

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Pacific Life Insurance Company Political Action Committee

ADDRESS (number and street) 700 Newport Center Drive  
 Check if different than previously reported. (ACC)  
Newport Beach CA 92660

2. **FEC IDENTIFICATION NUMBER** C00068528  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 08 01 2011 through 08 31 2011

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

Type or Print Name of Treasurer Patricia Douglass

Signature of Treasurer Electronically Filed by Patricia Douglass Date 09 16 2011

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

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		34626.87
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	92191.68									
(c) Total Receipts (from Line 19) .....	18553.97	162618.78								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	110745.65	197245.65								
7. Total Disbursements (from Line 31) .....	16500.00	103000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	94245.65	94245.65								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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) .....	16456.64	113099.14
(ii) Unitemized .....	2097.33	49519.64
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	18553.97	162618.78
(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) .....	18553.97	162618.78
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	18553.97	162618.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18553.97	162618.78

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	16500.00	103000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	16500.00	103000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16500.00	103000.00

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 .....	18553.97	162618.78
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18553.97	162618.78
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 / 73
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. JUNE G ARCE	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 20050 EMERALD MEADOW DR	<b>Transaction ID:</b> PR10362105091
	City State Zip Code WALNUT CA 91789	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$60.00 Monthly)
	Name of Employer Pacific Life      Occupation DIR MKTG COMPL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. JULIE E TRASK	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 181 S CRAIG DR	<b>Transaction ID:</b> PR10362125091
	City State Zip Code ORANGE CA 92869	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Monthly)
	Name of Employer Pacific Life      Occupation DIR CUSTOMER SERVICE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. ALAN H BROWN	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 505 13TH ST	<b>Transaction ID:</b> PR10362255091
	City State Zip Code HUNTINGTON BEACH CA 92648	Amount of Each Receipt this Period 0.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$0.00 Monthly)
	Name of Employer Pacific Life      Occupation AVP ITS STRATEGIC SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 73  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) MS. KATHLEEN N WILSON</p> <p>Mailing Address 2525 JUANITA WAY</p> <p>City State Zip Code LAGUNA BEACH CA 92651</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Pacific Life Occupation SR BUS ANA</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">240.00</span></p>	<p>Date of Receipt  <table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">0 8</td> <td></td> <td style="border: 1px solid black; padding: 2px;">3 1</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2 0 1 1</td> </tr> </table> </p> <p><b>Transaction ID:</b> PR10362275091</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">30.00</span></p> <p>P/R Deduction (\$30.00 Monthly)</p>	M M	/	D D	/	Y Y Y Y	0 8		3 1		2 0 1 1
M M	/	D D	/	Y Y Y Y							
0 8		3 1		2 0 1 1							

<p><b>B.</b> Full Name (Last, First, Middle Initial) MR. DEWEY P BUSHAW</p> <p>Mailing Address 29132 ALFIERI ST</p> <p>City State Zip Code LAGUNA NIGUEL CA 92677</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Pacific Life Occupation EXEC VP RSD</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1336.00</span></p>	<p>Date of Receipt  <table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">0 8</td> <td></td> <td style="border: 1px solid black; padding: 2px;">3 1</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2 0 1 1</td> </tr> </table> </p> <p><b>Transaction ID:</b> PR10362305091</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">167.00</span></p> <p>P/R Deduction (\$167.00 Monthly)</p>	M M	/	D D	/	Y Y Y Y	0 8		3 1		2 0 1 1
M M	/	D D	/	Y Y Y Y							
0 8		3 1		2 0 1 1							

<p><b>C.</b> Full Name (Last, First, Middle Initial) MR. EDWARD R BYRD</p> <p>Mailing Address 17520 PAGE CT</p> <p>City State Zip Code YORBA LINDA CA 92886</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Pacific Life Occupation SR VP &amp; CHF ACTG OFCR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">925.00</span></p>	<p>Date of Receipt  <table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">0 8</td> <td></td> <td style="border: 1px solid black; padding: 2px;">3 1</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2 0 1 1</td> </tr> </table> </p> <p><b>Transaction ID:</b> PR10362325091</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">125.00</span></p> <p>P/R Deduction (\$125.00 Monthly)</p>	M M	/	D D	/	Y Y Y Y	0 8		3 1		2 0 1 1
M M	/	D D	/	Y Y Y Y							
0 8		3 1		2 0 1 1							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">322.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 8 / 73  
(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.** Full Name (Last, First, Middle Initial)  
MR. JOSEPH E CELENTANO

Mailing Address 26661 CAMPESINO

City State Zip Code  
MISSION VIEJO CA 92691

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

Name of Employer Pacific Life Occupation SR VP ERM

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	1	1

**Transaction ID:** PR10362385091

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. LAURIE A CHURCH

Mailing Address 21851 NEWLAND ST SPC 246

City State Zip Code  
HUNTINGTON BEACH CA 92646

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

Name of Employer Pacific Life Occupation STRCT STTLMNTS CONS (G)

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	1	1

**Transaction ID:** PR10362425091

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. GAIL C MOSCOSO

Mailing Address 31558 WEST NINE DR

City State Zip Code  
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation VP CLIENT SERVICES

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	1	1

**Transaction ID:** PR10362485091

Amount of Each Receipt this Period 60.00

P/R Deduction (\$60.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. DENNIS M CORBETT	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 15136 TOURAINÉ WAY	<b>Transaction ID:</b> PR10362515091
	City State Zip Code IRVINE CA 92604	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Pacific Life Occupation VP TAX COMPLIANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00	P/R Deduction (\$100.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. PAUL J CROXTON	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 30132 HILLSIDE TER	<b>Transaction ID:</b> PR10362555091
	City State Zip Code SN JUAN CAPISTRANO CA 92675	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$50.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. DEBRA CUNNINGHAM HONERKAMP	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 2712 LIGHTHOUSE LN	<b>Transaction ID:</b> PR10362565091
	City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Pacific Life Occupation AVP RE ASSET MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00	P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>250.00</b>
<b>TOTAL</b> 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 10 / 73  
(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.**

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

Mailing Address 12162 WICKLOW LN

City State Zip Code  
NAPLES FL 34120

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

Name of Employer Occupation  
Pacific Life FVP FIELD WHOLESALING

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

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2011

Transaction ID: PR10362575091

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MS. STEPHANIE J CURRY

Mailing Address PO BOX 15358

City State Zip Code  
IRVINE CA 92623

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

Name of Employer Occupation  
Pacific Life AVP ADVANCED SALES

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 720.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2011

Transaction ID: PR10362595091

Amount of Each Receipt this Period  
90.00

P/R Deduction (\$90.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
MS. DIANE W DALES

Mailing Address 28 CLERMONT

City State Zip Code  
NEWPORT COAST CA 92657

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

Name of Employer Occupation  
Pacific Life AVP CREDIT ANALYSIS

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2011

Transaction ID: PR10362605091

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 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 11 / 73  
(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.**

Full Name (Last, First, Middle Initial)  
MS. LINDA D LARSON

Mailing Address 8315 ROAD R NW

City State Zip Code  
QUINCY WA 98848

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

Name of Employer Pacific Life Occupation AVP IND COMPLIANCE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2011

**Transaction ID:** PR10362625091

Amount of Each Receipt this Period  
120.00

P/R Deduction (\$120.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. MARK R FALK

Mailing Address 64 SUMMERSTONE

City State Zip Code  
IRVINE CA 92614

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 ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2011

**Transaction ID:** PR10362715091

Amount of Each Receipt this Period  
125.00

P/R Deduction (\$125.00 Monthly)

**C.**

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

Mailing Address 718 K THANGA DR

City State Zip Code  
CORONA DEL MAR CA 92625

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

Name of Employer Pacific Life Occupation AVP RE INVESTMENTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2011

**Transaction ID:** PR10362785091

Amount of Each Receipt this Period  
35.00

P/R Deduction (\$35.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 280.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 73  
(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.**

