

**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="2014"/>		149633.39
(b) Cash on Hand at Beginning of Reporting Period.....	136107.53	
(c) Total Receipts (from Line 19)	29027.97	269752.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	165135.50	419385.50
7. Total Disbursements (from Line 31).....	122000.00	376250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	43135.50	43135.50
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

Report Covering the Period: From: / / 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).....	28354.64	212944.82
(ii) Unitemized	673.33	56807.29
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	29027.97	269752.11
(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)	29027.97	269752.11
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.) (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))..... ▶	29027.97	269752.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	29027.97	269752.11

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.....	122000.00	376250.00
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)) ..	122000.00	376250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	122000.00	376250.00

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)	29027.97	269752.11
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29027.97	269752.11
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 127
	<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. MS. JUNE G ARCE
Full Name (Last, First, Middle Initial)

Mailing Address 20050 EMERALD MEADOW DR

City WALNUT	State CA	Zip Code 91789-3506
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pacific Life	Occupation DIR MKTG COMPL
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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	/	2014

Transaction ID : PR10362109016

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

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

Mailing Address 181 S CRAIG DR

City ORANGE	State CA	Zip Code 92869-3731
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pacific Life	Occupation DIR CUSTOMER SERVICE
----------------------------------	------------------------------------

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	/	2014

Transaction ID : PR10362129016

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 5433 RESIDENCIA

City NEWPORT BEACH	State CA	Zip Code 92660-9047
-----------------------	-------------	------------------------

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

Name of Employer Pacific Life	Occupation EXEC VP RSD
----------------------------------	---------------------------

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	/	2014

Transaction ID : PR10362309016

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	516.00
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 7 OF 127
<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. EDWARD R BYRD
 Full Name (Last, First, Middle Initial)
 Mailing Address 17520 PAGE CT
 City State Zip Code
 YORBA LINDA CA 92886-3865
 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 ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : PR10362329016
 Amount of Each Receipt this Period
 25.00
 P/R Deduction (\$25.00 Monthly)

B. MR. JOSEPH E CELENTANO
 Full Name (Last, First, Middle Initial)
 Mailing Address 26661 CAMPESINO
 City State Zip Code
 MISSION VIEJO CA 92691-6048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life SR VP & CHIEF RISK OFCR
 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 / 2014
Transaction ID : PR10362389016
 Amount of Each Receipt this Period
 250.00
 P/R Deduction (\$250.00 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 92646-7636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life SR ISS SERVICE SPECIALIST
 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 / 2014
Transaction ID : PR10362429016
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	315.00
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 127
	<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. KATHLEEN A CLUNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 858 S BLUEBIRD CIR
 City ANAHEIM State CA Zip Code 92807-4404
 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 / 2014
Transaction ID : PR10362469016
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

B. MR. DENNIS M CORBETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 15136 TOURAIN WAY
 City IRVINE State CA Zip Code 92604-3173
 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 ▼ 1575.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10362519016
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 Monthly)

C. MS. DEBRA CUNNINGHAM HONERKAMP
 Full Name (Last, First, Middle Initial)
 Mailing Address 839 PROMONTORY DR W
 City NEWPORT BEACH State CA Zip Code 92660-7361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP RE DEVELOPMENT & ACQUISTNS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10362569016
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$150.00 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 9 OF 127
<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 6453 MEADOWRIDGE DR
 City SANTA ROSA State CA Zip Code 95409-5848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation FVP RET & RESOURCES GRP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 945.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10362599016
 Amount of Each Receipt this Period 105.00
 P/R Deduction (\$105.00 Monthly)

B. MS. DIANE W DALES
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 CLERMONT
 City NEWPORT COAST State CA Zip Code 92657-1071
 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 ▼ 450.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10362609016
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. MR. MARK R FALK
 Full Name (Last, First, Middle Initial)
 Mailing Address 64 SUMMERSTONE
 City IRVINE State CA Zip Code 92614-7000
 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 ▼ 1350.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10362719016
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 305.00
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 127
<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. PETER S FIEK		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014 Transaction ID : PR10362779016
Mailing Address 22 ARCADE		Amount of Each Receipt this Period 25.00
City IRVINE	State CA	Zip Code 92603-0120
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Monthly)
Name of Employer Pacific Life	Occupation AVP PORTFOLIO MGMT	
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. DAVID R FINEAR		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014 Transaction ID : PR10362789016
Mailing Address 2008 VISTA CAJON		Amount of Each Receipt this Period 35.00
City NEWPORT BEACH	State CA	Zip Code 92660-3910
FEC ID number of contributing federal political committee. C		P/R Deduction (\$35.00 Monthly)
Name of Employer Pacific Life	Occupation AVP RE INVESTMENTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) C. MR. FRANK J GOETZ		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014 Transaction ID : PR10362909016
Mailing Address 7 SOVENTE		Amount of Each Receipt this Period 100.00
City IRVINE	State CA	Zip Code 92606-0830
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life	Occupation AVP & ASST CHIEF UNDRWRTR ADM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional).....▶	160.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 127
<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. MS. MILDA C GOODMAN		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : PR10362929016
Mailing Address 310 ALISO AVE		Amount of Each Receipt this Period 50.00
City NEWPORT BEACH	State CA	Zip Code 92663-5103
FEC ID number of contributing federal political committee. C	Name of Employer Pacific Life	Occupation AVP CORPORATE ADVERTISING
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial) B. MS. LORENE C GORDON		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : PR10362939016
Mailing Address 35 ANACAPA LN		Amount of Each Receipt this Period 175.00
City ALISO VIEJO	State CA	Zip Code 92656-1630
FEC ID number of contributing federal political committee. C	Name of Employer Pacific Life	Occupation VP OPERATIONS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1575.00	P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial) C. MR. ADRIAN S GRIGGS		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : PR10362969016
Mailing Address 8766 CANARY AVE		Amount of Each Receipt this Period 416.00
City FOUNTAIN VALLEY	State CA	Zip Code 92708-6353
FEC ID number of contributing federal political committee. C	Name of Employer Pacific Life	Occupation EVP & CHIEF FIN OFCR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3744.00	P/R Deduction (\$416.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	641.00
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 127
<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. MS. IRENE L JACOBSEN		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : PR10362999016
Mailing Address 6052 SAN YSIDRO CIR		Amount of Each Receipt this Period 30.00
City BUENA PARK State CA Zip Code 90620-2850	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Monthly)
Name of Employer Pacific Life Occupation ACCOUNT MGMT SPEC	Aggregate Year-to-Date 270.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MR. DALE E HAWLEY		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : PR10363079016
Mailing Address 2702 SAN JOAQUIN HILLS RD		Amount of Each Receipt this Period 74.00
City CORONA DEL MAR State CA Zip Code 92625-1132	FEC ID number of contributing federal political committee. C	P/R Deduction (\$74.00 Monthly)
Name of Employer Pacific Life Occupation AVP COUNSEL	Aggregate Year-to-Date 666.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MR. KEVIN A HENDRA		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : PR10363119016
Mailing Address 58 VIAGGIO LN		Amount of Each Receipt this Period 80.00
City FOOTHILL RANCH State CA Zip Code 92610-1925	FEC ID number of contributing federal political committee. C	P/R Deduction (\$80.00 Monthly)
Name of Employer Pacific Life Occupation AVP TAX	Aggregate Year-to-Date 720.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	184.00
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 13 OF 127
	(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. MR. HOWARD T HIRAKAWA
 Full Name (Last, First, Middle Initial)
 Mailing Address 23972 GOLDENEYE DR
 City LAGUNA NIGUEL State CA Zip Code 92677-1332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SVP INVESTMENT ADVISOR OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2025.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10363169016
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

B. MS. CAROL A JENSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 8554 202ND STREET SW
 City EDMONDS State WA Zip Code 98026-6643
 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 ▼ 2700.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10363249016
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$300.00 Monthly)

C. MR. JEFF R JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 SAND OAKS RD.
 City LAGUNA NIGUEL State CA Zip Code 92677-5720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP PORTFOLIO MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10363259016
 Amount of Each Receipt this Period 70.00
 P/R Deduction (\$70.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 620.00
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 14 OF 127
	<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. MARK J JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 1812 LEADBURN RD

City TOWSON State MD Zip Code 21204-1831

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 ▼ 1575.00

Date of Receipt
09 / 30 / 2014
Transaction ID : PR10363279016

Amount of Each Receipt this Period 175.00

P/R Deduction (\$175.00 Monthly)

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

Mailing Address 27 GRAY STONE WAY

City LAGUNA NIGUEL State CA Zip Code 92677-9330

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 / 2014
Transaction ID : PR10363299016

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

C. MS. SUZANNE T KAMPA
Full Name (Last, First, Middle Initial)

Mailing Address 5531 STANFORD AVE

City GARDEN GROVE State CA Zip Code 92845-2434

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

Name of Employer Pacific Life Occupation IT AUDIT CONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
09 / 30 / 2014
Transaction ID : PR10363329016

Amount of Each Receipt this Period 60.00

P/R Deduction (\$60.00 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 15 OF 127
	<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 KLEMENS
Full Name (Last, First, Middle Initial)

Mailing Address 24611 BENJAMIN CIR

City	State	Zip Code
DANA POINT	CA	92629-6013

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 ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : PR10363379016

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 6307 CAMINO MARINERO

City	State	Zip Code
SAN CLEMENTE	CA	92673-7106

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

Name of Employer	Occupation
Pacific Life	VP SELECT 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	/	2014

Transaction ID : PR10363429016

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

C. MR. FLETCHER C LARSON
Full Name (Last, First, Middle Initial)

Mailing Address 709 AVENIDA MIROLA

City	State	Zip Code
PALOS VERDES ESTATES	CA	90274-4307

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

Name of Employer	Occupation
Pacific Life	REGIONAL VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : PR10363479016

Amount of Each Receipt this Period

400.00

P/R Deduction (\$400.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	590.00
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 16 OF 127
<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. MS. TERESA M LORD		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : PR10363549016
Mailing Address 16432 CAMINO CANADA LN		Amount of Each Receipt this Period 45.00
City HUNTINGTON BEACH	State CA	Zip Code 92649-5206
FEC ID number of contributing federal political committee. C		P/R Deduction (\$45.00 Monthly)
Name of Employer Pacific Life	Occupation SR SYSTEMS ANALYST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) B. MS. LAURENE E MAC ELWEE		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : PR10363569016
Mailing Address 1033 SECRETARIAT CIR		Amount of Each Receipt this Period 175.00
City COSTA MESA	State CA	Zip Code 92626-1620
FEC ID number of contributing federal political committee. C		P/R Deduction (\$175.00 Monthly)
Name of Employer Pacific Life	Occupation VP FUND COMPLIANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

Full Name (Last, First, Middle Initial) C. MS. STEPHANIE J BABKOW		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : PR10363589016
Mailing Address 9901 OCEANCREST DR		Amount of Each Receipt this Period 25.00
City HUNTINGTON BEACH	State CA	Zip Code 92646-8259
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Monthly)
Name of Employer Pacific Life	Occupation AVP NEW BUSINESS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional).....▶	245.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 17 OF 127
(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. THOMAS J MAYS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7406 PALOMA DR
 City State Zip Code
 HUNTINGTON BEACH CA 92648-6847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life VP GOVT RELNS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : PR10363609016
 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 State Zip Code
 HUNTINGTON BEACH CA 92648-3808
 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 ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : PR10363619016
 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 416 W 68TH ST
 City State Zip Code
 KANSAS CITY MO 64113-1919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life 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 / 2014
Transaction ID : PR10363629016
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 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 18 OF 127
	(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. MR. MORGAN C MC KNIGHT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1217 HIGHCREST DR
 City State Zip Code
 BURLESON TX 76028-7467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life APPLIC DEV 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 / 2014
Transaction ID : PR10363649016
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

B. MS. CAROLYN J MIDDLEBROOKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2024 E OCEAN BLVD
 City State Zip Code
 NEWPORT BEACH CA 92661-1521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life VP & CHIEF LIFE UNDERWRITER
 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 / 2014
Transaction ID : PR10363699016
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$40.00 Monthly)

