purpose of Disbursement Contribution

011

Candidate Name

Wally Herger

Category/Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: CA District: 02

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2011

Transaction ID : 10297074

Amount of Each Disbursement this Period

1000.00

Contribution

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Levin for Congress

Mailing Address 209 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Sander Levin

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2011

Transaction ID : 10297075

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Richard E. Neal for Congress

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement
Contribution

Candidate Name

Richard Neal

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2011

Transaction ID : 10297076

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Erik Paulsen

Mailing Address P.O. Box 44369

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement
Contribution

Candidate Name

Rep. Erik Paulsen

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2011

Transaction ID : 10297077

Amount of Each Disbursement this Period

1000.00

Contribution

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Price For Congress

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Thomas Price M.D.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2011

Transaction ID : 10297078

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Searchlight Leadership Fund

Mailing Address 426 C Street, NE, Rear Building

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2011

Transaction ID : 10297079

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Stabenow for U.S. Senate

Mailing Address 328 Massachusetts Ave, NE, Suite 4

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

Debbie Stabenow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2011

Transaction ID : 10297080

Amount of Each Disbursement this Period

1000.00

Contribution

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wyden For Oregon

Mailing Address 122 C Street NW, Suite 505

City Washington State DC Zip Code 20001

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Ron Wyden

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2011

Transaction ID : 10297082

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ken Calvert for Congress

Mailing Address PO Box 20123

City Riverside State CA Zip Code 92516

Purpose of Disbursement
Contribution

011

Candidate Name

Ken Calvert

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 44

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2011

Transaction ID : 10302692

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

3000.00

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

15500.00