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

Mailing Address 31411 MONTEREY ST

City State Zip Code  
LAGUNA BEACH CA 92651

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

Name of Employer Pacific Life Occupation SR VP OPERATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2683.30

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2011

**Transaction ID:** PR10362865091

Amount of Each Receipt this Period  
416.66

P/R Deduction (\$416.66 Monthly)

**B.**

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

Mailing Address 7 SOVENTE

City State Zip Code  
IRVINE CA 92606

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

Name of Employer Pacific Life Occupation AVP RISK SELECTION

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2011

**Transaction ID:** PR10362905091

Amount of Each Receipt this Period  
70.00

P/R Deduction (\$70.00 Monthly)

**C.**

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

Mailing Address 310 ALISO AVE

City State Zip Code  
NEWPORT BEACH CA 92663

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

Name of Employer Pacific Life Occupation AVP ADV & PUB RLTN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2011

**Transaction ID:** PR10362925091

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **536.66**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 73
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. C MARLA GRAHAM	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 23672 BRASILIA ST	<b>Transaction ID:</b> PR10362945091
	City State Zip Code MISSION VIEJO CA 92691	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Monthly)
	Name of Employer Pacific Life      Occupation APPLIC DEV MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. ADRIAN S GRIGGS	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 8766 CANARY AVE	<b>Transaction ID:</b> PR10362965091
	City State Zip Code FOUNTAIN VALLEY CA 92708	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Monthly)
	Name of Employer Pacific Life      Occupation SR VP FINANCE & RISK Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. IRENE L JACOBSEN	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 6052 SAN YSIDRO CIR	<b>Transaction ID:</b> PR10362995091
	City State Zip Code BUENA PARK CA 90620	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Monthly)
	Name of Employer Pacific Life      Occupation ACCOUNT MGMT SPEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

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

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

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

FOR LINE NUMBER: PAGE 14 / 73  
(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.** Full Name (Last, First, Middle Initial)  
MS. BRENDA K HARDWIG

Mailing Address 13112 EARLHAM ST

City State Zip Code  
SANTA ANA CA 92705

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

Name of Employer Pacific Life Occupation COMMUNITY RELTNS COORD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt MM / DD / YYYY  
08 / 31 / 2011

**Transaction ID:** PR10363035091

Amount of Each Receipt this Period 60.00

P/R Deduction (\$60.00 Monthly)

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

Mailing Address 1880 N EL CAMINO REAL

City State Zip Code  
SAN CLEMENTE CA 92672

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

Name of Employer Pacific Life Occupation SVP BRAND MGMT & PA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3333.28

Date of Receipt MM / DD / YYYY  
08 / 31 / 2011

**Transaction ID:** PR10363065091

Amount of Each Receipt this Period 416.66

P/R Deduction (\$416.66 Monthly)

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

Mailing Address 2702 SAN JOAQUIN HILLS RD

City State Zip Code  
CORONA DEL MAR CA 92625

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

Name of Employer Pacific Life Occupation AVP COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 592.00

Date of Receipt MM / DD / YYYY  
08 / 31 / 2011

**Transaction ID:** PR10363075091

Amount of Each Receipt this Period 74.00

P/R Deduction (\$74.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 550.66

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 73

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. ROBERT J HEMSTEAD		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 5613 DAISY ST		<b>Transaction ID:</b> PR10363105091
	City SIMI VALLEY	State CA	Zip Code 93063
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
	Name of Employer Pacific Life	Occupation AVP & VALUATION ACTUARY	P/R Deduction (\$100.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 740.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. KEVIN A HENDRA		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 58 VIAGGIO LN		<b>Transaction ID:</b> PR10363115091
	City FOOTHILL RANCH	State CA	Zip Code 92610
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
	Name of Employer Pacific Life	Occupation AVP TAX	P/R Deduction (\$75.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 555.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. HOWARD T HIRAKAWA		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 23972 GOLDENEYE DR		<b>Transaction ID:</b> PR10363165091
	City LAGUNA NIGUEL	State CA	Zip Code 92677
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
	Name of Employer Pacific Life	Occupation VP INV ADVISOR OPS	P/R Deduction (\$100.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

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

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

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

FOR LINE NUMBER: PAGE 16 / 73  
(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.** Full Name (Last, First, Middle Initial)  
MS. MARYBETH HUGHES

Mailing Address 2283 WATERMAN WAY

City State Zip Code  
COSTA MESA CA 92627

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

Name of Employer Pacific Life Occupation DIR CORPORATE RISK

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 8 / 3 1 / 2 0 1 1

**Transaction ID:** PR10363205091

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. CAROL A JENSEN

Mailing Address 8554 202ND STREET SW

City State Zip Code  
EDMONDS WA 98026

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

Name of Employer Pacific Life Occupation NATL SLS MGR M CHANNEL

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 8 / 3 1 / 2 0 1 1

**Transaction ID:** PR10363245091

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. JEFF R JOHNSON

Mailing Address 1 SAND OAKS RD.

City State Zip Code  
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation AVP CORP FIN

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 8 / 3 1 / 2 0 1 1

**Transaction ID:** PR10363255091

Amount of Each Receipt this Period 55.00

P/R Deduction (\$55.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **345.00**

**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 / 73  
(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.**

Full Name (Last, First, Middle Initial)  
MR. KENT R JOHNSON

Mailing Address 25621 DEL NORTE

City State Zip Code  
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation VP ACTUARIAL & REINS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

**Transaction ID:** PR10363265091

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. MARK J JOHNSON

Mailing Address 1812 LEADBURN RD

City State Zip Code  
TOWSON MD 21204

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

Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

**Transaction ID:** PR10363275091

Amount of Each Receipt this Period 150.00

P/R Deduction (\$150.00 Monthly)

**C.**

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

Mailing Address 906 NEWTON LN

City State Zip Code  
PLACENTIA CA 92870

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

Name of Employer Pacific Life Occupation VP CORPORATE TECHNOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

**Transaction ID:** PR10363285091

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 300.00

**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 / 73  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) MS. LORI A JOHNSTONE</p> <p>Mailing Address 27 GRAY STONE WAY</p> <p>City State Zip Code <b>LAGUNA NIGUEL CA 92677</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Pacific Life Occupation <b>AVP SPECIALTY INVESTMENTS</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">240.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08 / 31 / 2011</span></p> <p><b>Transaction ID: PR10363295091</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">30.00</span></p> <p>P/R Deduction (\$30.00 Monthly)</p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) MS. SUZANNE T KAMPA</p> <p>Mailing Address 5531 STANFORD AVE</p> <p>City State Zip Code <b>GARDEN GROVE CA 92845</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Pacific Life Occupation <b>IT AUDIT CONS</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">480.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08 / 31 / 2011</span></p> <p><b>Transaction ID: PR10363325091</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">60.00</span></p> <p>P/R Deduction (\$60.00 Monthly)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) MR. BRIAN D KLEMENS</p> <p>Mailing Address 24611 BENJAMIN CIR</p> <p>City State Zip Code <b>DANA POINT CA 92629</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Pacific Life Occupation <b>VP &amp; CORPORATE CONTROLLER</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">640.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08 / 31 / 2011</span></p> <p><b>Transaction ID: PR10363375091</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">80.00</span></p> <p>P/R Deduction (\$80.00 Monthly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">170.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 73  
(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.**

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

Mailing Address 6307 CAMINO MARINERO

City State Zip Code  
SAN CLEMENTE CA 92673

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

Name of Employer Pacific Life Occupation VP INSTITUTIONAL MARKETS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2011

**Transaction ID:** PR10363425091

Amount of Each Receipt this Period  
150.00

P/R Deduction (\$150.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MS. JODY L LINNEMAN

Mailing Address 262 S FAIRFIELD LN

City State Zip Code  
ORANGE CA 92869

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

Name of Employer Pacific Life Occupation AVP COUNSEL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2011