C. MR. JOSE T MISCOLTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 BRYCE CYN
 City State Zip Code
 ALISO VIEJO CA 92656-8037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP INVESTMENT 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 / 2014
Transaction ID : PR10363759016
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 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 19 OF 127
(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. ELIZABETH A MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 6412 N 159TH ST
 City OMAHA State NE Zip Code 68116-4055
 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 ▼ 450.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10363769016
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

B. MR. JAMES T MORRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 32141 COOK LN
 City SAN JUAN CAPISTRANO State CA Zip Code 92675-3934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation CHAIRMAN & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10363799016
 Amount of Each Receipt this Period 416.00
 P/R Deduction (\$416.00 Monthly)

C. MR. RICHARD P OLSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 24902 SUNSET PL E
 City LAGUNA HILLS State CA Zip Code 92653-4902
 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 / 2014
Transaction ID : PR10363939016
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 516.00
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 20 OF 127
	<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. JOYCE J PEAD
Full Name (Last, First, Middle Initial)

Mailing Address 25 SUNRISE

City IRVINE State CA Zip Code 92603-3719

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

Name of Employer Pacific Life Occupation AVP HR BUS PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : PR10364009016

Amount of Each Receipt this Period **100.00**

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 2908 VIA HIDALGO

City SAN CLEMENTE State CA Zip Code 92673-3026

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 ▼ **1575.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : PR10364029016

Amount of Each Receipt this Period **175.00**

P/R Deduction (\$175.00 Monthly)

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

Mailing Address 20541 VIA EL TAJO

City YORBA LINDA State CA Zip Code 92887-3202

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

Name of Employer Pacific Life Occupation VP CORP FIN & REG RPTG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **468.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : PR10364059016

Amount of Each Receipt this Period **52.00**

P/R Deduction (\$52.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **327.00**

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 21 OF 127
	<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. THEODORE A PREMIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 MOLINO
 City NEWPORT BEACH State CA Zip Code 92660-9116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SVP RE INVESTMENTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2625.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10364089016
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$300.00 Monthly)

B. MR. JOSEPH A PUM
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 BOLERO
 City MISSION VIEJO State CA Zip Code 92692-5160
 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 ▼ 825.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10364099016
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

C. MR. JAMES R RICE
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 STILLWATER
 City IRVINE State CA Zip Code 92603-3426
 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 ▼ 1575.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10364149016
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 575.00
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 127
	<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 M RONCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 GLEN ELLEN
 City IRVINE State CA Zip Code 92602-2002
 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 ▼ 1575.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10364209016
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 Monthly)

B. MR. RICHARD J SCHINDLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 28472 AVENIDA PLACIDA
 City SAN JUAN CAPISTRANO State CA Zip Code 92675-6319
 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 ▼ 3696.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10364269016
 Amount of Each Receipt this Period 416.00
 P/R Deduction (\$416.00 Monthly)

C. MS. KIMBERLY K SCHULTZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 28392 CALLE PINON
 City SAN JUAN CAPISTRANO State CA Zip Code 92675-5802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR WHOLESALER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10364309016
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 766.00
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 23 OF 127
	<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	<input type="checkbox"/> 17

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

A. MS. CATHY L SCHWARTZ
Full Name (Last, First, Middle Initial)

Mailing Address 87 PELICAN CT

City NEWPORT BEACH	State CA	Zip Code 92660-2930
-----------------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : PR10364319016

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 30 CANYONWOOD

City IRVINE	State CA	Zip Code 92620-1221
----------------	-------------	------------------------

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

Name of Employer Pacific Life	Occupation AVP COMPENSATION
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **495.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : PR10364339016

Amount of Each Receipt this Period

55.00

P/R Deduction (\$55.00 Monthly)

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

Mailing Address 2315 VIA ZAFIRO

City SAN CLEMENTE	State CA	Zip Code 92673-3901
----------------------	-------------	------------------------

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

Name of Employer Pacific Life	Occupation AVP TECH OFFICE
----------------------------------	-------------------------------

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	/	2014

Transaction ID : PR10364359016

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 24 OF 127
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)
A. MS. JOAN M SMITH

Mailing Address 33342 COVE ISLAND PL

City DANA POINT	State CA	Zip Code 92629-1552
--------------------	-------------	------------------------

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 ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : PR10364419016

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)
B. MS. CAROL R SUDBECK

Mailing Address 11 SOMMET

City NEWPORT COAST	State CA	Zip Code 92657-0104
-----------------------	-------------	------------------------

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

Name of Employer Pacific Life	Occupation SVP, HR & PUBLIC AFFAIRS
----------------------------------	--

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	/	2014

Transaction ID : PR10364509016

Amount of Each Receipt this Period
416.00

P/R Deduction (\$416.00 Monthly)

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

Mailing Address 2130 CAMINO LAUREL

City SAN CLEMENTE	State CA	Zip Code 92673-5650
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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 ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : PR10364579016

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	466.00
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 127
	<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. JOHN G TORELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 355 S LORETTA DR
 City ORANGE State CA Zip Code 92869-4633
 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 **09 / 30 / 2014**
Transaction ID : PR10364589016
 Amount of Each Receipt this Period **90.00**
 P/R Deduction (\$90.00 Monthly)

B. MR. STEPHEN J TORETTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 22862 ORENSE
 City MISSION VIEJO State CA Zip Code 92691-1723
 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 ▼ **675.00**

Date of Receipt **09 / 30 / 2014**
Transaction ID : PR10364599016
 Amount of Each Receipt this Period **75.00**
 P/R Deduction (\$75.00 Monthly)

C. MR. KHANH T TRAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 47 VERNAL SPG
 City IRVINE State CA Zip Code 92603-0404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **3749.94**

Date of Receipt **09 / 30 / 2014**
Transaction ID : PR10364609016
 Amount of Each Receipt this Period **416.66**
 P/R Deduction (\$416.66 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **581.66**
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 26 OF 127
	<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. EDDIE D TUNG
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 10386

City NEWPORT BEACH State CA Zip Code 92658-0386

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 ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : PR10364629016

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 41974 CARSON CT

City MURRIETA State CA Zip Code 92562-2254

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

Name of Employer Pacific Life Occupation AVP NATL ACCTS & BD SVCS

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 / 2014

Transaction ID : PR10364639016

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 1842 MOORPARK DR

City BREA State CA Zip Code 92821-6045

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

Name of Employer Pacific Life Occupation DIR HR & PR SERVICES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : PR10364649016

Amount of Each Receipt this Period
0.00

P/R Deduction (\$0.00 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: PAGE 27 OF 127
(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. JOHN M WALDECK
 Full Name (Last, First, Middle Initial)
 Mailing Address 67 LAURELHURST DR
 City State Zip Code
 LADERA RANCH CA 92694-0204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life VP COMMERCIAL MORTGAGE INV
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3249.96

Date of Receipt
 09 / 30 / 2014
Transaction ID : PR10364659016
 Amount of Each Receipt this Period
 416.66
 P/R Deduction (\$416.66 Monthly)

B. MS. NAOMI D WHEELER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1827 MAIN ST
 City State Zip Code
 HUNTINGTON BEACH CA 92648-2724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP FINANCIAL ANALYSIS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 09 / 30 / 2014
Transaction ID : PR10364739016
 Amount of Each Receipt this Period
 25.00
 P/R Deduction (\$25.00 Monthly)

C. MR. JOHN WHITE
 Full Name (Last, First, Middle Initial)
 Mailing Address 28532 VIA PRIMAVERA
 City State Zip Code
 SAN JUAN CAPISTRANO CA 92675-5513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life VP SALES SUPPORT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1800.00

Date of Receipt
 09 / 30 / 2014
Transaction ID : PR10364749016
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$200.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 641.66
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 28 OF 127
	<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. ALAN D WUEST
Full Name (Last, First, Middle Initial)
Mailing Address 4473 AUGUSTA DR
City OCEANSIDE State CA Zip Code 92057-5005
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 09 / 30 / 2014
Transaction ID : PR10364809016
Amount of Each Receipt this Period 40.00
P/R Deduction (\$40.00 Monthly)

B. MS. ROBIN S YONIS
Full Name (Last, First, Middle Initial)
Mailing Address 8 CASTLEBAR
City IRVINE State CA Zip Code 92618-4043
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 09 / 30 / 2014
Transaction ID : PR10364829016
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Monthly)

C. MR. REED J LLOYD
Full Name (Last, First, Middle Initial)
Mailing Address 84 NORTHWOODS RD
City NORTH GRANBY State CT Zip Code 06060-1003
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation FVP RETIREMENT STRATEGIES
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 675.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10365219016
Amount of Each Receipt this Period 75.00
P/R Deduction (\$75.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 127
	<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. REX A OLSON
Full Name (Last, First, Middle Initial)

Mailing Address 1963 PORT LAURENT PL

City NEWPORT BEACH State CA Zip Code 92660-7118

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

Name of Employer Pacific Life Occupation VP&SR MANAGING DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10365229016

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

B. MS. CYNTHIA D BARNARD
Full Name (Last, First, Middle Initial)

Mailing Address 510 TUSTIN AVE

City NEWPORT BEACH State CA Zip Code 92663-4821

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

Name of Employer Pacific Life Occupation AVP & VALUATION ACTUARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10365299016

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

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

Mailing Address PO BOX 3051

City DANA POINT State CA Zip Code 92629-8051

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 09 / 30 / 2014
Transaction ID : PR10365349016

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 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 30 OF 127
	<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 E RUMSEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 25221 SPINDLEWOOD
 City LAGUNA NIGUEL State CA Zip Code 92677-1967
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP FUND & ADVISOR COMPLIANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10365459016
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

B. MR. PHILIP A TEETER
 Full Name (Last, First, Middle Initial)
 Mailing Address 31422 ALTA LOMA DR
 City LAGUNA BEACH State CA Zip Code 92651-6926
 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 ▼ 2400.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10365479016
 Amount of Each Receipt this Period 275.00
 P/R Deduction (\$275.00 Monthly)

C. MS. VALERIE MORRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 48 W YALE LOOP
 City IRVINE State CA Zip Code 92604-3619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP HUMAN RESOURCES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 990.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10365689016
 Amount of Each Receipt this Period 110.00
 P/R Deduction (\$110.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 485.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 31 OF 127
(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. PATRICIA S DOUGLASS
 Full Name (Last, First, Middle Initial)
 Mailing Address 640 SAINT JAMES RD
 City NEWPORT BEACH State CA Zip Code 92663-5855
 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 ▼ 2760.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10365739016
 Amount of Each Receipt this Period 310.00
 P/R Deduction (\$310.00 Monthly)

B. MR. SILAS K DUNN
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 ELDERWOOD
 City IRVINE State CA Zip Code 92614-7449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP PSD COMPLIANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10365849016
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

C. MS. CHRISTINA Q HE
 Full Name (Last, First, Middle Initial)
 Mailing Address 16625 SONORA STREET
 City TUSTIN State CA Zip Code 92782-1939
 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 09 / 30 / 2014
Transaction ID : PR10365879016
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 390.00
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 32 OF 127
	<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. RONALD S KLINGE
Full Name (Last, First, Middle Initial)

Mailing Address 1428 GLENNEYRE ST

City LAGUNA BEACH State CA Zip Code 92651-3132

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

Name of Employer Pacific Life Occupation BUS SYSTEMS ANA SUPR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : PR10365929016

Amount of Each Receipt this Period **25.00**

P/R Deduction (\$25.00 Monthly)

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

Mailing Address 25202 LA ESTRADA DR

City LAGUNA NIGUEL State CA Zip Code 92677-1806

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

Name of Employer Pacific Life Occupation VP ADVANCE DESIGN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : PR10365959016

Amount of Each Receipt this Period **25.00**

P/R Deduction (\$25.00 Monthly)

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

Mailing Address 30 BRIAN RD

City BRIDGEWATER State MA Zip Code 02324-3000

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

Name of Employer Pacific Life Occupation VP STRATEGIC MKTG NETWORK

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : PR10365969016

Amount of Each Receipt this Period **100.00**

P/R Deduction (\$100.00 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 33 OF 127
	(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. MR. EVAN P OHS
Full Name (Last, First, Middle Initial)

