REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than an Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION COMMISSION
AUG 24 3 18 PM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
PACIFIC LIFE INSURANCE COMPANY PAC

ADDRESS (number and street) ☐ Check if different than previously reported.
700 NEWPORT CENTER DR.

CITY, STATE and ZIP CODE
NEWPORT BEACH, CA 92660

2. FEC IDENTIFICATION NUMBER
C00068528

3. ☑ This committee has qualified as a multicandidate committee (see FEC FORM 1M)
PRIOR TO 1/1/94

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due on:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☑ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceeding _____ (Type of Election)
election on _____ in the State of _____

☐ Thirtieth day report following the General Election on
_____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☑ NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 07/01/98 through 07/31/98		
6.	(a) Cash on Hand January 1, 1998		31,002.57
	(b) Cash on Hand at Beginning of Reporting Period	21,842.53	
	(c) Total Receipts (from Line 19)	8,058.88	58,283.84
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29,901.41	89,286.41
7.	Total Disbursements (from Line 30)	14,000.00	73,385.00
8.	Cash on Hand at Close of Reporting Period (subtract Line7 from Line 6(d))	15,901.41	15,901.41
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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

Type or Print Name of Treasurer
ROBERT G. HASKELL

Signature of Treasurer
M Haskell

Date 8/20/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U. S. C. p437g.

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: PACIFIC LIFE INSURANCE COMPANY

REPORT COVERING PERIOD FROM 07/01/98 TO: 07/31/98

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	5,272.16	24,730.62
ii. Unitemized	2,579.46	32,915.49
iii. Total (add i and ii) ➤	7,851.62	57,646.11
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add a iii, b and c) ➤	7,851.62	57,646.11
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.)	0.00	180.38
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	207.26	457.35
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	8,058.88	58,283.84
20. Total Federal Receipts (subtract line 18 from line 19) ➤	8,058.88	58,283.84
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0.00	0.00
ii. Non-Federal Share	0.00	0.00
b. Other Federal Operating Expenditures	0.00	185.00
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0.00	185.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	14,000.00	73,200.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0.00	0.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contribution Refunds (add a, b and c) ➤	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	14,000.00	73,385.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	14,000.00	73,385.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	7,851.62	57,646.11
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	7,851.62	57,646.11
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	185.00
36. Offsets to Operating Expenditures (from line 15)	0.00	180.38
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0.00	4.62

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/98 - 07/31/98)

FOR LINE NUMBER 11(a)(i)

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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 purposed, 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 PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. WENDY B. BALDEN 3019 CORTE PORTOFINO NEWPORT BEACH, CA 92660	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	35.00 ($35 Monthly)
Occupation: EXECUTIVE	Aggregate Year-to-Date $ 265.00		
Receipt For: Primary / General / Other (specify):			
B. DANIEL F. BASS 520 W. LAUREL AVE. SIERRA MADRE, CA 91024	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	50.00 ($50 Monthly)
Occupation: ASSISTANT VICE PRESIDENT	Aggregate Year-to-Date $ 350.00		
Receipt For: Primary / General / Other (specify):			
C. ROBERT H. BEARDSLEE 28892 MOUNTAIN VIEW LANE TRABUCO CANYON, CA 92679	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	60.00 ($60 Monthly)
Occupation: EXECUTIVE	Aggregate Year-to-Date $ 300.00		
Receipt For: Primary / General / Other (specify):			
D. MARIANNE BEAZ 23 CEDARSPRING IRVINE, CA 92604	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	40.00 ($40 Monthly)
Occupation: EXECUTIVE	Aggregate Year-to-Date $ 280.00		
Receipt For: Primary / General / Other (specify):			
E. PAMELA M BERGER 1633 BOULDER CREEK RD. OCEANSIDE, CA 92056	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	60.00 ($60 Monthly)
Occupation: EXECUTIVE	Aggregate Year-to-Date $ 420.00		
Receipt For: Primary / General / Other (specify):			
F. TRUDI E. BLAKESLEE 98 NAVARRE IRVINE, CA 92612	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	50.00 ($50 Monthly)
Occupation: EXECUTIVE	Aggregate Year-to-Date $ 350.00		
Receipt For: Primary / General / Other (specify):			
G. JUDITH L. BROWN 26001 BLASCOS MISSION VIEJO, CA 92691	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	60.00 ($60 Monthly)
Occupation: EXECUTIVE	Aggregate Year-to-Date $ 420.00		
Receipt For: Primary / General / Other (specify):			