**Transaction ID:** PR10363455091

Amount of Each Receipt this Period  
0.00

P/R Deduction (\$0.00 Monthly)

**C.**

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

Mailing Address 709 AVENIDA MIROLA

City State Zip Code  
PALOS VERDES EST CA 90274

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3200.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2011

**Transaction ID:** PR10363475091

Amount of Each Receipt this Period  
400.00

P/R Deduction (\$400.00 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: PAGE 20 / 73

(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.**

Full Name (Last, First, Middle Initial)  
MS. TERESA M LORD

Mailing Address 16432 CAMINO CANADA LN

City State Zip Code  
HUNTINGTON BEACH CA 92649

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

Name of Employer Occupation  
Pacific Life SR SYSTEMS ANALYST

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

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR10363545091

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MS. LAURENE E MAC ELWEE

Mailing Address 1033 SECRETARIAT CIR

City State Zip Code  
COSTA MESA CA 92626

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

Name of Employer Occupation  
Pacific Life VP FUND COMPLIANCE

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

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR10363565091

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
MR. DESMOND G MARSH

Mailing Address 74 SETON RD

City State Zip Code  
IRVINE CA 92612

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

Name of Employer Occupation  
Pacific Life AVP ANNUITY APPS ADMIN

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR10363595091

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

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

290.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 73  
(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.** Full Name (Last, First, Middle Initial)  
MR. THOMAS J MAYS

Mailing Address 7406 PALOMA DR

City State Zip Code  
HUNTINGTON BEACH CA 92648

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

Name of Employer Pacific Life Occupation VP GOVT RELNS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR10363605091  
Amount of Each Receipt this Period: 50.00  
P/R Deduction (\$50.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. GAIL H MC INTOSH

Mailing Address 622 18TH ST

City State Zip Code  
HUNTINGTON BEACH CA 92648

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

Name of Employer Pacific Life Occupation AVP COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR10363615091  
Amount of Each Receipt this Period: 40.00  
P/R Deduction (\$40.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. JULIA C MC KINNEY

Mailing Address 3615 PASEO DEL CAMPO

City State Zip Code  
PALOS VERDES EST CA 90274

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

Name of Employer Pacific Life Occupation AVP COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR10363635091  
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 22 / 73  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. MORGAN C MC KNIGHT		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 1217 HIGHCREST DR		<b>Transaction ID:</b> PR10363645091
	City BURLESON	State TX	Zip Code 76028
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
	Name of Employer Pacific Life	Occupation APPLIC DEV CONS	P/R Deduction (\$50.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. HENRY M MC MILLAN		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 4006 INLET ISLE DR		<b>Transaction ID:</b> PR10363665091
	City CORONA DEL MAR	State CA	Zip Code 92625
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
	Name of Employer Pacific Life	Occupation SR VP & CHIEF RISK OFCR	P/R Deduction (\$100.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. AUDREY L MILFS		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 26922 ROCKING HORSE LN		<b>Transaction ID:</b> PR10363715091
	City LAGUNA HILLS	State CA	Zip Code 92653
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 0.00
	Name of Employer Pacific Life	Occupation VP & SECRETARY	P/R Deduction (\$0.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 73  
(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.**

Full Name (Last, First, Middle Initial)  
MR. JOSE T MISCOLTA

Mailing Address 20 BRYCE CYN

City State Zip Code  
ALISO VIEJO CA 92656

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

Name of Employer Pacific Life Occupation AVP PROD & PORT MKTG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2011

**Transaction ID:** PR10363755091

Amount of Each Receipt this Period 65.00

P/R Deduction (\$65.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MS. ELIZABETH A MOORE

Mailing Address 6412 N 159TH ST

City State Zip Code  
OMAHA NE 68116

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

Name of Employer Pacific Life Occupation SYSTEMS ANALYSIS CONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2011

**Transaction ID:** PR10363765091

Amount of Each Receipt this Period 45.00

P/R Deduction (\$45.00 Monthly)

**C.**

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

Mailing Address 32141 COOK LN

City State Zip Code  
SN JUAN CAPISTRANO CA 92675

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

Name of Employer Pacific Life Occupation CHAIRMAN, PRESIDENT & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3328.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2011

**Transaction ID:** PR10363795091

Amount of Each Receipt this Period 416.00

P/R Deduction (\$416.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **526.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JOHN C MULVIHILL	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 27382 VIA PRIORATO	<b>Transaction ID:</b> PR10363805091
	City State Zip Code SN JUAN CAPISTRANO CA 92675	Amount of Each Receipt this Period 175.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$175.00 Monthly)
Name of Employer Pacific Life	Occupation VP RE ASSET MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. RICHARD P OLSON	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 24902 SUNSET PL E	<b>Transaction ID:</b> PR10363935091
	City State Zip Code LAGUNA HILLS CA 92653	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Monthly)
Name of Employer Pacific Life	Occupation DIR SECURITY SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. JOYCE J PEAD	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 25 SUNRISE	<b>Transaction ID:</b> PR10364005091
	City State Zip Code IRVINE CA 92603	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$75.00 Monthly)
Name of Employer Pacific Life	Occupation AVP TALENT ACQ & DEV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 73

(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.**

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

Mailing Address 10033 WINESAP AVE

City State Zip Code  
CHERRY VALLEY CA 92223

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

Name of Employer Occupation  
Pacific Life VP MARKETING SVCS

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 640.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR10364025091

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

**B.**

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

Mailing Address 915 STOKE RD

City State Zip Code  
VILLANOVA PA 19085

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

Name of Employer Occupation  
Pacific Life REGIONAL VP

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

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR10364045091

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

**C.**

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

Mailing Address 20541 VIA EL TAJO

City State Zip Code  
YORBA LINDA CA 92887

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

Name of Employer Occupation  
Pacific Life VP CORP AUDIT

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 346.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR10364055091

Amount of Each Receipt this Period

44.00

P/R Deduction (\$44.00 Monthly)

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

164.00

**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 26 / 73  
(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.** Full Name (Last, First, Middle Initial)  
MR. THEODORE A PREMIER

Mailing Address 20 MOLINO

City State Zip Code  
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation VP REAL ESTATE FINANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR10364085091  
Amount of Each Receipt this Period: 225.00  
P/R Deduction (\$225.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. JOSEPH A PUM

Mailing Address 33 BOLERO

City State Zip Code  
MISSION VIEJO CA 92692

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

Name of Employer Pacific Life Occupation INTERNAL AUDIT DIR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR10364095091  
Amount of Each Receipt this Period: 75.00  
P/R Deduction (\$75.00 Monthly)

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

Mailing Address 11 STILLWATER

City State Zip Code  
IRVINE CA 92603

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

Name of Employer Pacific Life Occupation VP M FINANCIAL DISTRIBUTION

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR10364145091  
Amount of Each Receipt this Period: 125.00  
P/R Deduction (\$125.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **425.00**

**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 / 73

(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.**

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

Mailing Address 19 GLEN ELLEN

City State Zip Code  
IRVINE CA 92602

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

Name of Employer Occupation  
Pacific Life VP & TAX COUNSEL

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR10364205091

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. RICHARD J SCHINDLER

Mailing Address 28472 AVENIDA PLACIDA

City State Zip Code  
SN JUAN CAPISTRANO CA 92675

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2525.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR10364265091

Amount of Each Receipt this Period

325.00

P/R Deduction (\$325.00 Monthly)

**C.**

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

Mailing Address 87 PELICAN CT

City State Zip Code  
NEWPORT BEACH CA 92660

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 ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR10364315091