Mailing Address 234 VALLECITO CT

City WALNUT CREEK	State CA	Zip Code 94596-5870
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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	/	2014

Transaction ID : PR10365979016

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

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

Mailing Address 5874 GARRISON RD

City FRANKLIN	State TN	Zip Code 37064-9242
------------------	-------------	------------------------

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 ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : PR10365999016

Amount of Each Receipt this Period
175.00

P/R Deduction (\$175.00 Monthly)

C. MR. PHILLIP L SALEMNO
Full Name (Last, First, Middle Initial)

Mailing Address 47 BETSY LN

City AMBLER	State PA	Zip Code 19002-5737
----------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : PR10366039016

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 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: PAGE 34 OF 127
(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 A TAUBE
 Full Name (Last, First, Middle Initial)
 Mailing Address 24081 NUTHATCH LN
 City State Zip Code
 LAGUNA NIGUEL CA 92677-1382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life VP INSTITUTIONAL SALES
 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 / 2014
Transaction ID : PR10366049016
 Amount of Each Receipt this Period
 175.00
 P/R Deduction (\$175.00 Monthly)

B. MR. TRAVIS R MC KAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 48 GOLF AVE
 City State Zip Code
 CLARENDON HILLS IL 60514-1252
 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 ▼
 1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : PR10366069016
 Amount of Each Receipt this Period
 175.00
 P/R Deduction (\$175.00 Monthly)

C. MS. KATHARINE B YOUNG
 Full Name (Last, First, Middle Initial)
 Mailing Address 18647 SANTA ISADORA ST
 City State Zip Code
 FOUNTAIN VALLEY CA 92708-6232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life VP VALUATION & RISK MGMT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1725.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : PR10366109016
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$200.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
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 127
	<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. CHRISTOPHER VAN MIERLO
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 EL VUELO
 City SAN CLEMENTE State CA Zip Code 92672-7513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SVP RSD SALES CHF MKTG OFCR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10366159016
 Amount of Each Receipt this Period 416.00
 P/R Deduction (\$416.00 Monthly)

B. MR. DOUGLAS J URATA
 Full Name (Last, First, Middle Initial)
 Mailing Address 28202 MILLWOOD RD
 City TRABUCO CANYON State CA Zip Code 92679-1210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR MKTG ANA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10366169016
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

C. MR. WILLIAM B ARMSTRONG
 Full Name (Last, First, Middle Initial)
 Mailing Address 2910 PORTADA AVE
 City HENDERSON State NV Zip Code 89074-2844
 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 / 2014
Transaction ID : PR10366229016
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 481.00
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 127
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 11144 SAGE CREEK DR

City State Zip Code
GALENA OH 43021-8007

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

Name of Employer Occupation
Pacific Life SR WHOLESALER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
09 / 30 / 2014
Transaction ID : PR10366279016

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 26666 WHITE OAKS DR

City State Zip Code
LAGUNA HILLS CA 92653-7577

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

Name of Employer Occupation
Pacific Life AVP RE SECURITIES & RESEARCH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.00

Date of Receipt
09 / 30 / 2014
Transaction ID : PR10366289016

Amount of Each Receipt this Period
75.00

P/R Deduction (\$75.00 Monthly)

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

Mailing Address 17812 BIGELOW PARK

City State Zip Code
TUSTIN CA 92780-2111

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

Name of Employer Occupation
Pacific Life VP COMPLIANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
09 / 30 / 2014
Transaction ID : PR10366299016

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

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

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

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

FOR LINE NUMBER: PAGE 37 OF 127
(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. STEPHEN M BOLLINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 17345 FLAME TREE CIR
 City State Zip Code
 FOUNTAIN VALLEY CA 92708-3521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life VP TECHNOLOGY
 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 / 2014
Transaction ID : PR10366309016
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

B. MS. MARY ANN BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 304 WEYMOUTH PL
 City State Zip Code
 LAGUNA BEACH CA 92651-1455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life EVP CORPORATE
 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 / 2014
Transaction ID : PR10366319016
 Amount of Each Receipt this Period
 416.66
 P/R Deduction (\$416.66 Monthly)

C. MS. LORI K CARRASCO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2742 PORTOLA DR
 City State Zip Code
 COSTA MESA CA 92626-5819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life ASST CORP SECRETARY 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 / 2014
Transaction ID : PR10366329016
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 516.66
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 38 OF 127
<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. SIMON S FENG		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014 Transaction ID : PR10366359016
Mailing Address 10 CANDELA		Amount of Each Receipt this Period 200.00
City IRVINE	State CA	Zip Code 92620-1823
FEC ID number of contributing federal political committee. C		P/R Deduction (\$200.00 Monthly)
Name of Employer Pacific Life	Occupation AVP BUS & TECH INTEG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name (Last, First, Middle Initial) B. MR. THOMAS GIBBONS		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014 Transaction ID : PR10366369016
Mailing Address 1970 PARK NEWPORT		Amount of Each Receipt this Period 360.00
City NEWPORT BEACH	State CA	Zip Code 92660-5068
FEC ID number of contributing federal political committee. C		P/R Deduction (\$360.00 Monthly)
Name of Employer Pacific Life	Occupation SVP, TREASURY TAX & ENTERPRISE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3210.00	

Full Name (Last, First, Middle Initial) C. MS. MARY M HAWKINS		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014 Transaction ID : PR10366399016
Mailing Address 6182 S 177TH ST		Amount of Each Receipt this Period 50.00
City OMAHA	State NE	Zip Code 68135-2897
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Monthly)
Name of Employer Pacific Life	Occupation AVP OPS BUS SOLUTNS	
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).....▶	610.00
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 127
	<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 A KARPE
Full Name (Last, First, Middle Initial)

Mailing Address 16 AUTUMNLEAF

City	State	Zip Code
IRVINE	CA	92614-7596

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

Name of Employer	Occupation
Pacific Life	ATTORNEY CONSULTANT

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	/	2014

Transaction ID : PR10366419016

Amount of Each Receipt this Period

7	6	5	4	3	2	1	0	.	0	0
										50.00

P/R Deduction (\$50.00 Monthly)

B. MR. GREGORY L KEELING
Full Name (Last, First, Middle Initial)

Mailing Address 325 LA JOLLA DR #2

City	State	Zip Code
NEWPORT BEACH	CA	92663-4143

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 ▼ **720.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : PR10366429016

Amount of Each Receipt this Period

7	6	5	4	3	2	1	0	.	0	0
										80.00

P/R Deduction (\$80.00 Monthly)

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

Mailing Address 43 LEMANS

City	State	Zip Code
NEWPORT COAST	CA	92657-0115

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

Name of Employer	Occupation
Pacific Life	VP & TREASURER

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	/	2014

Transaction ID : PR10366449016

Amount of Each Receipt this Period

7	6	5	4	3	2	1	0	.	0	0
										25.00

P/R Deduction (\$25.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 40 OF 127
(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. DARCY L LEWIS
 Mailing Address 2740 DOMINGO RD
 City State Zip Code
 FULLERTON CA 92835-2426
 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 / 2014
Transaction ID : PR10366459016
 Amount of Each Receipt this Period
 25.00
 P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)
B. MR. STEPHAN P MITCHELL
 Mailing Address 18111 THEODORA DR
 City State Zip Code
 TUSTIN CA 92780-2643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life PRODUCT SPEC 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 / 2014
Transaction ID : PR10366469016
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
C. MR. CHAD A ROSS
 Mailing Address 567 BUTTERWOOD AVE
 City State Zip Code
 SAN MARCOS CA 92069-3314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life DIR BROKER DEALER SVCS
 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 / 2014
Transaction ID : PR10366499016
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 41 OF 127
(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 K ROSUCK
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 SAINT JOHN DR
 City State Zip Code
 HAWTHORN WOODS IL 60047-9176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life DIVISIONAL VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : PR10366509016
 Amount of Each Receipt this Period
 250.00
 P/R Deduction (\$250.00 Monthly)

B. MS. PATRICIA A SANDBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 FLINT AVE
 City State Zip Code
 LONG BEACH CA 90814-2037
 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 / 2014
Transaction ID : PR10366529016
 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 92614-5487
 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 ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : PR10366559016
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 305.00
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 127
(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 92630-1864
 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 / 2014
Transaction ID : PR10366579016
 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 92629-2034
 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 / 2014
Transaction ID : PR10366619016
 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 50131-3053
 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 ▼ 900.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10366629016
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 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 43 OF 127
(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. KEVIN W BERWALD
 Full Name (Last, First, Middle Initial)
 Mailing Address 17601 PARKE LN
 City State Zip Code
 GROSSE ILE MI 48138-1046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life FVP FIELD WHOLESALING
 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 / 2014
Transaction ID : PR10366639016
 Amount of Each Receipt this Period
 250.00
 P/R Deduction (\$25.00 Monthly)

B. MR. GEORGE A PAULIK
 Full Name (Last, First, Middle Initial)
 Mailing Address 260 PINE VALLEY RD SE
 City State Zip Code
 MARIETTA GA 30067-4822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life SR FVP-NCM IP
 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 / 2014
Transaction ID : PR10366659016
 Amount of Each Receipt this Period
 175.00
 P/R Deduction (\$175.00 Monthly)

C. MR. JEFF J BRADSHAW
 Full Name (Last, First, Middle Initial)
 Mailing Address 22081 OAK GRV
 City State Zip Code
 MISSION VIEJO CA 92692-4302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life VP CORP DEV
 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 / 2014
Transaction ID : PR10366679016
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 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: PAGE 44 OF 127
(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. KAREN M BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1230 FOWLER CREEK RD
 City SONOMA State CA Zip Code 95476-6230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP MODEL OFC ANN TECH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR1036699016
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

B. MR. STEVEN R ELDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 385 25TH AVE
 City MILTON State WA Zip Code 98354-9359
 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 ▼ 1575.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10366729016
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 Monthly)

C. MR. STEPHEN K ENG
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 PURPLE SAGE
 City IRVINE State CA Zip Code 92603-3706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation DIR RISK MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10366739016
 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: PAGE 45 OF 127
(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. CHARLENE A GRANT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3311 SEAVIEW AVE
 City State Zip Code
 CORONA DEL MAR CA 92625-3056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life VP COUNSEL
 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 / 2014
Transaction ID : PR10366759016
 Amount of Each Receipt this Period
 175.00
 P/R Deduction (\$175.00 Monthly)

B. MR. DAVID C HONERKAMP
 Full Name (Last, First, Middle Initial)
 Mailing Address 839 PROMONTORY DR W
 City State Zip Code
 NEWPORT BEACH CA 92660-7361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP RE ASSET MGMT
 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 / 2014
Transaction ID : PR10366769016
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

C. MS. KRISTINA L KENNEDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 CAMARIN ST
 City State Zip Code
 FOOTHILL RANCH CA 92610-1939
 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 / 2014
Transaction ID : PR10366789016
 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: PAGE 46 OF 127
(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. SHARON E PACHECO
 Full Name (Last, First, Middle Initial)
 Mailing Address 21611 BLUEJAY ST
 City TRABUCO CANYON State CA Zip Code 92679-3469
 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 / 2014
Transaction ID : PR10366829016
 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 308 REGATTA WAY
 City SEAL BEACH State CA Zip Code 90740-5985
 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 ▼ 2250.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10366869016
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Monthly)

C. MR. WILLIAM K VINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 74 TROFELLO LN
 City ALISO VIEJO State CA Zip Code 92656-6216
 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 / 2014
Transaction ID : PR10366879016
 Amount of Each Receipt this Period 24.00
 P/R Deduction (\$24.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 314.00
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 127
	<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. JEFFREY R WILT
Full Name (Last, First, Middle Initial)

Mailing Address 1 BAILEY DR

City GLENWOOD State NJ Zip Code 07418-1024

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 ▼ **585.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : PR10366889016

Amount of Each Receipt this Period
65.00

P/R Deduction (\$65.00 Monthly)

B. MR. STUART A HOLLAND
Full Name (Last, First, Middle Initial)

Mailing Address 4931 CAREFREE TRAIL

City PARKER State CO Zip Code 80134-5240

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

Name of Employer Pacific Life Occupation VP RETAIL SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : PR10366919016