SUBTOTAL of Receipts This Page (optional) 355.00

TOTAL This Period (last page this line number only)

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/98 - 07/31/98)	PAGE 2 OF 11
	FOR LINE NUMBER 11(a)(i)

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. DEWEY P. BUSHAN 29132 ALFIERI STREET LAGUNA NIGUEL, CA 92677 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 280.00	payroll deduction	40.00 ($40 Monthly)
B. EDWARD R. BYRD 17420 BRIARDALE LANE YORBA LINDA, CA 92886 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 290.00	payroll deduction	50.00 ($50 Monthly)
C. LARRY CARD 31735 SEACLIFF DR. LAGUNA BEACH, CA 92677 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 250.00	payroll deduction	250.00 ($250 Monthly)
D. DAVID R. CARMICHAEL 1525 SERENADE TERRACE CORONA DEL MAR, CA 92625 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 700.00	payroll deduction	100.00 ($100 Monthly)
E. JOSEPH E. CELENTANO 26661 CAMPESINO MISSION VIEJO, CA 92691 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 280.00	payroll deduction	40.00 ($40 Monthly)
F. BERNADINE E. CHWALEK 25755 MAPLE VIEW DRIVE LAGUNA HILLS, CA 92653 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 420.00	payroll deduction	60.00 ($60 Monthly)
G. DENNIS M. CORBETT 15136 TOURAINE WAY IRVINE, CA 92604 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 290.00	payroll deduction	50.00 ($50 Monthly)

SUBTOTAL of Receipts This Page (optional)	590.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/98 - 07/31/98)

PAGE 3 OF 11

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CAMERON COSGROVE 24245 TAMA LANE LAGUNA NIGUEL, CA 92677	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	42.00 ($42 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 294.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CYNTHIA S. DILLION 7 BODEGA BAY CORONA DEL MAR, CA 92625	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	100.00 ($100 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 400.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD S. EASTLYN 27556 VALLEY RIM CIRCLE SAN JUAN CAPISTRANO, CA 92675	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	60.00 ($60 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 420.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK R. FALK 64 SUMMERSTONE IRVINE, CA 92614	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	75.00 ($75 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 375.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEVEN T. FATICONE 6910 GOVERNOR'S CLUB PLACE BRADENTON, FL 34202	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	30.00 ($30 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 210.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL P. FENTON 4 CEDARLAKE IRVINE, CA 92614	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	50.00 ($50 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 350.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM L. FERRIS 1990 PORT EDWARDS CIRCLE NEWPORT BEACH, CA 92660	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	250.00 ($250 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 1,600.00		

SUBTOTAL of Receipts This Page (optional) > 607.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/98 - 07/31/98)

FOR LINE NUMBER: 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. MARC S. FRANKLIN 1942 PORT ALBANS PLACE NEWPORT BEACH, CA 92660 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 281.00	payroll deduction	41.00 ($41 Monthly)
B. DAVID W. GARTLEY 8 KLAMATH IRVINE, CA 92612 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 210.00	payroll deduction	30.00 ($30 Monthly)
C. MARTHA A. GATES 31011 MONTEREY LAGUNA, CA 92677 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 280.00	payroll deduction	40.00 ($40 Monthly)
D. BRIAN F. GOEBEL 818 SAN NICOLAS CIRCLE HUNTINGTON BEACH, CA 92646 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 390.00	payroll deduction	60.00 ($60 Monthly)
E. KEVIN P. GOODMAN 2495 PASEO CIRCULO TUSTIN, CA 92782 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 210.00	payroll deduction	30.00 ($30 Monthly)
F. MILDA C. GOODMAN 2495 PASEO CIRCULO TUSTIN, CA 92782 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 210.00	payroll deduction	30.00 ($30 Monthly)
G. C MARLA GRAHAM 23841 ROSEHEDGE MISSION VIEJO, CA 92691 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 210.00	payroll deduction	30.00 ($30 Monthly)