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

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

455.00

**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 28 / 73

(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.**

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

Mailing Address 30 CANYONWOOD

City State Zip Code  
IRVINE CA 92620

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

Name of Employer Occupation  
Pacific Life AVP COMPENSATION

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2011

Transaction ID: PR10364335091

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

**B.**

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

Mailing Address 2315 VIA ZAFIRO

City State Zip Code  
SAN CLEMENTE CA 92673

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

Name of Employer Occupation  
Pacific Life AVP TECH OFFICE

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2011

Transaction ID: PR10364355091

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

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

Mailing Address 11 SOMMET

City State Zip Code  
NEWPORT COAST CA 92657

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

Name of Employer Occupation  
Pacific Life SR VP HR & FACILITIES

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2680.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2011

Transaction ID: PR10364505091

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

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

511.00

**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 29 / 73  
(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.** Full Name (Last, First, Middle Initial)  
MR. JOHN G TORELL

Mailing Address 355 S LORETTA DR

City ORANGE State CA Zip Code 92869

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

Name of Employer Pacific Life Occupation VP ACCTG & RPTG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt 08 / 31 / 2011  
**Transaction ID:** PR10364585091  
 Amount of Each Receipt this Period 90.00  
 P/R Deduction (\$90.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. STEPHEN J TORETTO

Mailing Address 22862 ORENSE

City MISSION VIEJO State CA Zip Code 92691

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 ▼ 465.00

Date of Receipt 08 / 31 / 2011  
**Transaction ID:** PR10364595091  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$60.00 Monthly)

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

Mailing Address 47 VERNAL SPG

City IRVINE State CA Zip Code 92603

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

Name of Employer Pacific Life Occupation EXEC VP CFO & CHF INVEST OFCR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3333.28

Date of Receipt 08 / 31 / 2011  
**Transaction ID:** PR10364605091  
 Amount of Each Receipt this Period 416.66  
 P/R Deduction (\$416.66 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **566.66**

**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 30 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. EDDIE D TUNG		Date of Receipt MM / DD / YYYY 08 / 31 / 2011		
	Mailing Address PO BOX 10386		<b>Transaction ID:</b> PR10364625091		
	City NEWPORT BEACH	State CA	Zip Code 92658	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$75.00 Monthly)		
	Name of Employer Pacific Life	Occupation AVP REGULATORY PROD ACCTG		Aggregate Year-to-Date 585.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. CATHRYN L VAN WEY		Date of Receipt MM / DD / YYYY 08 / 31 / 2011		
	Mailing Address 41974 CARSON CT		<b>Transaction ID:</b> PR10364635091		
	City MURRIETA	State CA	Zip Code 92562	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Monthly)		
	Name of Employer Pacific Life	Occupation AVP NATL ACCTS & BD SVCS		Aggregate Year-to-Date 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. JOHN M WALDECK		Date of Receipt MM / DD / YYYY 08 / 31 / 2011		
	Mailing Address 67 LAURELHURST DR		<b>Transaction ID:</b> PR10364655091		
	City LADERA RANCH	State CA	Zip Code 92694	Amount of Each Receipt this Period 175.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$175.00 Monthly)		
	Name of Employer Pacific Life	Occupation VP RE UWG & CONST SVCS		Aggregate Year-to-Date 1325.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 73  
(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.**

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

Mailing Address 28532 VIA PRIMAVERA

City State Zip Code  
SN JUAN CAPISTRANO CA 92675

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

Name of Employer Pacific Life Occupation VP SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2011

**Transaction ID:** PR10364745091

Amount of Each Receipt this Period  
120.00

P/R Deduction (\$120.00 Monthly)

**B.**

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

Mailing Address 32 COLORIDO

City State Zip Code  
RCHO STA MARGARITA CA 92688

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

Name of Employer Pacific Life Occupation AVP OPERATIONS SUPPORT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2011

**Transaction ID:** PR10364805091

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$40.00 Monthly)

**C.**

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

Mailing Address 8 CASTLEBAR

City State Zip Code  
IRVINE CA 92618

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

Name of Employer Pacific Life Occupation VP & FUND ADVISOR COUNSEL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2011

**Transaction ID:** PR10364825091

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **210.00**

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

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

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

FOR LINE NUMBER: PAGE 32 / 73

(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.**

Full Name (Last, First, Middle Initial)  
MS. MARIA ZAMBELLI-DOUGHERTY

Mailing Address 525 LOMBARDY RD

City State Zip Code  
DREXEL HILL PA 19026

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

Name of Employer Occupation  
Pacific Life SUPR OPERATIONS

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR10364835091

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. MICHAEL A BELL

Mailing Address 2 PRECIPICE

City State Zip Code  
LAGUNA NIGUEL CA 92677

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

Name of Employer Occupation  
Pacific Life EVP LIFE INSURANCE

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR10365145091

Amount of Each Receipt this Period

350.00

P/R Deduction (\$350.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
MR. PAUL V LIGEROS

Mailing Address 44 RABANO

City State Zip Code  
RCHO STA MARGARITA CA 92688

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

Name of Employer Occupation  
Pacific Life PROD & COMPETITION CONS

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR10365205091

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

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

380.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. REED J LLOYD	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 6 SANDERLING LN	<b>Transaction ID:</b> PR10365215091
	City State Zip Code ALISO VIEJO CA 92656	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Pacific Life Occupation AVP ADVANCED MKTG Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 600.00	P/R Deduction (\$75.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. REX A OLSON	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 1963 PORT LAURENT PL	<b>Transaction ID:</b> PR10365225091
	City State Zip Code NEWPORT BEACH CA 92660	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Pacific Life Occupation VP&SR MANAGING DIR (LEV FIN) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 325.00	P/R Deduction (\$50.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. SAMUEL TANG	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address PO BOX 4586	<b>Transaction ID:</b> PR10365235091
	City State Zip Code MISSION VIEJO CA 92690	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Pacific Life Occupation PRINCIPAL PAC TRIGUARD COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 400.00	P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>175.00</b>
<b>TOTAL</b> 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 / 73  
(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.** Full Name (Last, First, Middle Initial)  
MS. CAROLYN DEAN

Mailing Address PO BOX 3051

City State Zip Code  
DANA POINT CA 92629

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

Name of Employer Pacific Life Occupation ACCOUNTING DIR

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

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR10365345091  
Amount of Each Receipt this Period: 40.00  
P/R Deduction (\$40.00 Monthly)

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

Mailing Address 286 VIRGINIA PL

City State Zip Code  
COSTA MESA CA 92627

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

Name of Employer Pacific Life Occupation BUS SYSTEMS ANA

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR10365405091  
Amount of Each Receipt this Period: 30.00  
P/R Deduction (\$30.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. PHILIP A TEETER

Mailing Address 376 MYRTLE ST

City State Zip Code  
LAGUNA BEACH CA 92651

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

Name of Employer Pacific Life Occupation SR VP TECH & OPS

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1355.00

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR10365475091  
Amount of Each Receipt this Period: 175.00  
P/R Deduction (\$175.00 Monthly)

**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 35 / 73

(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.**

Full Name (Last, First, Middle Initial)  
MR. TENNYSON S OYLER

Mailing Address 52 PEONY

City State Zip Code  
IRVINE CA 92618

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

Name of Employer Occupation  
Pacific Life AVP PUBLIC AFFAIRS

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR10365615091

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MS. VALERIE MORRIS

Mailing Address 48 W YALE LOOP

City State Zip Code  
IRVINE CA 92604

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

Name of Employer Occupation  
Pacific Life VP HR PRGMS & SVCS

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 770.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR10365685091

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
MS. PATRICIA S DOUGLASS

Mailing Address 640 SAINT JAMES RD

City State Zip Code  
NEWPORT BEACH CA 92663

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

Name of Employer Occupation  
Pacific Life VP GOVT RELNS

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2125.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR10365735091

Amount of Each Receipt this Period

275.00

P/R Deduction (\$275.00 Monthly)