Amount of Each Receipt this Period
175.00

P/R Deduction (\$175.00 Monthly)

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

Mailing Address 31885 OLD OAK RD

City TRABUCO CANYON State CA Zip Code 92679-3245

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 ▼ **720.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : PR10366959016

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 127
<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. MR. LARRY D GARDNER		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : PR10366999016
Mailing Address 214 S 202ND ST		Amount of Each Receipt this Period 25.00
City ELKHORN	State NE	Zip Code 68022-4898
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Monthly)
Name of Employer Pacific Life	Occupation REG COMPLIANCE CONS	
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. MS. ADRIANNE M GEORGANTAS		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : PR10367009016
Mailing Address 28373 BOULDER DR		Amount of Each Receipt this Period 0.00
City TRABUCO CANYON	State CA	Zip Code 92679-1144
FEC ID number of contributing federal political committee. C		P/R Deduction (\$0.00 Monthly)
Name of Employer Pacific Life	Occupation SR BUSINESS ANA I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. MR. DAVID L GOLDSTEIN		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : PR10367019016
Mailing Address 12324 CANTURA ST		Amount of Each Receipt this Period 30.00
City STUDIO CITY	State CA	Zip Code 91604-2505
FEC ID number of contributing federal political committee. C		P/R Deduction (\$30.00 Monthly)
Name of Employer Pacific Life	Occupation FVP COLI UNIT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional).....▶	55.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 127
<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. CHIN H KIM
Full Name (Last, First, Middle Initial)

Mailing Address 24 TAOS

City RANCHO SANTA MARGARITA State CA Zip Code 92688-3812

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

Name of Employer Pacific Life Occupation AVP ADVANCED MRKTG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10367029016

Amount of Each Receipt this Period 110.00

P/R Deduction (\$110.00 Monthly)

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

Mailing Address 10158 NADINE ST

City TEMPLE CITY State CA Zip Code 91780-2725

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 09 / 30 / 2014
Transaction ID : PR10367049016

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

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

Mailing Address 2800 KELLER DR APT 50

City TUSTIN State CA Zip Code 92782-1005

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

Name of Employer Pacific Life Occupation SR DATABASE ADMINISTR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10367099016

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 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 50 OF 127
(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. KEITH C WERSCHKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 25252 NORTHRUP DR
 City LAGUNA HILLS State CA Zip Code 92653-5223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP AGGREGATE RISK MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10367129016
 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 92630-4905
 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 / 2014
Transaction ID : PR10367149016
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

C. MR. STEVEN H GOLDBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 TWIN FLOWER ST
 City LADERA RANCH State CA Zip Code 92694-1323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation PRODUCT MGMT DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR10367189016
 Amount of Each Receipt this Period 75.00
 P/R Deduction (\$75.00 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: PAGE 51 OF 127
(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. JASON T TODD
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 LAURELHURST DR
 City State Zip Code
 LADERA RANCH CA 92694-0204
 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 ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : PR10371999016
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 Monthly)

B. MR. MADHU VIJAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 SKYGATE
 City State Zip Code
 ALISO VIEJO CA 92656-1820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life EVP & CHIEF FIN OFCR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : PR10614759016
 Amount of Each Receipt this Period
 250.00
 P/R Deduction (\$250.00 Monthly)

C. MR. ROBERT J AVELLINO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 PHEASANT DR.
 City State Zip Code
 MOUNT LAUREL NJ 08054-5302
 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 ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : PR10614789016
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00
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 127
	<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	State	Zip Code
ALISO VIEJO	CA	92656-6056

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

Name of Employer	Occupation
Pacific Life	VP INVESTMENT OVERSIGHT

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	/	2014

Transaction ID : PR10614839016

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	State	Zip Code
SAN CLEMENTE	CA	92673-4006

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

Name of Employer	Occupation
Pacific Life	AVP SPECIALIZED MRKTS

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	/	2014

Transaction ID : PR10614849016

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

C. MR. TIM N SHAHEEN
Full Name (Last, First, Middle Initial)

Mailing Address 27621 HOMESTEAD RD

City	State	Zip Code
LAGUNA NIGUEL	CA	92677-6603

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

Name of Employer	Occupation
Pacific Life	VP SHARED SVCS & STRAT PLNG

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	/	2014

Transaction ID : PR10614879016

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 127
	<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. MICHAEL J DONNELLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 GARDEN TER
 City State Zip Code
 WALPOLE MA 02081-3771
 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 ▼
 297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : PR10667999016
 Amount of Each Receipt this Period
 33.00
 P/R Deduction (\$33.00 Monthly)

B. MR. JAMES P LEASURE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2427 PORT WHITBY PL
 City State Zip Code
 NEWPORT BEACH CA 92660-5435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP&SR MANAGING DIR
 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 / 2014
Transaction ID : PR10668019016
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

C. MR. JAMES F SHERIDAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 9584 ROBIN AVE
 City State Zip Code
 FOUNTAIN VALLEY CA 92708-7250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life DIR ACG/AIRCRAFT SVCS
 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 / 2014
Transaction ID : PR11084699016
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	113.00
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 127
(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 J VAN DE WATER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6433 PALOMINO WAY
 City WEST LINN State OR Zip Code 97068-2244
 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 / 2014
Transaction ID : PR11106899016
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

B. MS. ANN E FARLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4014 ALADDIN DR
 City HUNTINGTON BEACH State CA Zip Code 92649-4225
 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 / 2014
Transaction ID : PR11323359016
 Amount of Each Receipt this Period 45.00
 P/R Deduction (\$45.00 Monthly)

C. MS. ANN M DELANEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 GRENADA ST
 City LAGUNA NIGUEL State CA Zip Code 92677-4825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation PROJECT MGMT CONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR12361939016
 Amount of Each Receipt this Period 45.00
 P/R Deduction (\$45.00 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 55 OF 127
(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. ROGER D BOND

Mailing Address 225 SAN TROPEZ CT.

City State Zip Code
 LAGUNA BEACH CA 92651-4417

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

Name of Employer Occupation
 Pacific Life MGR INTERNAL AUDIT

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 / 2014
Transaction ID : PR15598899016

Amount of Each Receipt this Period
 50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
B. MR. ANDREW OLEKSIW

Mailing Address 22 SKY RANCH RD

City State Zip Code
 LADERA RANCH CA 92694-1546

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

Name of Employer Occupation
 Pacific Life SVP CORP DEVELPMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : PR15598909016

Amount of Each Receipt this Period
 40.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)
C. MS. RAE A MCKEATING

Mailing Address 25842 DANA BLF W

City State Zip Code
 CAPISTRANO BEACH CA 92624-1219

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

Name of Employer Occupation
 Pacific Life SVP GENERAL COUNSEL

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 / 2014
Transaction ID : PR22130719016

Amount of Each Receipt this Period
 70.00

P/R Deduction (\$70.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **160.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 127
	<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. CHRISTOPHER S DALLAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 EARLYMORN
 City IRVINE State CA Zip Code 92614-5429
 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 / 2014
Transaction ID : PR22130739016
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

B. MR. EDWIN J FERRELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 CASTLEROCK
 City IRVINE State CA Zip Code 92603-0153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP INVSTMT MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR22130759016
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

C. MS. JENELLE J FRANKLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6131 COSTA DEL REY
 City LONG BEACH State CA Zip Code 90803-4809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation IT AUDIT CONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR22130769016
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 57 OF 127
(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. DONAL P HANLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 591 S MARENGO AVE UNIT 7
 City PASADENA State CA Zip Code 91106-3633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP LEGAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : PR22130779016
 Amount of Each Receipt this Period 26.00
 P/R Deduction (\$26.00 Monthly)

B. MS. NANCY A HILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 AMBERWICKE
 City DOVE CANYON State CA Zip Code 92679-3742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP REGULATORY COMPLIANCE
 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 / 2014
Transaction ID : PR22130789016
 Amount of Each Receipt this Period 45.00
 P/R Deduction (\$45.00 Monthly)

C. MR. DENIS P KALSCHEUR
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 BELMONT
 City NEWPORT BEACH State CA Zip Code 92660-6732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation ACG 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 / 2014
Transaction ID : PR22130799016
 Amount of Each Receipt this Period 416.00
 P/R Deduction (\$416.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 487.00
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 127
	<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. JENNIFER L ST ONGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 GIVERNY
 City NEWPORT COAST State CA Zip Code 92657-1007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP FIN & DERIVATIVE RPTG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR22130809016
 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 68116-2952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation CHANNEL SALES TRAINER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR22130839016
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

C. MR. TIMOTHY C MYERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 TROFELLO LN
 City ALISO VIEJO State CA Zip Code 92656-6215
 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 ▼ 1050.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR22130869016
 Amount of Each Receipt this Period 120.00
 P/R Deduction (\$120.00 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 59 OF 127
	<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 10429 MORNING LIGHT CT
 City SOUTH LYON State MI Zip Code 48178-8055
 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 / 2014
Transaction ID : PR22130889016
 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 92677-9003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP CONTRACTS & CONFIGURATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR22336359016
 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 92708-6756
 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 ▼ 900.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR22336369016
 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 60 OF 127
<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. MICHAEL L ADAMS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1918 ESPARANZA CT
 City ALLEN State TX Zip Code 75013-4761
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : PR23430889016
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

B. MR. RICHARD J MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2628 RYCROFT CT
 City CHESTERFIELD State MO Zip Code 63017-7108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP IND PROD CHANNEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : PR31736849016
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$200.00 Monthly)

C. MR. DOUGLAS P JACKSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 AUGUSTA
 City COTO DE CAZA State CA Zip Code 92679-4829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP PROD MGMT & SALES SPPT
 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 / 2014
Transaction ID : PR32777129016
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	325.00
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 127
	<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 D BELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 12123 COURSER AVE
 City LA MIRADA State CA Zip Code 90638-1422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP ADVANCED DESIGNS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR33677849016
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

B. MS. MARIAN C BLACKSHEAR
 Full Name (Last, First, Middle Initial)
 Mailing Address 5528 BELLFLOWER BLVD
 City LAKEWOOD State CA Zip Code 90713-1418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SYSTEMS ANALYST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR33677859016
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

C. MS. KATHRYN N HENSLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 24372 ENCORVADO LN
 City MISSION VIEJO State CA Zip Code 92691-4025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR PARALEGAL ANA II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR33677879016
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 62 OF 127
(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. DANIEL E KOMOROSKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 OSPREY AVE
 City ALISO VIEJO State CA Zip Code 92656-1772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP LIFE REINSURANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR33677889016
 Amount of Each Receipt this Period 75.00
 P/R Deduction (\$75.00 Monthly)

B. MR. DEAN R LAGERBORG
 Full Name (Last, First, Middle Initial)
 Mailing Address 58 BRISA FRESCA
 City RANCHO SANTA MARGARITA State CA Zip Code 92688-3325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation DIR CS ACCESS & SVC MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR33677899016
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

C. MS. ADRIENNE MOUCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2524 W WATROUS AVE
 City TAMPA State FL Zip Code 33629-5345
 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 ▼ 1575.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR33677909016
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 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 63 OF 127
<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. KAREN L MOYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4821 SUNNYBROOK AVE
 City BUENA PARK State CA Zip Code 90621-1044
 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 / 2014
Transaction ID : PR33677919016
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

B. MR. BRIAN D PEAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 SUNRISE
 City IRVINE State CA Zip Code 92603-3719
 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 / 2014
Transaction ID : PR33677949016
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. MR. JEFFREY S PHILLIPS
 Full Name (Last, First, Middle Initial)
 Mailing Address 14932 PENFIELD CIR
 City HUNTINGTON BEACH State CA Zip Code 92647-2319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation PROJECT MGMT CONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR33677959016
 Amount of Each Receipt this Period 75.00
 P/R Deduction (\$75.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 64 OF 127
(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. JON W RUELLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 FULMAR LN
 City State Zip Code
 ALISO VIEJO CA 92656-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life DATA GOVERNANCE CONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : PR33677979016
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