SUBTOTAL of Receipts This Page (optional)	261.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/98 - 07/31/98)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. JEAN R. HARRISON 59 BENNINTGON IRVINE, CA 9260 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 245.00	payroll deduction	35.00 ($35 Monthly)
B. ROBERT G. HASKELL 115 VIA WAZIERS NEWPORT BEACH, CA 92663 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY SENIOR VICE PRESIDENT Aggregate Year-to-Date $ 735.00	payroll deduction	105.00 ($105 Monthly)
C. DALE E. HANLEY 1137 SUNSET CLIFFS BLVD. SAN DIEGO, CA 92107 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE EXECUTIVE Aggregate Year-to-Date $ 273.00	payroll deduction	39.00 ($39 Monthly)
D. ROBERT J. HEMSTEAD 2335 RANCHO DEL ORO RD. 4 OCEANSIDE, CA 92056 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 245.00	payroll deduction	35.00 ($35 Monthly)
E. WILLIAM L. HEZZELWOOD 23961 CATBIRD COURT LAGUNA NIGUEL, CA 92677 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 350.00	payroll deduction	50.00 ($50 Monthly)
F. JOHN A. JARSOE 1450 PACIFIC AVENUE LAGUNA BEACH, CA 92651 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 1,050.00	payroll deduction	150.00 ($150 Monthly)
G. DARYLE G. JOHNSON 5 ALTAIR IRVINE, CA 92612 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 875.00	payroll deduction	125.00 ($125 Monthly)

SUBTOTAL of Receipts This Page (optional) 539.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (FPPC/FS6 - 07/01/95)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068523

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. ANDREW C. KARLINSKI 6 VENTURE AVE., #305 IRVINE, CA 92618	A.K. FINANCIAL GROUP AGENT	07/16/98	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 700.00		
B. ROBERT D. KEHRER 31 ENSUENO WEST IRVINE, CA 92620	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	50.00 ($50 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 320.00		
C. BRIAN D. KLEMENS 24611 BENJHAMIN CIRCLE DANA POINT, CA 92629	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	40.00 ($40 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 250.00		
D. EUGENE E. KOLASNY 972 JOHNSON DRIVE NAPERVILLE, IL 60540	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	30.00 ($30 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 210.00		
E. JAMES B. KUEHNERT 2770 MENDOZA DRIVE COSTA MESA, CA 92626	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	45.00 ($45 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 315.00		
F. FLETCHER C. LARSON 709 AVENIDA MIRCLA PALOS VERDES ESTATE, CA 90274	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	75.00 ($75 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 525.00		
G. WAYNE D. LEHMAN 3571 PECAN IRVINE, CA 92606	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	35.00 ($35 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 245.00		

SUBTOTAL of Receipts This Page (optional) 375.00

TOTAL This Period (last page this line number only)

Use separate schedule(s) for each category of the Detailed Summary Page (01/01/98 - 07/31/98)	PAGE 7 OF 11
	FOR LINE NUMBER 11(a)(i)

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DAVID LEVY 135 JASMINE CREEK DRIVE CORONA DEL MAR, CA 92625	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	65.00 ($65 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 425.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
STEPHEN LI 879 PROSPECT PLACE COSTA MESA, CA 92626	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	65.00 ($65 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 425.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
GEORGE Y. LONGYEAR 17992 ATHENS AVENUE VILLA PARK, CA 92861	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	45.00 ($45 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 285.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS J. LOSSE 145 CARIBE ISLE NOVATO, CA 94949	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	50.00 ($50 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 350.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
GAIL H. MC INTOSH 622 18TH STREET HUNTINGTON BEACH, CA 92648	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	45.00 ($45 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 315.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
HENRY M. MC MILLAN 4006 INLET ISLE CORONA DEL MAR, CA 92625	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	50.50 ($51 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 335.50		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JOHN E. MILBERG 1 HEATHERWOOD COTO DE CAZA, CA 92679	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	100.00 ($100 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 610.00		

SUBTOTAL of Receipts This Page (optional)	420.50
TOTAL This Period (last page this line number only)	

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/98 - 07/01/98)	PAGE 8 OF 11
	FOR LINE NUMBER 11(a)(i)

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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 purposed, 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 PAC C00068529

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. AUDREY L. MILFS 26922 ROCKING HORSE LANE LAGUNA HILLS, CA 92653 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 465.00	payroll deduction	75.00 ($75 Monthly)
B. KIMBERLSY S. MILLER 21902 JINETES MISSION VIEJO, CA 92691 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 210.00	payroll deduction	30.00 ($30 Monthly)
C. LYNN C. MILLER 8 DORCHESTER GREEN LAGUNA NIGDEL, CA 92677 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 588.00	payroll deduction	84.00 ($84 Monthly)
D. MARY E. MORGAN 1 BETTONI AISLE IRVINE, CA 92606 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 350.00	payroll deduction	50.00 ($50 Monthly)
E. JAMES T. MORRIS 29022 PINTAIL CIRCLE LAGUNA NIGUEL, CA 92677 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 570.00	payroll deduction	90.00 ($90 Monthly)
F. JOHN D. MURRAY 918 SANDCASTLE DRIVE CORONA DEL MAR, CA 92625 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 350.00	payroll deduction	50.00 ($50 Monthly)
G. MICHAEL R. NEILL 1730 MARLIN WAY NEWPORT BEACH, CA 92660 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 350.00	payroll deduction	50.00 ($50 Monthly)