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

450.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 73

(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.**

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

Mailing Address 2216 NELDA WAY

City State Zip Code  
ALAMO CA 94507

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

Name of Employer Occupation  
Pacific Life REGIONAL VP

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

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2011

Transaction ID: PR10365785091

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. SILAS K DUNN

Mailing Address 14 ELDERWOOD

City State Zip Code  
IRVINE CA 92614

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

Name of Employer Occupation  
Pacific Life AVP PSD COMPLIANCE

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

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2011

Transaction ID: PR10365845091

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

**C.**

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

Mailing Address 87 CUMMINGS BATTLE TRL

City State Zip Code  
HENDERSONVILLE NC 28739

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

Name of Employer Occupation  
Pacific Life REGIONAL VP

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

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2011

Transaction ID: PR10365855091

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: (check only one)	PAGE 37 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. CHRISTINA Q HE	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 16625 SONORA STREET	<b>Transaction ID:</b> PR10365875091
	City State Zip Code TUSTIN CA 92782	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Monthly)
	Name of Employer Pacific Life Occupation VP INVESTMENT MGMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. JOHN F O'DONNELL	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 30 BRIAN RD	<b>Transaction ID:</b> PR10365965091
	City State Zip Code BRIDGEWATER MA 02324	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Monthly)
	Name of Employer Pacific Life Occupation NATL SLS MGR KEY ACCT MKTG Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. JULIET A PINKERTON	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 301 DEMONBREUN ST	<b>Transaction ID:</b> PR10365995091
	City State Zip Code NASHVILLE TN 37201	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$250.00 Monthly)
	Name of Employer Pacific Life Occupation DIVISIONAL VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	390.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 38 / 73  
(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.** Full Name (Last, First, Middle Initial)  
MR. RICHARD A TAUBE

Mailing Address 24081 NUTHATCH LN

City State Zip Code  
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation VP PRODUCT MGMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR10366045091  
Amount of Each Receipt this Period: 85.00  
P/R Deduction (\$85.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. TRAVIS R MC KAY

Mailing Address 210 OXFORD AVE

City State Zip Code  
CLARENDON HILLS IL 60514

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 ▼ 800.00

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR10366065091  
Amount of Each Receipt this Period: 100.00  
P/R Deduction (\$100.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. KATHARINE B YOUNG

Mailing Address 18647 SANTA ISADORA ST

City State Zip Code  
FOUNTAIN VALLEY CA 92708

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

Name of Employer Pacific Life Occupation VP VALUATION & RISK MGMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR10366105091  
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: PAGE 39 / 73  
(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.** Full Name (Last, First, Middle Initial)  
MR. CHRISTOPHER VAN MIERLO  
Mailing Address 400 EL VUELO  
City SAN CLEMENTE State CA Zip Code 92672  
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 ▼ 600.00  
Date of Receipt 08 / 31 / 2011  
Transaction ID: PR10366155091  
Amount of Each Receipt this Period 75.00  
P/R Deduction (\$75.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL S ROBB  
Mailing Address 34 CLIFFHOUSE BLF  
City NEWPORT COAST State CA Zip Code 92657  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation EXEC VP RE INVEST  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00  
Date of Receipt 08 / 31 / 2011  
Transaction ID: PR10366195091  
Amount of Each Receipt this Period 250.00  
P/R Deduction (\$250.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. RICHARD M WILKES  
Mailing Address 7124 HAWKSBEARD DR  
City WESTERVILLE State OH Zip Code 43082  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation SR WHOLESALER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 800.00  
Date of Receipt 08 / 31 / 2011  
Transaction ID: PR10366275091  
Amount of Each Receipt this Period 100.00  
P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 425.00  
**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 / 73  
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

Mailing Address 26666 WHITE OAKS DR

City State Zip Code  
LAGUNA HILLS CA 92653

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

Name of Employer Pacific Life Occupation AVP CAPITAL MKTS

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR10366285091  
Amount of Each Receipt this Period: 75.00  
P/R Deduction (\$75.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. STEPHEN M BOLLINGER

Mailing Address 17345 FLAME TREE CIR

City State Zip Code  
FOUNTAIN VALLEY CA 92708

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

Name of Employer Pacific Life Occupation AVP E-COMMERCE

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

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR10366305091  
Amount of Each Receipt this Period: 40.00  
P/R Deduction (\$40.00 Monthly)

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

Mailing Address 304 WEYMOUTH PL

City State Zip Code  
LAGUNA BEACH CA 92651

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

Name of Employer Pacific Life Occupation EVP CORPORATE

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 3333.28

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR10366315091  
Amount of Each Receipt this Period: 416.66  
P/R Deduction (\$416.66 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 531.66

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 73

(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.**

Full Name (Last, First, Middle Initial)

MS. LORI K CARRASCO

Mailing Address 2742 PORTOLA DR

City State Zip Code  
COSTA MESA CA 92626

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

Name of Employer Occupation  
Pacific Life CORP SECRETARIAL CONS

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR10366325091

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. SIMON S FENG

Mailing Address 10 CANDELA

City State Zip Code  
IRVINE CA 92620

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

Name of Employer Occupation  
Pacific Life AVP BUS & TECH INTEG

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR10366355091

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS GIBBONS

Mailing Address 1970 PARK NEWPORT

City State Zip Code  
NEWPORT BEACH CA 92660

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

Name of Employer Occupation  
Pacific Life SVP TAX

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR10366365091

Amount of Each Receipt this Period

315.00

P/R Deduction (\$315.00 Monthly)

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

555.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 73

(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.**

Full Name (Last, First, Middle Initial)  
MS. MARY M HAWKINS

Mailing Address 6182 S 177TH ST

City State Zip Code  
OMAHA NE 68135

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

Name of Employer Occupation  
Pacific Life AVP OPS BUS SOLUTNS

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2011

Transaction ID: PR10366395091

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

**B.**

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

Mailing Address 105 PALO ALTO PL

City State Zip Code  
APTOS CA 95003

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

Name of Employer Occupation  
Pacific Life DIVISIONAL VP

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2011

Transaction ID: PR10366405091

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
MR. MARK A KARPE

Mailing Address 16 AUTUMNLEAF

City State Zip Code  
IRVINE CA 92614

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

Name of Employer Occupation  
Pacific Life DIR COMPLIANCE

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2011

Transaction ID: PR10366415091

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

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

200.00

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

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

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

FOR LINE NUMBER: PAGE 43 / 73

(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

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.**

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

Mailing Address 406 1/2 HELIOTROPE AVE

City State Zip Code  
CORONA DEL MAR CA 92625

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

Name of Employer Occupation  
Pacific Life VP FINANCE

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

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR10366425091

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. STEPHAN P MITCHELL

Mailing Address 18111 THEODORA DR

City State Zip Code  
TUSTIN CA 92780

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 ▼ 320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR10366465091

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
MR. CHAD A ROSS

Mailing Address 851 VIA BARQUERO

City State Zip Code  
SAN MARCOS CA 92069

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

Name of Employer Occupation  
Pacific Life MGR BROKER DEALER SVCS

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR10366495091

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

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

110.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 73  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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.** Full Name (Last, First, Middle Initial)  
MR. DAVID K ROSUCK  
Mailing Address 20 SAINT JOHN DR  
City HAWTHORN WOODS State IL Zip Code 60047  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation REGIONAL VP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00  
Date of Receipt 08 / 31 / 2011  
Transaction ID: PR10366505091  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$30.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. ELIZABETH H SKINNER  
Mailing Address 57 CORAL LK  
City IRVINE State CA Zip Code 92614  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation AVP TECHNOLOGY  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 08 / 31 / 2011  
Transaction ID: PR10366555091  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$30.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. DENNIS L BAHLMANN  
Mailing Address 6052 MEADOW VIEW CT  
City JOHNSTON State IA Zip Code 50131  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation AVP RISK SELECTION  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 08 / 31 / 2011  
Transaction ID: PR10366625091  
Amount of Each Receipt this Period 50.00  
P/R Deduction (\$50.00 Monthly)