B. MR. PARAG S SHAH
 Full Name (Last, First, Middle Initial)
 Mailing Address 24972 FOOTPATH LN
 City State Zip Code
 LAGUNA NIGUEL CA 92677-6000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life VP PRODUCT DESIGN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : PR33677989016
 Amount of Each Receipt this Period
 175.00
 P/R Deduction (\$175.00 Monthly)

C. MS. KARI S TURIGLIATTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 253 NIETO AVE
 City State Zip Code
 LONG BEACH CA 90803-5522
 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 ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : PR33677999016
 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 65 OF 127
	<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 BECKLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 24215 SPARKLING SPRING LN
 City LAKE FOREST State CA Zip Code 92630-3685
 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 ▼ 315.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR33678019016
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

B. MR. JAMES P WITKOWSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 5620 FOXTAIL LOOP
 City CARLSBAD State CA Zip Code 92010-7154
 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 ▼ 630.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR33678029016
 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 37138-1956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR FVP NSM FI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1575.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR34419159016
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 285.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 OF 127
	(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 RODDY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014 Transaction ID : PR38370899016
Mailing Address 23221 VIA DORADO		Amount of Each Receipt this Period 50.00
City COTO DE CAZA	State CA	Zip Code 92679-3922
FEC ID number of contributing federal political committee.	C	
Name of Employer Pacific Life	Occupation SR VP FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
		P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial) B. MR. JONATHAN R WALLENTINE		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014 Transaction ID : PR39207929016
Mailing Address 30292 GRANDE VISTA AVE		Amount of Each Receipt this Period 0.00
City LAGUNA NIGUEL	State CA	Zip Code 92677-2265
FEC ID number of contributing federal political committee.	C	
Name of Employer Pacific Life	Occupation DIR QUANTITATIVE STRATEGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		P/R Deduction (\$0.00 Monthly)

Full Name (Last, First, Middle Initial) C. MR. WESLEY G AKINS		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014 Transaction ID : PR43582199016
Mailing Address 9 BROOKDALE		Amount of Each Receipt this Period 25.00
City IRVINE	State CA	Zip Code 92604-3312
FEC ID number of contributing federal political committee.	C	
Name of Employer Pacific Life	Occupation SR BUS ANA	
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)

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 67 OF 127
	<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. DANIEL J KUBICA
Full Name (Last, First, Middle Initial)

Mailing Address 26362 YOLANDA ST

City LAGUNA HILLS	State CA	Zip Code 92656-3111
----------------------	-------------	------------------------

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	/	2014

Transaction ID : PR43582269016

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 2116 BARLASS DR

City ROCKWALL	State TX	Zip Code 75087-7138
------------------	-------------	------------------------

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	/	2014

Transaction ID : PR43582279016

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C. MR. RANDALL D MOODY
Full Name (Last, First, Middle Initial)

Mailing Address 600 E. ELM ST.

City BREA	State CA	Zip Code 92821-5410
--------------	-------------	------------------------

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	/	2014

Transaction ID : PR43582289016

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 68 OF 127
	<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 J NICOLOSI
 Full Name (Last, First, Middle Initial)
 Mailing Address 5865 E ANDOVER DR
 City HANOVER PARK State IL Zip Code 60133-5240
 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 09 / 30 / 2014
Transaction ID : PR43582299016
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

B. MS. DEBRA A KRAJICEK
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 ELCANO DR
 City HOT SPRINGS VILLAGE State AR Zip Code 71909-7833
 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 ▼ 225.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR43582309016
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

C. MR. CHRISTIAN J PHANCO
 Full Name (Last, First, Middle Initial)
 Mailing Address 18710 ORIENTE DR
 City YORBA LINDA State CA Zip Code 92886-2555
 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 ▼ 900.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR43582319016
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 127
	<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 D REYNOLDS
Full Name (Last, First, Middle Initial)

Mailing Address 10140 MORNINGSTAR CIR

City VILLA PARK State CA Zip Code 92861-4154

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

Name of Employer Pacific Life Occupation VP ENT INFO RISK GOVERNANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : PR43582329016

Amount of Each Receipt this Period **0.00**

P/R Deduction (\$0.00 Monthly)

B. MR. VINCENT E SAMA
Full Name (Last, First, Middle Initial)

Mailing Address 39 SAMMIS ST

City HUNTINGTON State NY Zip Code 11743-3514

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 ▼ **350.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : PR43582339016

Amount of Each Receipt this Period **0.00**

P/R Deduction (\$0.00 Monthly)

C. MS. LAURYN D SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 17870 NEWHOPE ST

City FOUNTAIN VALLEY State CA Zip Code 92708-5439

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 **09 / 30 / 2014**

Transaction ID : PR43582349016

Amount of Each Receipt this Period **25.00**

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **25.00**

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 127
	<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. VINCENT A SPERA
Full Name (Last, First, Middle Initial)
Mailing Address 1616 LOOKOUT CIR
City WAXHAW State NC Zip Code 28173-8085
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 **09 / 30 / 2014**
Transaction ID : PR43582359016
Amount of Each Receipt this Period **75.00**
P/R Deduction (\$75.00 Monthly)

B. MS. CHRISTINE A TUCKER
Full Name (Last, First, Middle Initial)
Mailing Address 289 SANTA ANA AVE
City LONG BEACH State CA Zip Code 90803-3570
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation VP MARKETING
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **2625.00**

Date of Receipt **09 / 30 / 2014**
Transaction ID : PR43582369016
Amount of Each Receipt this Period **0.00**
P/R Deduction (\$0.00 Monthly)

C. MS. JOANNE T GAGNON
Full Name (Last, First, Middle Initial)
Mailing Address 403 S SAPODILLA AVE
City WEST PALM BEACH State FL Zip Code 33401-5765
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 **09 / 30 / 2014**
Transaction ID : PR4823229016
Amount of Each Receipt this Period **42.00**
P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **117.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 71 OF 127
(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. TERESA A OSBORN
 Full Name (Last, First, Middle Initial)
 Mailing Address 135 ROSEBUD LN
 City COUNCIL BLUFFS State IA Zip Code 51503-5304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SUPR INFORCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR48232259016
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Monthly)

B. MR. GARY D PENCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 27691 BLOSSOM HILL RD
 City LAGUNA NIGUEL State CA Zip Code 92677-6012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation MGR ADVANCED MKTG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR48232269016
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. MR. DAVID T CHANG
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 IROQUOIS CT
 City IRVINE State CA Zip Code 92602-0751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP SR QUANTITATIVE STRATEGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR59529259016
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 127
<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. JOHN F TRUJILLO		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : PR59529279016
Mailing Address 650 E CHASE DR		Amount of Each Receipt this Period 100.00
City CORONA	State CA	Zip Code 92881-3901
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life	Occupation AVP SYSTEMS ADMIN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) B. MR. ROBERT V IPPOLITO		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : PR60750509016
Mailing Address 2222 GLEN MARY PL		Amount of Each Receipt this Period 25.00
City DULUTH	State GA	Zip Code 30097-3713
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Monthly)
Name of Employer Pacific Life	Occupation FVP INVESTMENT SPEC	
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. CADE H CHERRY		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : PR61125889016
Mailing Address 20 ESTERO POINTE		Amount of Each Receipt this Period 100.00
City ALISO VIEJO	State CA	Zip Code 92656-7040
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life	Occupation AVP STRATEGIC PLANNING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 127
	<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. JENNIFER B COOK
Full Name (Last, First, Middle Initial)
Mailing Address 446 ENCLAVE CIR
City COSTA MESA State CA Zip Code 92626-8219
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 ▼ 225.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR61125899016
Amount of Each Receipt this Period 25.00
P/R Deduction (\$25.00 Monthly)

B. MR. GARY L FALDE
Full Name (Last, First, Middle Initial)
Mailing Address 9212 SANTIAGO DR
City HUNTINGTON BEACH State CA Zip Code 92646-6342
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 / 2014
Transaction ID : PR61125909016
Amount of Each Receipt this Period 75.00
P/R Deduction (\$75.00 Monthly)

C. MS. SUSAN S PECK
Full Name (Last, First, Middle Initial)
Mailing Address 12521 WEDGWOOD CIR.
City TUSTIN State CA Zip Code 92780-2879
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation SR PROJECT MANAGER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR61125949016
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 74 OF 127
(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. BRIAN W REEVES
 Full Name (Last, First, Middle Initial)
 Mailing Address 217 AVENUE B
 City State Zip Code
 REDONDO BEACH CA 90277-4708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP CORPORATE FINANCE
 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 / 2014
Transaction ID : PR61125959016
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

B. MR. RALPH D SCHOCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3443 CROOKED CREEK DR
 City State Zip Code
 DIAMOND BAR CA 91765-3720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life SR APPLIC DEVELOPER
 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 / 2014
Transaction ID : PR61125969016
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Monthly)

C. MS. REBECCA S WARWAR
 Full Name (Last, First, Middle Initial)
 Mailing Address 196 S SAGEWOOD ST
 City State Zip Code
 ORANGE CA 92869-5614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life DIR DC & MAINFRAME SVCS
 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 / 2014
Transaction ID : PR61125979016
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$40.00 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 75 OF 127
	<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. WESLEY J FARNER
Full Name (Last, First, Middle Initial)

Mailing Address 23412 PACIFIC PARK DR UNIT 12C

City	State	Zip Code
ALISO VIEJO	CA	92656-3335

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

Name of Employer	Occupation
Pacific Life	SR ACTUARIAL ANA, FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : PR67885049016

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

B. MR. TRISTAN L FONTUGNE
Full Name (Last, First, Middle Initial)

Mailing Address 6 SCHUBERT CT

City	State	Zip Code
IRVINE	CA	92617-4036

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

Name of Employer	Occupation
Pacific Life	DIR & ACTUARY PROD DESIGN

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 / 2014

Transaction ID : PR67885059016

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Monthly)

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

Mailing Address 5516 RIVER AVE

City	State	Zip Code
NEWPORT BEACH	CA	92663-2213

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

Name of Employer	Occupation
Pacific Life	AVP OPEN SYSTEMS

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 / 2014

Transaction ID : PR67885069016

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 127
	<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. MATTHEW A LEVENE
 Full Name (Last, First, Middle Initial)
 Mailing Address 22131 CHERRYWOOD
 City MISSION VIEJO State CA Zip Code 92692-4501
 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 ▼ 450.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR67885079016
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

B. MS. MICHELLE P O'HAREN
 Full Name (Last, First, Middle Initial)
 Mailing Address 790 N COAST HWY
 City LAGUNA BEACH State CA Zip Code 92651-1403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation ADVANCED SALES CONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR67885089016
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$60.00 Monthly)

C. MS. JILL PECKINGHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 COLONIAL WAY
 City ALISO VIEJO State CA Zip Code 92656-2500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation ANNUITY PROJECT SVCS DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR67885099016
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 160.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. MS. JESSICA L RICE		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014 Transaction ID : PR67885109016
Mailing Address 511 S 51ST AVE		Amount of Each Receipt this Period 100.00
City OMAHA	State NE	Zip Code 68106-1362
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life	Occupation AVP INTERNAL WHOLESALING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) B. MR. JEREMY M SMITH		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014 Transaction ID : PR67885119016
Mailing Address 55 CHADBOURNE RD		Amount of Each Receipt this Period 25.00
City ROCHESTER	State NY	Zip Code 14618-1107
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Monthly)
Name of Employer Pacific Life	Occupation SR WHOLESALER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. MR. KEVIN W STEINER		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014 Transaction ID : PR67885129016
Mailing Address 211 DETROIT AVE		Amount of Each Receipt this Period 25.00
City HUNTINGTON BEACH	State CA	Zip Code 92648-5218
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Monthly)
Name of Employer Pacific Life	Occupation AVP FUND COMPLIANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 127
	<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. JOHN M CHURCH
Full Name (Last, First, Middle Initial)

Mailing Address 19011 WOODLAND WAY

City State Zip Code
TRABUCO CANYON CA 92679-1079

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

Name of Employer Occupation
Pacific Life PRODUCT MKTG SPEC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
09 / 30 / 2014
Transaction ID : PR68001189016