SUBTOTAL of Receipts This Page (optional)	429.00
TOTAL This Period (last page this line number only)	

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/98-07/31/98)

FOR LINE NUMBER 11(a)(i)

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)
PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. ROBERT E. OLSEN 15082 HUMPHREY CIRCLE IRVINE, CA 92604	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	50.00 ($50 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 350.00		
B. YVES F. PINKOWITZ 5831 FURNACE CREEK YORBA LINDA, CA 92886	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	30.00 ($30 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 210.00		
C. GARY R. PYATT 9450 SISKIN AVENUE FOUNTAIN VALLEY, CA 92708	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	90.00 ($90 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 600.00		
D. LESTER P. REAGAN 1318 LAWRENCE ROAD MOLENA, GA 30258	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	30.00 ($30 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 210.00		
E. JAMES R. RICE 11 STILLWATER IRVINE, CA 92612	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	55.00 ($55 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 205.00		
F. GERALD W. ROBINSON 22 CANYON RIDGE IRVINE, CA 92612	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	60.00 ($60 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 360.00		
G. HASKELL B. ROSENBERG 11161 YARMOUTH ROAD SANTA ANA, CA 92705	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE	payroll deduction	40.00 ($40 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 280.00		

SUBTOTAL of Receipts This Page (optional) 355.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/98 - 07/31/98)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. GLENN S. SCHAFER 24566 SANTA CLARA AVENUE DANA POINT, CA 92629 Receipt For: Primary / General / Other (specify)	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 2,150.00	payroll deduction	350.00 ($350 Monthly)
B. WILLIAM R. SCHMIDT 24772 RITTENHOUSE CIRCLE LAGUNA HILLS, CA 92653 Receipt For: Primary / General / Other (specify)	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 315.00	payroll deduction	75.00 ($75 Monthly)
C. S. GENE SCHOFIELD 16 LEHIGH AISLE IRVINE, CA 92612 Receipt For: Primary / General / Other (specify)	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 360.00	payroll deduction	60.00 ($60 Monthly)
D. FRANK B. SIMON 21772 HERENCIA MISSION VIEJO, CA 92692 Receipt For: Primary / General / Other (specify)	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 525.00	payroll deduction	75.00 ($75 Monthly)
E. ARTHUR K. SOBCZAK, III 14718 CAMDEN DRIVE STRONGSVILLE, OH 44136 Receipt For: Primary / General / Other (specify)	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 315.00	payroll deduction	45.00 ($45 Monthly)
F. CHRISTINA M. SUMPTER 10326 FALCON AVENUE FOUNTAIN VALLEY, CA 92708 Receipt For: Primary / General / Other (specify)	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 350.00	payroll deduction	50.00 ($50 Monthly)
G. THOMAS C. SUTTON 111 SHORECLIFF ROAD CORONA DEL MAR, CA 92625 Receipt For: Primary / General / Other (specify)	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 2,916.62	payroll deduction	416.66 ($417 Monthly)

SUBTOTAL of Receipts This Page (optional) > 1,071.66

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

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/99 - 01/31/00)	PAGE 11 OF 11
	FOR LINE NUMBER 11(a)(i)

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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 PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. STEVEN K. TANIHARA 2707 SALEROSO DRIVE ROWLAND HEIGHTS, CA 91748 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 210.00	payroll deduction	30.00 ($30 Monthly)
B. EDWARD E. ECKER, JR. 1772 ORIOLE DRIVE COSTA MESA, CA 92626 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 520.00	payroll deduction	84.00 ($84 Monthly)
C. NANCY A. WEBB 12266 CIRCULA PANORAMA SANTA ANA, CA 92705 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 210.00	payroll deduction	30.00 ($30 Monthly)
D. LEE R. WIRTHLIN 16596 SUGARLOAF FOUNTAIN VALLEY, CA 92708 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 465.00	payroll deduction	75.00 ($75 Monthly)
E. CLAYTON M. YOKOTA 26622 ALTANERO MISSION VIEJO, CA 92691 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 350.00	payroll deduction	50.00 ($50 Monthly)
F. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	269.00
TOTAL This Period (last page this line number only)	5,272.16