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 73  
(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.** Full Name (Last, First, Middle Initial)  
MR. JEFF J BRADSHAW

Mailing Address 22081 OAK GRV

City MISSION VIEJO State CA Zip Code 92692

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

Name of Employer Pacific Life Occupation VP CORP DEV

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2011  
**Transaction ID:** PR10366675091  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$50.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. DEBORAH K JOHNSON

Mailing Address 3019 SAN ANSELIN AVE

City LONG BEACH State CA Zip Code 90808

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

Name of Employer Pacific Life Occupation SYSTEMS ANALYSIS SUPR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2011  
**Transaction ID:** PR10366685091  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$50.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. KAREN M BROWN

Mailing Address 11 FOREST HILLS CT

City DANA POINT State CA Zip Code 92629

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 ▼ 320.00

Date of Receipt 08 / 31 / 2011  
**Transaction ID:** PR10366695091  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$40.00 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 46 / 73  
(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.** Full Name (Last, First, Middle Initial)  
MR. KENNETH W COX

Mailing Address 4291 AVOCADO AVE

City State Zip Code  
YORBA LINDA CA 92886

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

Name of Employer Pacific Life Occupation IT DELIVERY MGR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2011

**Transaction ID:** PR10366705091

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 385 25TH AVE

City State Zip Code  
MILTON WA 98354

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2011

**Transaction ID:** PR10366725091

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 324 TURTLE CREST DR

City State Zip Code  
IRVINE CA 92603

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

Name of Employer Pacific Life Occupation DIR RISK MGMT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2011

**Transaction ID:** PR10366735091

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 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: (check only one)	PAGE 47 / 73
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. CHARLENE A GRANT	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 3311 SEAVIEW AVE	<b>Transaction ID:</b> PR10366755091
	City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$35.00 Monthly)
	Name of Employer Pacific Life    Occupation AVP COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. DAVID C HONERKAMP	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 2712 LIGHTHOUSE LN	<b>Transaction ID:</b> PR10366765091
	City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Monthly)
	Name of Employer Pacific Life    Occupation AVP RE ACQUISITIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. LINDA L KOTOWICZ	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 795 TREPANNY LN	<b>Transaction ID:</b> PR10366795091
	City State Zip Code WAYNE PA 19087	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$60.00 Monthly)
	Name of Employer Pacific Life    Occupation FVP M MKTG Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 73  
(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.** Full Name (Last, First, Middle Initial)  
MS. SHARON E PACHECO

Mailing Address 21611 BLUEJAY ST

City State Zip Code  
TRABUCO CANYON CA 92679

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

Name of Employer Pacific Life Occupation VP CHIEF COMPLIANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR10366825091  
Amount of Each Receipt this Period: 40.00  
P/R Deduction (\$40.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. DAWN M TRAUTMAN

Mailing Address 7424 CITY LIGHTS DR

City State Zip Code  
ALISO VIEJO CA 92656

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

Name of Employer Pacific Life Occupation SR VP IT & STRATEGIC PLNG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR10366865091  
Amount of Each Receipt this Period: 105.00  
P/R Deduction (\$105.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. JEFFREY R WILT

Mailing Address 1 BAILEY DR

City State Zip Code  
GLENWOOD NJ 07418

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR10366885091  
Amount of Each Receipt this Period: 55.00  
P/R Deduction (\$55.00 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 49 / 73  
(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.** Full Name (Last, First, Middle Initial)  
MR. STUART A HOLLAND

Mailing Address 4931 CAREFREE TRAIL

City State Zip Code  
PARKER CO 80134

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

Name of Employer Pacific Life Occupation SR FVP-NCM IP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 31 / 2011  
Transaction ID: PR10366915091  
Amount of Each Receipt this Period 75.00  
P/R Deduction (\$75.00 Monthly)

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

Mailing Address 27 SKYWOOD ST

City State Zip Code  
LADERA RANCH CA 92694

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

Name of Employer Pacific Life Occupation AVP COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 31 / 2011  
Transaction ID: PR10366955091  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$40.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. ADRIANNE M GEORGANTAS

Mailing Address 28373 BOULDER DR

City State Zip Code  
TRABUCO CANYON CA 92679

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

Name of Employer Pacific Life Occupation SR FLD SVCS PROJ ANA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 08 / 31 / 2011  
Transaction ID: PR10367005091  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$40.00 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 50 / 73  
(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

**A.**

Full Name (Last, First, Middle Initial)  
MR. DAVID L GOLDSTEIN

Mailing Address 12324 CANTURA ST

City State Zip Code  
STUDIO CITY CA 91604

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

Name of Employer Pacific Life Occupation FVP COLI UNIT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	1	1

**Transaction ID:** PR10367015091

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

**B.**

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

Mailing Address 24 TAOS

City State Zip Code  
RCHO STA MARGARITA CA 92688

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

Name of Employer Pacific Life Occupation DIR ADV D MKTG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 445.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	1	1

**Transaction ID:** PR10367025091

Amount of Each Receipt this Period 65.00

P/R Deduction (\$65.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
MR. KEITH C WERSCHKE

Mailing Address 25252 NORTHRUP DR

City State Zip Code  
LAGUNA HILLS CA 92653

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

Name of Employer Pacific Life Occupation AVP EC & AGG RISK

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	1	1

**Transaction ID:** PR10367125091

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 145.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JIM Y CHU	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 22931 GALAXY LN	<b>Transaction ID:</b> PR10367145091
	City State Zip Code LAKE FOREST CA 92630	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation AVP PRICING & DESIGN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00	P/R Deduction (\$100.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. ROBERT J HUNT	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 20130 NE 28TH PL	<b>Transaction ID:</b> PR10367165091
	City State Zip Code SAMMAMISH WA 98074	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 320.00	P/R Deduction (\$40.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. STEVEN H GOLDBERG	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 11 TWIN FLOWER ST	<b>Transaction ID:</b> PR10367185091
	City State Zip Code LADERA RANCH CA 92694	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation DIR ANNUITIES PRODUCT DEVELOPMENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	P/R Deduction (\$75.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	215.00
<b>TOTAL</b> 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 52 / 73

(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.** Full Name (Last, First, Middle Initial)  
MR. JASON T TODD

Mailing Address 59 LAURELHURST DR

City State Zip Code  
LADERA RANCH CA 92694

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

Name of Employer Pacific Life Occupation AVP CREDIT ANALYSIS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	1	1

Transaction ID: PR10371995091

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. CARLETON J MUENCH

Mailing Address 111 NORTHERN PINE LOOP

City State Zip Code  
ALISO VIEJO CA 92656

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

Name of Employer Pacific Life Occupation AVP INVESTMENT OVERSIGHT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	1	1

Transaction ID: PR10614835091

Amount of Each Receipt this Period  
45.00

P/R Deduction (\$45.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. PATRICK J O'BRIEN

Mailing Address 1112 LAS POSAS

City State Zip Code  
SAN CLEMENTE CA 92673

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

Name of Employer Pacific Life Occupation AVP SPECIALIZED MRKTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	1	1

Transaction ID: PR10614845091

Amount of Each Receipt this Period  
35.00

P/R Deduction (\$35.00 Monthly)

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 73  
(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.**

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

Mailing Address 27621 HOMESTEAD RD

City State Zip Code  
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation AVP BUS INTEL & ILLUS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2011

**Transaction ID:** PR10614875091

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. MATTHEW WELLS

Mailing Address 120 BONITA DR

City State Zip Code  
HOMEWOOD AL 35209

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2011

**Transaction ID:** PR10614925091

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
MR. JAMES P LEASURE

Mailing Address 2427 PORT WHITBY PL

City State Zip Code  
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation AVP&SR MANAGING DIR (LEV FIN)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2011

**Transaction ID:** PR10668015091

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 180.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 73