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

B. MR. ALEXANDER F MUNRO
Full Name (Last, First, Middle Initial)

Mailing Address 8 HILLSBOROUGH

City State Zip Code
NEWPORT BEACH CA 92660-6733

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

Name of Employer Occupation
Pacific Life AVP ENTERPRISE TECH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
09 / 30 / 2014
Transaction ID : PR68001209016

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

C. MR. KORY J OLSEN
Full Name (Last, First, Middle Initial)

Mailing Address 20241 BRENTSTONE LN

City State Zip Code
HUNTINGTON BEACH CA 92646-5118

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

Name of Employer Occupation
Pacific Life AVP ACTUARIAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
09 / 30 / 2014
Transaction ID : PR69119069016

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 240.00

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

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

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

FOR LINE NUMBER: PAGE 79 OF 127
(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. SARAH A JARVIS

Mailing Address 10209 HOLBURN DR

City State Zip Code
 HUNTINGTON BEACH CA 92646-4346

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

Name of Employer Occupation
 Pacific Life AVP COMPLIANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 09 / 30 / 2014
Transaction ID : PR70145719016

Amount of Each Receipt this Period
 25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)
B. MS. KIM R CUNNINGHAM

Mailing Address 15117 SPECTRUM

City State Zip Code
 IRVINE CA 92618-3426

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

Name of Employer Occupation
 Pacific Life AVP HR BUS PARTNER (LD)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 09 / 30 / 2014
Transaction ID : PR71312919016

Amount of Each Receipt this Period
 100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)
C. MR. DAVID N FANGER

Mailing Address 817 10TH ST

City State Zip Code
 SANTA MONICA CA 90403-1619

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

Name of Employer Occupation
 Pacific Life AVP CORP DEV FIN ACTUARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 09 / 30 / 2014
Transaction ID : PR71312929016

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 80 OF 127
	<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. JANE B FORBES

Mailing Address 3376 CUMBERLAND LN

City	State	Zip Code
FRISCO	TX	75033-2376

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

Name of Employer	Occupation
Pacific Life	LTC PLANNING SPECIALIST

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	/	2014

Transaction ID : PR71312939016

Amount of Each Receipt this Period
175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)
B. MS. JANE M GUON

Mailing Address 5 SPRINGWOOD

City	State	Zip Code
IRVINE	CA	92604-4650

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

Name of Employer	Occupation
Pacific Life	VP & SECRETARY

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	/	2014

Transaction ID : PR71312959016

Amount of Each Receipt this Period
125.00

P/R Deduction (\$125.00 Monthly)

Full Name (Last, First, Middle Initial)
C. MR. JACQUES HUNTER

Mailing Address 1215 GOLDENROD AVE

City	State	Zip Code
CORONA DEL MAR	CA	92625-1306

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

Name of Employer	Occupation
Pacific Life	SR FVP NSM RW

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	/	2014

Transaction ID : PR71312969016

Amount of Each Receipt this Period
175.00

P/R Deduction (\$175.00 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 81 OF 127
	<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 NAGEL
Full Name (Last, First, Middle Initial)

Mailing Address 23995 PIRAGUA PL

City	State	Zip Code
LAGUNA NIGUEL	CA	92677-4233

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

Name of Employer	Occupation
Pacific Life	VP & CONTROLLER

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	/	2014

Transaction ID : PR71312989016

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

B. MS. KATHLEEN J MELGAR
Full Name (Last, First, Middle Initial)

Mailing Address 2821 MONTEREY AVE

City	State	Zip Code
COSTA MESA	CA	92626-5534

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

Name of Employer	Occupation
Pacific Life	DIR ISP & MF TECH SVCS

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	/	2014

Transaction ID : PR71313009016

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C. MR. FRANK J ZHANG
Full Name (Last, First, Middle Initial)

Mailing Address 28 ANACAPA LN

City	State	Zip Code
ALISO VIEJO	CA	92656-1630

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

Name of Employer	Occupation
Pacific Life	VP RISK MANAGEMENT

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	/	2014

Transaction ID : PR71313019016

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	255.00
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 127
	<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. RUSSELL S PROCTOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 NORTHERN PINE LOOP
 City State Zip Code
 ALISO VIEJO CA 92656-6034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life DIR PENSION SALES
 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 / 2014
Transaction ID : PR71426999016
 Amount of Each Receipt this Period
 60.00
 P/R Deduction (\$60.00 Monthly)

B. MR. DAVID L SCHAFFER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3215 W FIELDER ST
 City State Zip Code
 TAMPA FL 33611-2911
 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 ▼
 1575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : PR72047949016
 Amount of Each Receipt this Period
 175.00
 P/R Deduction (\$175.00 Monthly)

C. MR. KEVIN R BYRNE
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 5869
 City State Zip Code
 BALBOA ISLAND CA 92662-5869
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life SR VP FINANCE & RISK
 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 / 2014
Transaction ID : PR72350819016
 Amount of Each Receipt this Period
 250.00
 P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	485.00
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 127
(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. JOHN R CRUISE

Mailing Address 4348 WAIALAE AVE #507

City State Zip Code
 HONOLULU HI 96816-5767

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 ▼
 1575.00

Date of Receipt
 09 / 30 / 2014
Transaction ID : PR72350829016

Amount of Each Receipt this Period
 175.00

P/R Deduction (\$175.00 Monthly)

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

Mailing Address 3553 S ALBION ST

City State Zip Code
 CHERRY HILLS VILLAGE CO 80113-4203

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
 09 / 30 / 2014
Transaction ID : PR72350839016

Amount of Each Receipt this Period
 50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)
C. MR. JAMES L EHRET

Mailing Address 6815 TRAFALGAR LOOP

City State Zip Code
 DUBLIN OH 43016-8316

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 ▼
 1305.00

Date of Receipt
 09 / 30 / 2014
Transaction ID : PR72350849016

Amount of Each Receipt this Period
 175.00

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00

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 127
(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. RYAN J JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4531 NINA LN
 City MIDDLETON State WI Zip Code 53562-5325
 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 / 2014
Transaction ID : PR72350859016
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

B. MR. DOUGLAS E KALMEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 314 CORALBERRY RD.
 City LOUISVILLE State KY Zip Code 40207-5704
 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 / 2014
Transaction ID : PR72350869016
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. MR. THOMAS M KELLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 779 ALDEN LN
 City LIVERMORE State CA Zip Code 94550-4752
 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 ▼ 1350.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR72350879016
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$150.00 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:	PAGE 85 OF 127
	(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. DAVID L LAUTENSCHLAGER		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : PR72350889016
Mailing Address 22192 BROOKPINE		Amount of Each Receipt this Period 100.00
City MISSION VIEJO	State CA	Zip Code 92692-1084
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life	Occupation AVP PRODUCT PRICING & RPTG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) B. MR. THOMAS R MARKS		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : PR72350899016
Mailing Address 203 DIERKS DR		Amount of Each Receipt this Period 175.00
City WESTERN SPRINGS	State IL	Zip Code 60558-2030
FEC ID number of contributing federal political committee. C		P/R Deduction (\$175.00 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 ▼ 1050.00	

Full Name (Last, First, Middle Initial) C. MR. WILLIAM D ROBUCK		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : PR72350909016
Mailing Address 1436 KENTBROOKE DR		Amount of Each Receipt this Period 65.00
City BALLWIN	State MO	Zip Code 63021-7565
FEC ID number of contributing federal political committee. C		P/R Deduction (\$65.00 Monthly)
Name of Employer Pacific Life	Occupation RETIREMENT PLAN CONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 86 OF 127
<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. JONATHAN H WALKER
Full Name (Last, First, Middle Initial)

Mailing Address 99 SKYLINE TERRACE

City State Zip Code
MILL VALLEY CA 94941-3484

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 ▼
765.00

Date of Receipt
09 / 30 / 2014
Transaction ID : PR72350929016

Amount of Each Receipt this Period
85.00

P/R Deduction (\$85.00 Monthly)

B. MR. JASON P WOLF
Full Name (Last, First, Middle Initial)

Mailing Address 410 TORRINGTON DR

City State Zip Code
AUSTIN TX 78737-4585

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

Name of Employer Occupation
Pacific Life SR WHOLESALER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
09 / 30 / 2014
Transaction ID : PR72350939016

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

C. MS. SUSAN A WOOD
Full Name (Last, First, Middle Initial)

Mailing Address 809 GREER ST

City State Zip Code
COVINGTON KY 41011-1350

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

Name of Employer Occupation
Pacific Life ADVANCED SALES CONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
09 / 30 / 2014
Transaction ID : PR72350949016

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	285.00
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 127
	<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 T WOOLFOLK
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 SAN ANGELO
 City State Zip Code
 FOOTHILL RANCH CA 92610-1729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life SVP PRICING & PRODUCT DESIGN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2025.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : PR72350959016
 Amount of Each Receipt this Period
 250.00
 P/R Deduction (\$250.00 Monthly)

B. MR. GREGORY A BAILEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 WAVERLY PL
 City State Zip Code
 LADERA RANCH CA 92694-0220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life VP MKTG COMMUNICATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : PR72472489016
 Amount of Each Receipt this Period
 0.00
 P/R Deduction (\$0.00 Monthly)

C. MR. BRAYDON J VAUGHN
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 OSTERVILLE ST
 City State Zip Code
 LADERA RANCH CA 92694-1055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life FVP M MARKETING
 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 / 2014
Transaction ID : PR72472499016
 Amount of Each Receipt this Period
 25.00
 P/R Deduction (\$25.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 88 OF 127
(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 V HEWLETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 4543 MIDDLE RD
 City State Zip Code
 ALLISON PARK PA 15101-1111
 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 / 2014
Transaction ID : PR72646839016
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

B. MR. JAMES B CLINKSCALES
 Full Name (Last, First, Middle Initial)
 Mailing Address 3408 AUTUMN CT
 City State Zip Code
 FORT WORTH TX 76109-2606
 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 ▼
 1575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : PR73723659016
 Amount of Each Receipt this Period
 175.00
 P/R Deduction (\$175.00 Monthly)

C. MR. MICHAEL J DOUGHERTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 76 MANCHESTER DR
 City State Zip Code
 BASKING RIDGE NJ 07920-1210
 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 / 2014
Transaction ID : PR73988529016
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 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 89 OF 127
	<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. FRANK L BECERRA
Full Name (Last, First, Middle Initial)

Mailing Address 2004 VIA AGUILA

City SAN CLEMENTE State CA Zip Code 92673-5670

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

Name of Employer Pacific Life Occupation DIR NETWORK & STORAGE SVCS

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 / 2014
Transaction ID : PR74979449016

Amount of Each Receipt this Period
 75.00

P/R Deduction (\$75.00 Monthly)

B. MR. KEITH A BUCK
Full Name (Last, First, Middle Initial)

Mailing Address 27743 HOMESTEAD RD

City LAGUNA NIGUEL State CA Zip Code 92677-3762

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

Name of Employer Pacific Life Occupation AVP ADVANCED DESIGNS

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 / 2014
Transaction ID : PR74979459016

Amount of Each Receipt this Period
 100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 18867 MOUNT MORGAN CIR

City FOUNTAIN VALLEY State CA Zip Code 92708-6517

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

Name of Employer Pacific Life Occupation SR APPLIC DEVELOPER

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 / 2014
Transaction ID : PR74979489016

Amount of Each Receipt this Period
 25.00

P/R Deduction (\$25.00 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 90 OF 127
<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 S ERICKSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 15018 WIRT CIR
 City OMAHA State NE Zip Code 68116-6166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation IW MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR74979529016
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Monthly)

B. MS. SUSAN M LUCAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7133 E RANDALL AVE
 City ORANGE State CA Zip Code 92869-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation PROJECT MGMT CONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR7497959016
 Amount of Each Receipt this Period 0.00
 P/R Deduction (\$0.00 Monthly)

C. MR. GREGORY P POTTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 OLD BARN RD
 City EAST WINDSOR State CT Zip Code 06088-1726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR COPYWRITER SPEC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR74979589016
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 91 OF 127
	(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. MR. JOHN G REBER
Full Name (Last, First, Middle Initial)