SCHEDULE B **ITEMIZED DISBURSEMENTS**
Contribution to Federal Candidates/Committees and Other Party Committees

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/98 - 07/31/98)

PAGE 1 OF 2

FOR LINE NUMBER 23

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 PAC C00068528

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date (month, day, year)	Amount of Each Disbursement this Period
BECERRA FOR CONGRESS P.O. BOX 75214 WASHINGTON, DC 20013-5214	XAVIER BECERRA HOUSE CA - 30 Disbursement For: [ ] Primary [X] General [ ] Other (specify):	07/09/98	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date (month, day, year)	Amount of Each Disbursement this Period
BLANCHE LINCOLN FOR U.S. SENATE P.O. BOX 3197 LITTLE ROCK, AK 72203	BLANCHE LINCOLN SENATE - AR Disbursement For: [ ] Primary [X] General [ ] Other (specify):	07/27/98 07/27/98	1,000.00 1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date (month, day, year)	Amount of Each Disbursement this Period
CONGRESSMAN BART GORDON COMMITTEE 4491 MACARTHUR BLVD., N.W. #201 WASHINGTON, DC 20007	BART GORDON HOUSE TN - 06 Disbursement For: [ ] Primary [X] General [ ] Other (specify):	07/16/98	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date (month, day, year)	Amount of Each Disbursement this Period
COYNE FOR CONGRESS P.O. BOX 75214 WASHINGTON, DC 20013	BILL COYNE HOUSE PA - 14 Disbursement For: [ ] Primary [X] General [ ] Other (specify):	07/27/98	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date (month, day, year)	Amount of Each Disbursement this Period
EVAN BAYH COMMITTEE 1 N. CAPITOL AVE., #200 INDIANAPOLIS, IN 46204	EVAN BAYH SENATE - IN Disbursement For: [ ] Primary [X] General [ ] Other (specify):	07/09/98	2,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date (month, day, year)	Amount of Each Disbursement this Period
FRIENDS OF JOHN BOEHNER P.O. BOX 15189 WASHINGTON, DC 20003	JOHN BOEHNER HOUSE OH - 08 Disbursement For: [ ] Primary [X] General [ ] Other (specify):	07/16/98	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date (month, day, year)	Amount of Each Disbursement this Period
HEALTH INSURANCE ASSOCIATION OF AMERICA (HIPAC) 555 13TH ST., N.W., SUITE 600 EAST WASHINGTON, DC 20004-1109	Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	07/02/98	2,500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date (month, day, year)	Amount of Each Disbursement this Period
LIFEPAC 1001 PENNSYLVANIA AVE., N.W. WASHINGTON, DC 20004-2599	Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	07/02/98	2,500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date (month, day, year)	Amount of Each Disbursement this Period
MURKOWSKI '98 P.O. BOX 722 ARLINGTON, VA 22216	FRANK MURKOWSKI SENATE - AK Disbursement For: [ ] Primary [X] General [ ] Other (specify):	07/27/98	1,000.00

SUBTOTAL of Disbursements This Page (optional)	12,500.00
TOTAL This Period (last page this line number only)	

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/95 - 07/31/98)	PAGE 2 OF 2
	FOR LINE NUMBER 23

SCHEDULE B **ITEMIZED DISBURSEMENTS**
Contribution to Federal Candidates/Committees and Other Party Committees

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NAME OF COMMITTEE (In Full)
PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date (month, day, year)	Amount of Each Disbursement this Period
A. PHIL CRANE FOR CONGRESS COMMITTEE 4451 BROOKFIELD CORPORATE DR., #200 CHANTILLY, CA 20151	PHIL CRANE HOUSE IL - 08 Disbursement For: [ ] Primary [X] General [ ] Other (specify):	07/09/98	500.00
B. ROTH SENATE COMMITTEE P.O. BOX 105 WILMINGTON, DE 19899	BILL ROTH SENATE - DE Disbursement For: [ ] Primary [X] General [ ] Other (specify):	07/27/98	1,000.00
C.	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
D.	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
E.	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
F.	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
G.	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
H.	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
I.	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	1,500.00
TOTAL This Period (last page this line number only)	14,000.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☒	Registered/Certified Mail	POSTMARKED 08/20/98
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER

08/24/98
DATE PREPARED

(4/98)