(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.**

Full Name (Last, First, Middle Initial)  
MR. JAMES F SHERIDAN

Mailing Address 9584 ROBIN AVE

City State Zip Code  
FOUNTAIN VALLEY CA 92708

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 ▼ 265.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR11084695091

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. DAVID J VAN DE WATER

Mailing Address 6433 PALOMINO WAY

City State Zip Code  
WEST LINN OR 97068

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

Name of Employer Occupation  
Pacific Life MARKETING CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR11106895091

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
MS. ANN E FARLEY

Mailing Address 4014 ALADDIN DR

City State Zip Code  
HUNTINGTON BEACH CA 92649

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

Name of Employer Occupation  
Pacific Life AVP PRODUCT DEV

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR11323355091

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

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

130.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. ANN M DELANEY	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 9 GRENADA ST	<b>Transaction ID:</b> PR12361935091
	City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Pacific Life Occupation PROJECT MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	P/R Deduction (\$40.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. ROGER D BOND	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 225 SAN TROPEZ CT.	<b>Transaction ID:</b> PR15598895091
	City State Zip Code LAGUNA BEACH CA 92651	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Pacific Life Occupation INTERNAL AUDIT CONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00	P/R Deduction (\$40.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. ANDREW OLEKSIW	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 22 SKY RANCH RD	<b>Transaction ID:</b> PR15598905091
	City State Zip Code LADERA RANCH CA 92694	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Pacific Life Occupation SVP CORP DEVELPMT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$30.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 56 / 73  
(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.** Full Name (Last, First, Middle Initial)  
MS. RAE A MCKEATING

Mailing Address 25842 DANA BLF W

City State Zip Code  
CAPISTRANO BEACH CA 92624

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

Name of Employer Pacific Life Occupation AVP LEGAL

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 3 1 / 2 0 1 1

**Transaction ID:** PR22130715091

Amount of Each Receipt this Period 70.00

P/R Deduction (\$70.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. EDWIN J FERRELL

Mailing Address 34 CASTLEROCK

City State Zip Code  
IRVINE CA 92603

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 ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 3 1 / 2 0 1 1

**Transaction ID:** PR22130755091

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. DONAL P HANLEY

Mailing Address 591 S MARENGO AVE UNIT 7

City State Zip Code  
PASADENA CA 91106

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

Name of Employer Pacific Life Occupation VP LEGAL

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 3 1 / 2 0 1 1

**Transaction ID:** PR22130775091

Amount of Each Receipt this Period 26.00

P/R Deduction (\$26.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 196.00

**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 / 73  
(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.**

Full Name (Last, First, Middle Initial)  
MS. JENNIFER L KRUMM

Mailing Address 22 AMBROISE

City State Zip Code  
NEWPORT COAST CA 92657

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 ▼ 505.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

**Transaction ID:** PR22130805091

Amount of Each Receipt this Period  
65.00

P/R Deduction (\$65.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MS. SUSAN M KEELING

Mailing Address 406 1/2 HELIOTROPE AVE

City State Zip Code  
CORONA DEL MAR CA 92625

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

Name of Employer Pacific Life Occupation AVP INV MGT ACCTG & RPTG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 485.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

**Transaction ID:** PR22130825091

Amount of Each Receipt this Period  
70.00

P/R Deduction (\$70.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
MR. TIMOTHY C MYERS

Mailing Address 23819 CLAYMORE WAY

City State Zip Code  
VALENCIA CA 91354

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

Name of Employer Pacific Life Occupation CORP TAX DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

**Transaction ID:** PR22130865091

Amount of Each Receipt this Period  
90.00

P/R Deduction (\$90.00 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 58 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JAY C HAMILTON	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 14 ARGOS	<b>Transaction ID:</b> PR22336355091
	City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$60.00 Monthly)
	Name of Employer Pacific Life Occupation VP CONTRACTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. RICHARD J MILLER	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 22501 CHASE APT 9112	<b>Transaction ID:</b> PR31736845091
	City State Zip Code ALISO VIEJO CA 92656	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Monthly)
	Name of Employer Pacific Life Occupation VP IND PROD CHANNEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. DOUGLAS P JACKSON	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 59 AUGUSTA	<b>Transaction ID:</b> PR32777125091
	City State Zip Code COTO DE CAZA CA 92679	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$100.00 Monthly)
	Name of Employer Pacific Life Occupation FVP SALES DEVELOPMENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 725.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>210.00</b>
<b>TOTAL</b> 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 59 / 73  
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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.** Full Name (Last, First, Middle Initial)  
MR. PATRICK M ALLEN

Mailing Address 58 RUE DU CHATEAU

City ALISO VIEJO State CA Zip Code 92656

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

Name of Employer Pacific Life Occupation MGR EQ ACCTG & RPTG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 31 / 2011  
**Transaction ID:** PR33677825091  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$30.00 Monthly)

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

Mailing Address 5528 BELLFLOWER BLVD

City LAKEWOOD State CA Zip Code 90713

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 ▼ 250.00

Date of Receipt 08 / 31 / 2011  
**Transaction ID:** PR33677855091  
 Amount of Each Receipt this Period 35.00  
 P/R Deduction (\$35.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. LAURA J JUNG

Mailing Address 1111 BAYPOINTE DR

City NEWPORT BEACH State CA Zip Code 92660

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

Name of Employer Pacific Life Occupation INTERNAL AUDIT CONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 31 / 2011  
**Transaction ID:** PR33677865091  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$30.00 Monthly)

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 73

(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

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.**

Full Name (Last, First, Middle Initial)

MR. DANIEL E KOMOROSKE

Mailing Address 8 OSPREY AVE

City State Zip Code  
ALISO VIEJO CA 92656

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

Name of Employer Occupation  
Pacific Life AVP LIFE REINSURANCE

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR33677885091

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. ADRIENNE MOUCH

Mailing Address 2524 W WATROUS AVE

City State Zip Code  
TAMPA FL 33629

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

Name of Employer Occupation  
Pacific Life REGIONAL VP

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

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR33677905091

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. KAREN L MOYER

Mailing Address 4821 SUNNYBROOK AVE

City State Zip Code  
BUENA PARK CA 90621

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

Name of Employer Occupation  
Pacific Life SR SYSTEMS ANALYST

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR33677915091

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

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

180.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. BRIAN D PEAD		Date of Receipt
	Mailing Address 25 SUNRISE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 31 / 2011
	City	State	Zip Code
	IRVINE	CA	92603
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR33677945091
Name of Employer Pacific Life		Occupation AVP APPL ARCH & INTEG.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> 50.00
			P/R Deduction (\$50.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. JEFFREY S PHILLIPS		Date of Receipt
	Mailing Address 14932 PENFIELD CIR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 31 / 2011
	City	State	Zip Code
	HUNTINGTON BEACH	CA	92647
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR33677955091
Name of Employer Pacific Life		Occupation PROJECT MANAGER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	<input type="text"/> 50.00
			P/R Deduction (\$50.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. CHRISTOPHER L RATCHFORD		Date of Receipt
	Mailing Address 2807 FOUNDERS BRIDGE RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 31 / 2011
	City	State	Zip Code
	MIDLOTHIAN	VA	23113
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR33677965091
Name of Employer Pacific Life		Occupation FVP FIELD WHOLESALING	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 50.00
			P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 150.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 62 / 73  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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.** Full Name (Last, First, Middle Initial)  
MR. PARAG S SHAH

Mailing Address 24972 FOOTPATH LN

City State Zip Code  
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation VP PRODUCT DESIGN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR33677985091  
Amount of Each Receipt this Period: 40.00  
P/R Deduction (\$40.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. KARI S TURIGLIATTO

Mailing Address 253 NIETO AVE

City State Zip Code  
LONG BEACH CA 90803

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

Name of Employer Pacific Life Occupation AVP COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR33677995091  
Amount of Each Receipt this Period: 40.00  
P/R Deduction (\$40.00 Monthly)