Mailing Address 14001 FONTANA ST

City LEAWOOD State KS Zip Code 66224-3650

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

Name of Employer Pacific Life Occupation VP REG'L LIFE OFFICES

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 / 2014

Transaction ID : PR74979599016

Amount of Each Receipt this Period
 175.00

P/R Deduction (\$175.00 Monthly)

B. MS. RANIA C SARKIS
Full Name (Last, First, Middle Initial)

Mailing Address 26111 CONNEMARA CT

City LAKE FOREST State CA Zip Code 92630-8009

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

Name of Employer Pacific Life Occupation ADVD DESIGN 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 / 2014

Transaction ID : PR74979609016

Amount of Each Receipt this Period
 50.00

P/R Deduction (\$50.00 Monthly)

C. MS. BIANCA M CAMPMAN
Full Name (Last, First, Middle Initial)

Mailing Address 58 BORGHESE

City IRVINE State CA Zip Code 92618-0113

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

Name of Employer Pacific Life Occupation INTERNAL ACCOUNT COORD

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 / 2014

Transaction ID : PR74979619016

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 255.00

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 92 OF 127
	<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. JOSHUA D SCOTT
Full Name (Last, First, Middle Initial)

Mailing Address 30 ORION WAY

City State Zip Code
COTO DE CAZA CA 92679-5116

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

Name of Employer Occupation
Pacific Life VP FIN PLNG & ANALYSIS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
308.30

Date of Receipt
09 / 30 / 2014

Transaction ID : PR74979629016

Amount of Each Receipt this Period
41.66

P/R Deduction (\$41.66 Monthly)

B. MS. MICHELLE M ZYLLA
Full Name (Last, First, Middle Initial)

Mailing Address 9601 STANFORD AVE

City State Zip Code
GARDEN GROVE CA 92841-4942

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

Name of Employer Occupation
Pacific Life SR INV ADV COMPL ANA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
09 / 30 / 2014

Transaction ID : PR74979649016

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 1244 BRIDLE ESTATES DR

City State Zip Code
YARDLEY PA 19067-3957

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

Name of Employer Occupation
Pacific Life NATL SLS MGR WIREHOUSE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1575.00

Date of Receipt
09 / 30 / 2014

Transaction ID : PR75159129016

Amount of Each Receipt this Period
175.00

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	266.66
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 93 OF 127
	<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. TIMOTHY F SHONTERE
 Full Name (Last, First, Middle Initial)
 Mailing Address 24642 BENJAMIN CIR
 City State Zip Code
 DANA POINT CA 92629-1052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life AVP EMPLOYEE RELATIONS
 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 / 2014
Transaction ID : PR75159139016
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 Monthly)

B. MR. BRYAN L BOND
 Full Name (Last, First, Middle Initial)
 Mailing Address 22391 GRAVINO
 City State Zip Code
 LAGUNA HILLS CA 92653-1844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life DIR LIFE OPERATIONS
 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 / 2014
Transaction ID : PR75427359016
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Monthly)

C. MR. CHRISTOPHER R CAIRNS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8008 PASEO ESMERADO
 City State Zip Code
 CARLSBAD CA 92009-9800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Life DIVISIONAL VP
 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 / 2014
Transaction ID : PR75427369016
 Amount of Each Receipt this Period
 175.00
 P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	325.00
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 94 OF 127
	<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. CHRISTOPHER T RITONDO
 Full Name (Last, First, Middle Initial)
 Mailing Address 46 TIMBERNECK DR
 City READING State MA Zip Code 01867-1845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation FVP NATIONAL ACCTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR75427379016
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

B. MR. MATTHEW M HOSKINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 28021 ENCANTO
 City MISSION VIEJO State CA Zip Code 92692-2611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR DIR NAT'L ACCTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR76663269016
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Monthly)

C. MR. JOHN P ANGEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2711 WENDY DR
 City NAPERVILLE State IL Zip Code 60565-5316
 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 ▼ 675.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR79901799016
 Amount of Each Receipt this Period 75.00
 P/R Deduction (\$75.00 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 95 OF 127
<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. WILLIAM C BARCLAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 779 OLD COUNTRY RD
 City WESTPORT State MA Zip Code 02790-1168
 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 / 2014
Transaction ID : PR79901809016
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

B. MR. WILLIAM G BEAGLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 TOSCANY
 City IRVINE State CA Zip Code 92614-0248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation DIR MF STRATEGIC PLATFORMS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR79901819016
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. MR. MATTHEW R BOKOSKY
 Full Name (Last, First, Middle Initial)
 Mailing Address 171 E 18TH ST
 City COSTA MESA State CA Zip Code 92627-3058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation SR DIR NAT'L ACCTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR79901829016
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 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 96 OF 127
	<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. JOHN J CONOVER
Full Name (Last, First, Middle Initial)

Mailing Address 145 LINDEN DR

City BASKING RIDGE	State NJ	Zip Code 07920-1964
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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 ▼
1575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : PR79901859016

Amount of Each Receipt this Period
175.00

P/R Deduction (\$175.00 Monthly)

B. MR. LARRY A CREED
Full Name (Last, First, Middle Initial)

Mailing Address 12012 LONGVIEW LAKE CIR

City BRADENTON	State FL	Zip Code 34211-4964
-------------------	-------------	------------------------

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 ▼
1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : PR79901869016

Amount of Each Receipt this Period
0.00

P/R Deduction (\$0.00 Monthly)

C. MR. KURT A DAMRON
Full Name (Last, First, Middle Initial)

Mailing Address 9563 HAMPTON RESERVE DR

City BRENTWOOD	State TN	Zip Code 37027-8485
-------------------	-------------	------------------------

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 ▼
1575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : PR79901879016

Amount of Each Receipt this Period
175.00

P/R Deduction (\$175.00 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 97 OF 127
	<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 M DIETER
 Full Name (Last, First, Middle Initial)
 Mailing Address 8181 NOELLE DR
 City HUNTINGTON BEACH State CA Zip Code 92646-6941
 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 ▼ 1575.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR79901889016
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 Monthly)

B. MR. ERICK R KROSKY
 Full Name (Last, First, Middle Initial)
 Mailing Address 7486 E NESTLING WAY
 City SCOTTSDALE State AZ Zip Code 85255-4638
 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 / 2014
Transaction ID : PR79901909016
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. MR. KENNETH A MCCLINTOCK
 Full Name (Last, First, Middle Initial)
 Mailing Address 3915 BELL HOLLOW LN
 City KATY State TX Zip Code 77494-2455
 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 ▼ 1575.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR79901919016
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00
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 98 OF 127
(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. FRANCIS X MURPHY
 Full Name (Last, First, Middle Initial)
 Mailing Address 18909 RIVER FALLS DR
 City State Zip Code
 DAVIDSON NC 28036-8857
 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 ▼
 1575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : PR79901929016
 Amount of Each Receipt this Period
 175.00
 P/R Deduction (\$175.00 Monthly)

B. MR. JOHN C TEMME
 Full Name (Last, First, Middle Initial)
 Mailing Address 3352 FALLING WATER CT
 City State Zip Code
 SIMI VALLEY CA 93063-5749
 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 ▼
 1575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : PR79901939016
 Amount of Each Receipt this Period
 175.00
 P/R Deduction (\$175.00 Monthly)

C. MR. WALTER B ZINYCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1376 HELLER DR
 City State Zip Code
 YARDLEY PA 19067-2714
 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 ▼
 1575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : PR79901959016
 Amount of Each Receipt this Period
 175.00
 P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 525.00
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 99 OF 127
<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 S CAMPISANO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 BETHANY
 City LAGUNA NIGUEL State CA Zip Code 92677-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP TAX
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1575.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR80192739016
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 Monthly)

B. MR. STUART I HUTCHINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7997 S FAIRFAX CT
 City CENTENNIAL State CO Zip Code 80122-3883
 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 ▼ 1575.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR80192749016
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 Monthly)

C. MR. SAMUEL E MASEMER
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 CALEB DR
 City WEST CHESTER State PA Zip Code 19382-6177
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation FVP INVESTMENT SPEC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1575.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR80501919016
 Amount of Each Receipt this Period 175.00
 P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 525.00
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 100 OF 127
	<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. JOHN H SHIRIKIAN		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : PR81252339016
Mailing Address 6242 WARNER AVE		Amount of Each Receipt this Period 50.00
City HUNTINGTON BEACH	State CA	Zip Code 92647-8026
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Monthly)
Name of Employer Pacific Life	Occupation GOV RELATIONS CONS	
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) B. MR. DAVID M DIANTONIO		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : PR82186029016
Mailing Address 11 MARGUERITE CT		Amount of Each Receipt this Period 175.00
City LITTLE FALLS	State NJ	Zip Code 07424-1906
FEC ID number of contributing federal political committee. C		P/R Deduction (\$175.00 Monthly)
Name of Employer Pacific Life	Occupation SR WHOLESALER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) C. MR. JOHN T DIECK		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : PR82186039016
Mailing Address 7 LOAM		Amount of Each Receipt this Period 50.00
City COTO DE CAZA	State CA	Zip Code 92679-5225
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Monthly)
Name of Employer Pacific Life	Occupation VP ENTERPRISE RISK MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	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 101 OF 127
	<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 M LANGAN
Full Name (Last, First, Middle Initial)

Mailing Address 14 ANNESLEY DR

City State Zip Code
GLEN MILLS PA 19342-1357

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 ▼
1050.00

Date of Receipt
09 / 30 / 2014
Transaction ID : PR82186059016

Amount of Each Receipt this Period
175.00

P/R Deduction (\$175.00 Monthly)

B. MR. MICHAEL W MCHARGUE
Full Name (Last, First, Middle Initial)

Mailing Address 1765 BLACKHAWK DR

City State Zip Code
LINCOLN NE 68521-9085

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

Name of Employer Occupation
Pacific Life IW CHANNEL DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
09 / 30 / 2014
Transaction ID : PR82186069016

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

C. MR. HUGH M MENIN
Full Name (Last, First, Middle Initial)

Mailing Address 9861 E PINWOOD AVE

City State Zip Code
ENGLEWOOD CO 80111-5446

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

Name of Employer Occupation
Pacific Life DIR PENSION SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
09 / 30 / 2014
Transaction ID : PR82186079016

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 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 102 OF 127
<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. ARTHUR V PANIGHETTI
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 PROMONTORY DR E
 City NEWPORT BEACH State CA Zip Code 92660-7447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation AVP REGULATORY PROJECT (ERM)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR82186099016
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Monthly)

B. MR. DAVID M RUIZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 PASEO BREZO
 City RANCHO SANTA MARGARITA State CA Zip Code 92688-2867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation VP VALUATION ACTUARY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR82186109016
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

C. MR. DEREK C SUTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 14067 WHEELING CT
 City FISHERS State IN Zip Code 46038-4530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Occupation KEY ACCTS MKTG DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2014
Transaction ID : PR82186129016
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 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 103 OF 127
<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. PATRICIA A THOMPSON
Full Name (Last, First, Middle Initial)

Mailing Address 1870 PARK NEWPORT

City NEWPORT BEACH State CA Zip Code 92660-5074

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

Name of Employer Pacific Life Occupation REGULATORY COMPL MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **09 / 30 / 2014**
Transaction ID : PR82186139016

Amount of Each Receipt this Period **50.00**

P/R Deduction (\$50.00 Monthly)

B. MS. JULIE A AHLERT
Full Name (Last, First, Middle Initial)

Mailing Address 2465 VISTA HUERTA

City NEWPORT BEACH State CA Zip Code 92660-4039

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

Name of Employer Pacific Life Occupation DIR ACCTG & FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **09 / 30 / 2014**
Transaction ID : PR82337259016

Amount of Each Receipt this Period **50.00**

P/R Deduction (\$50.00 Monthly)

C. MR. THOMASITO N PIEDAD
Full Name (Last, First, Middle Initial)

Mailing Address 24 CIPRESSO

City IRVINE State CA Zip Code 92618-0105

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

Name of Employer Pacific Life Occupation AVP SR QUANTITATIVE STRATEGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **09 / 30 / 2014**
Transaction ID : PR82684349016

Amount of Each Receipt this Period **100.00**

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **200.00**

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

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

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

FOR LINE NUMBER: PAGE 104 OF 127
(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. GEORGE M MCFADDEN
Full Name (Last, First, Middle Initial)
Mailing Address 20721 AVALON DR
City State Zip Code
ROCKY RIVER OH 44116-1317
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Pacific Life FVP FIELD WHOLESALING
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 / 2014
Transaction ID : PR82926319016
Amount of Each Receipt this Period
175.00
P/R Deduction (\$175.00 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
M M M / D D D / Y Y Y Y Y Y
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
M M M / D D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	28354.64

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. Ted Lieu For Congress

Mailing Address P.O. Box 636

City Annandale State VA Zip Code 22003

Purpose of Disbursement
Contribution

011

Candidate Name

Ted Lieu

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	1	4

Transaction ID : 12697176

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B. The Reed Committee

Mailing Address 328 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

Jack Reed

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: RI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	1	4

Transaction ID : 12697177

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

C. Roskam For Congress

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60189

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Peter Roskam

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	1	4

Transaction ID : 12697178

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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. Becerra for Congress

Mailing Address 625 3rd Street NE #2

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

Xavier Becerra

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	4

Transaction ID : 12718698

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B. Leadership for Today and Tomorrow

Mailing Address 625 3rd Street NE, Suite #2

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

Leadership for Today and Tomorrow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	4

Transaction ID : 12718699

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

C. Diane Black For Congress

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Diane Black

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	4

Transaction ID : 12718700

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

8	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

8	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. Blumenthal For Connecticut

Mailing Address 777 Summer St Suite 302

City State Zip Code
Stamford CT 06901-1022

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Richard Blumenthal

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CT District:

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718701

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Boustany for Congress

Mailing Address 20 F Street NW, Suite 500

City State Zip Code
Washington DC 20001

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Charles Boustany Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 03

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718702

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Brady For Congress

Mailing Address 104 Hume Avenue

City State Zip Code
Alexandria VA 22301

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Kevin Brady

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718703

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

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

**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. The Next Century Fund

Mailing Address 116 South Royal Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

011

Candidate Name

The Next Century Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	4

Transaction ID : 12718704

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B. Ken Calvert for Congress

Mailing Address 403 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Ken Calvert

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 42

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	4

Transaction ID : 12718705

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

C. FRIENDS OF LOIS CAPPs

Mailing Address 38 Ivy Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Lois Capps

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	4

Transaction ID : 12718706

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. Bob Casey For Senate

Mailing Address P.O. Box 58746

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Robert Casey Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718707

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Judy Chu For Congress

Mailing Address 1531 Purdue Avenue

City Los Angeles State CA Zip Code 90025

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Judy Chu

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 27

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718708

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Collins for Senator

Mailing Address 1020 N. Fairfax Street
Suite 201

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

011

Candidate Name

Susan Collins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718709

Amount of Each Disbursement this Period

1500.00

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. ROCK CITY PAC

Mailing Address 1015 Stonebridge Park Drive

City Franklin State TN Zip Code 37069

Purpose of Disbursement Contribution

011

Candidate Name

ROCK CITY PAC

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718710

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Texans for Senator John Cornyn

Mailing Address 1020 North Fairfax Street Suite 201

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution

011

Candidate Name

John Cornyn

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: TX District:

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718711

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Jobs, Opportunities and Education PAC (JOE-PAC)

Mailing Address 410 1st Street SE, Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

Jobs, Opportunities and Education PAC (JOE-PAC)

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718712

Amount of Each Disbursement this Period

1500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

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. Davis For Congress

Mailing Address 5956 W. Race Avenue

City Chicago State IL Zip Code 60644

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Danny Davis

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718713

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Dick Durbin

Mailing Address 236 Massachusetts Ave, NE
Suite 202

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Richard Durbin

Category/
Type

Office Sought: House
 Senate
 President
State: IL District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718714

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Farr

Mailing Address 3701 Porter Street, NW

City Washington State DC Zip Code 20016

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Sam Farr

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 20

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718715

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. The Fund for the Majority

Mailing Address 220 I Street NE, Suite 250

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

The Fund for the Majority

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718716

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Deb Fischer For U.S. Senate, Inc.

Mailing Address P.O. Box 83287

City Lincoln State NE Zip Code 68501

Purpose of Disbursement
Contribution

011

Candidate Name

Ms. Debra Fischer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NE District:

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718717

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Heidi For Senate

Mailing Address 420 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

Ms. Heidi Heitkamp

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: ND District:

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718718

Amount of Each Disbursement this Period

3000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

7000.00

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. 21st Century Majority Fund

Mailing Address 900 19th Street, NW, 8th Floor

City Washington State DC Zip Code 20006

Purpose of Disbursement Contribution

011

Candidate Name

21st Century Majority Fund

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718719

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Lynn Jenkins for Congress

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Lynn Jenkins

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: KS District: 02

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718720

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kind for Congress

Mailing Address 233 Pennsylvania Avenue, SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Ron Kind

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718721

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

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. Badger PAC

Mailing Address 233 Pennsylvania Avenue SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718722

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Larson for Congress

Mailing Address 236 Massachusetts Ave., NE
Suite 603

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name

John Larson

Office Sought: House Senate President
State: CT District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718724

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Alan Lowenthal For Congress

Mailing Address 228 Second Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Rep. Alan Lowenthal PhD

Office Sought: House Senate President
State: CA District: 47

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718725

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4000.00

**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. Maloney For Congress

Mailing Address 24 East 93rd Street, Suite 4B

City New York State NY Zip Code 10128

Purpose of Disbursement
Contribution

Candidate Name

Rep. Carolyn Maloney

Office Sought: House
 Senate
 President

State: NY District: 12

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718726

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Manchin For West Virginia

Mailing Address 426 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name

Sen. Joe Manchin III

Office Sought: House
 Senate
 President

State: WV District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718727

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kenny Marchant For Congress

Mailing Address PO Box 110187

City Carrollton State TX Zip Code 75011

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kenny Marchant

Office Sought: House
 Senate
 President

State: TX District: 24

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718728

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5000.00

**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. McConnell Senate Committee '14

Mailing Address P.O. Box 1496

City State Zip Code
Louisville KY 40201

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Mitch McConnell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718729

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Cathy McMorris Rodgers For Congress

Mailing Address PO Box 137

City State Zip Code
Spokane WA 99210

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Cathy McMorris Rodgers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718730

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Moore For Congress

Mailing Address PO Box 16646

City State Zip Code
Milwaukee WI 53216

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Gwendolynne Moore

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 04

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718731

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

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. Neugebauer Congressional Committee

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Randy Neugebauer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 19

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2014

Transaction ID : 12718732

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Devin Nunes Campaign Committee

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement
Contribution

011

Candidate Name

Devin Nunes

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2014

Transaction ID : 12718733

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Pascrell For Congress

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. William Pascrell Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 09

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2014

Transaction ID : 12718734

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

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. Nancy Pelosi for Congress

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Nancy Pelosi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718735

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Tom Reed For Congress

Mailing Address PO Box 10847

City Rochester State NY Zip Code 14610

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Tom Reed

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718738

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Dave Reichert

Mailing Address PO Box 2032

City Issaquah State WA Zip Code 98027

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. David Reichert

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 08

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718739

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

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

**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. Roskam For Congress

Mailing Address P. O. Box 713

City State Zip Code
Wheaton IL 60189

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Peter Roskam

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718741

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Marco Rubio For US Senate

Mailing Address PO Box 7557

City State Zip Code
Arlington VA 22207

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Marco Rubio

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District:

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718744

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Schneider For Congress

Mailing Address 3701 Porter Street, NW

City State Zip Code
Washington DC 20016

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Brad Schneider

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : 12718745

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

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. Schock For Congress

Mailing Address 1301 K Street, NW
Suite 1050 East

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

Rep. Aaron Schock

Office Sought: House
 Senate
 President
State: IL District: 18

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 12718746

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Kyrsten Sinema For Congress

Mailing Address PO Box 25879

City Tempe State AZ Zip Code 85285

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kyrsten Sinema

Office Sought: House
 Senate
 President
State: AZ District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 12718747

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Adrian Smith For Congress

Mailing Address 3321 Avenue I
Suite 6

City Scottsbluff State NE Zip Code 69361

Purpose of Disbursement
Contribution

Candidate Name

Rep. Adrian Smith

Office Sought: House
 Senate
 President
State: NE District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 12719379

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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. America's Leadership PAC

Mailing Address 1718 M Street, NW, #234

City Washington State DC Zip Code 20036

Purpose of Disbursement Contribution

011

Candidate Name

America's Leadership PAC

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2014

Transaction ID : 12719380

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Swalwell For Congress

Mailing Address 412 1st Street, SE, Suite 100

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Eric Swalwell

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: CA District: 15

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2014

Transaction ID : 12719381

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mark Takano For Congress

Mailing Address 410 1st Street, SE Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Mark Takano

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: CA District: 41

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2014

Transaction ID : 12719383

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

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

**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. Mike Thompson for Congress

Mailing Address 236 Massachusetts Avenue, NE
Suite 603

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name

Mike Thompson

Office Sought: House
 Senate
 President
State: CA District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	11	/	2014

Transaction ID : 12719384

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Heartland Values PAC

Mailing Address P.O. Box 505

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
Contribution

Candidate Name

Heartland Values PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	11	/	2014

Transaction ID : 12719386

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Walden For Congress

Mailing Address 213 Ashby Street

City Alexandria State VA Zip Code 22305

Purpose of Disbursement
Contribution

Candidate Name

Rep. Gregory Walden

Office Sought: House
 Senate
 President
State: OR District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	11	/	2014

Transaction ID : 12719387

Amount of Each Disbursement this Period

4000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

8000.00

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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. Friends of Mark Warner

Mailing Address 10 G Street, NE, Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. Mark Warner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2014

Transaction ID : 12719388

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Citizens For Waters

Mailing Address 3700 Wilshire Blvd., Ste. 1050-B

City Los Angeles State CA Zip Code 90077

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Maxine Waters

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 43

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2014

Transaction ID : 12719389

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Cotton For Senate

Mailing Address PO Box 7504

City Little Rock State AR Zip Code 72217-7504

Purpose of Disbursement
Contribution

011

Candidate Name

Thomas Cotton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AR District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : 12744634

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

9500.00

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. Crapo for US Senate

Mailing Address 25 East Masonic View Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Contribution

011

Candidate Name

Michael Crapo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ID District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	4

Transaction ID : 12744635

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B. Kevin McCarthy for Congress

Mailing Address 949 South Coast Drive
Suite 600

City Costa Mesa State CA Zip Code 92626

Purpose of Disbursement
Contribution

011

Candidate Name

Kevin McCarthy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	4

Transaction ID : 12744637

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

C. Rob Portman For US Senate

Mailing Address 900 19th Street, NW, 8th Floor

City Washington State DC Zip Code 20006

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. Rob Portman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	4

Transaction ID : 12744638

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

6	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

6	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. Rob Portman For US Senate

Mailing Address 900 19th Street, NW, 8th Floor

City Washington State DC Zip Code 20006

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. Rob Portman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2014

Transaction ID : 12744639

Amount of Each Disbursement this Period

1000.00

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

M M M	/	D D D	/	Y Y Y Y Y
09		19		2014

Transaction ID : 12744640

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Re-Elect Loretta Sanchez

Mailing Address P.O. Box 6037

City Santa Ana State CA Zip Code 92706

Purpose of Disbursement
Contribution

011

Candidate Name

Loretta Sanchez

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 46

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2014

Transaction ID : 12744641

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

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

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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. Make It Work PAC

Mailing Address 700 13th Street NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : 12745072

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Norma Torres For Congress

Mailing Address 4225 Myrtle Avenue

City Long Beach State CA Zip Code 90807

Purpose of Disbursement
Contribution

Candidate Name

Norma Torres

Office Sought: House Senate President
State: CA District: 35

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : 12745448

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Strickland For Congress

Mailing Address 515 S. Figueroa Street, 16th Floor

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
Contribution

Candidate Name

Mr. Anthony Strickland

Office Sought: House Senate President
State: CA District: 25

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2014

Transaction ID : 12757939

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5000.00

122000.00