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

Mailing Address 5620 FOXTAIL LOOP

City State Zip Code  
CARLSBAD CA 92010

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

Name of Employer Pacific Life Occupation CHANNEL MKTG DIR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 485.00

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR33678025091  
Amount of Each Receipt this Period: 70.00  
P/R Deduction (\$70.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 73
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. MICHAEL F MIRANNE		Date of Receipt
	Mailing Address 153 SHUTE CIR		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	OLD HICKORY	TN	37138
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Pacific Life		Occupation FVP FIELD WHOLESALING	<b>Transaction ID:</b> PR34419155091
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="325.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
			P/R Deduction (\$50.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. KEVIN RODDY		Date of Receipt
	Mailing Address 23221 VIA DORADO		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	COTO DE CAZA	CA	92679
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Pacific Life		Occupation VP FINANCE	<b>Transaction ID:</b> PR38370895091
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="340.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
			P/R Deduction (\$50.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. DAVID A HENDERSON		Date of Receipt
	Mailing Address 20727 E MAPLEWOOD LN		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	CENTENNIAL	CO	80016
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Pacific Life		Occupation FIELD VICE PRES	<b>Transaction ID:</b> PR43582255091
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
			P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 64 / 73  
(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.** Full Name (Last, First, Middle Initial)  
MR. DANIEL J KUBICA

Mailing Address 26362 YOLANDA ST

City State Zip Code  
LAGUNA HILLS CA 92656

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

Name of Employer Pacific Life Occupation DIR FLD FIN

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	1	1

**Transaction ID:** PR43582265091

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 890 SHORES BLVD

City State Zip Code  
ROCKWALL TX 75087

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

Name of Employer Pacific Life Occupation FIELD VICE PRES

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	1	1

**Transaction ID:** PR43582275091

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. JOSEPH J NICOLOSI

Mailing Address 5865 E ANDOVER DR

City State Zip Code  
HANOVER PARK IL 60133

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

Name of Employer Pacific Life Occupation FIELD VICE PRES

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	1	1

**Transaction ID:** PR43582295091

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 65 / 73  
(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.**

Full Name (Last, First, Middle Initial)

MR. VINCENT E SAMA

Mailing Address 39 SAMMIS ST

City State Zip Code  
HUNTINGTON NY 11743

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

Name of Employer Occupation  
Pacific Life SR WHOLESALER

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR43582335091

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. VINCENT A SPERA

Mailing Address 1616 LOOKOUT CIR

City State Zip Code  
WAXHAW NC 28173

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

Name of Employer Occupation  
Pacific Life FVP FIELD WHOLESALING

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR43582355091

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. JOANNE T GAGNON

Mailing Address 359 PEARL ST

City State Zip Code  
READING MA 01867

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

Name of Employer Occupation  
Pacific Life FVP M MARKETING

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 336.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: PR48232225091

Amount of Each Receipt this Period

42.00

P/R Deduction (\$42.00 Monthly)

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

167.00

**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 / 73  
(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.** Full Name (Last, First, Middle Initial)  
MR. GARY D PENCE

Mailing Address 27691 BLOSSOM HILL RD

City State Zip Code  
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation ADVD DESIGN CONS

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR48232265091  
Amount of Each Receipt this Period: 50.00  
P/R Deduction (\$50.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. CADE H CHERRY

Mailing Address 20 ESTERO POINTE

City State Zip Code  
ALISO VIEJO CA 92656

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

Name of Employer Pacific Life Occupation AVP STRATEGIC PLANNING

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR61125885091  
Amount of Each Receipt this Period: 75.00  
P/R Deduction (\$75.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. GARY L FALDE

Mailing Address 9212 SANTIAGO DR

City State Zip Code  
HUNTINGTON BEACH CA 92646

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

Name of Employer Pacific Life Occupation VP & CHIEF ACTUARY

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR61125905091  
Amount of Each Receipt this Period: 75.00  
P/R Deduction (\$75.00 Monthly)

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

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

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

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

FOR LINE NUMBER: PAGE 67 / 73  
(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.** Full Name (Last, First, Middle Initial)  
MR. BRIAN W REEVES

Mailing Address 20731 VISTA DEL SOL

City State Zip Code  
YORBA LINDA CA 92886

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

Name of Employer Pacific Life Occupation AVP CORPORATE FINANCE

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR61125955091  
Amount of Each Receipt this Period: 30.00  
P/R Deduction (\$30.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. RALPH D SCHOCH

Mailing Address 3443 CROOKED CREEK DR

City State Zip Code  
DIAMOND BAR CA 91765

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

Name of Employer Pacific Life Occupation SR DATABASE ADMINR

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR61125965091  
Amount of Each Receipt this Period: 30.00  
P/R Deduction (\$30.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. REBECCA S WARWAR

Mailing Address 196 S SAGEWOOD ST

City State Zip Code  
ORANGE CA 92869

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

Name of Employer Pacific Life Occupation DIR OPEN SYSTEMS

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

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR61125975091  
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: PAGE 68 / 73  
(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.** Full Name (Last, First, Middle Initial)  
MR. MATTHEW L HANSBERGER

Mailing Address 5516 RIVER AVE

City State Zip Code  
NEWPORT BEACH CA 92663

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

Name of Employer Pacific Life Occupation AVP IT OPERATIONS

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR67885065091  
Amount of Each Receipt this Period: 50.00  
P/R Deduction (\$50.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. MATTHEW A LEVENE

Mailing Address 2147 IRIS PL

City State Zip Code  
COSTA MESA CA 92627

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

Name of Employer Pacific Life Occupation AVP CREDIT ANALYSIS

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR67885075091  
Amount of Each Receipt this Period: 50.00  
P/R Deduction (\$50.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. JILL PECKINGHAM

Mailing Address 50 COLONIAL WAY

City State Zip Code  
ALISO VIEJO CA 92656

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

Name of Employer Pacific Life Occupation ANNUITY PROJECT SVCS DIR

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 08 / 31 / 2011  
Transaction ID: PR67885095091  
Amount of Each Receipt this Period: 75.00  
P/R Deduction (\$75.00 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 69 / 73

(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.**

Full Name (Last, First, Middle Initial)  
MS. JESSICA L RICE

Mailing Address 511 S 51ST AVE

City State Zip Code  
OMAHA NE 68106

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

Name of Employer Occupation  
Pacific Life AVP INTERNAL WHOLESALING

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2011

Transaction ID: PR67885105091

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. MICHAEL A YETTER

Mailing Address 3438 E RIDGEWAY RD

City State Zip Code  
ORANGE CA 92867

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

Name of Employer Occupation  
Pacific Life AVP INVESTMENT SERVICES

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2011

Transaction ID: PR67885155091

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

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

Mailing Address 8 HILLSBOROUGH

City State Zip Code  
NEWPORT BEACH CA 92660

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

Name of Employer Occupation  
Pacific Life AVP ITS STRATEGIC SVCS

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2011

Transaction ID: PR68001205091

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

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

160.00

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

16456.64

**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

A.	Full Name (Last, First, Middle Initial) Friends of Joe Baca	Transaction ID: 10231020 Date of Disbursement
	Mailing Address 555 Capitol Mall Suite 1425	<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Joseph Baca	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 43	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) Friends of Sherrod Brown	Transaction ID: 10231126 Date of Disbursement
	Mailing Address 2280 Kresge Drive	<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
	City Amherst State OH Zip Code 44001	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Sherrod Brown	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

C.	Full Name (Last, First, Middle Initial) Friends of Dennis Cardoza	Transaction ID: 10231135 Date of Disbursement
	Mailing Address 200 East Jefferson Street	<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
	City Falls Church State VA Zip Code 22046	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Dennis Cardoza	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Carper for Senate</p> <p>Mailing Address 19 East Commons Blvd Second Floor</p> <p>City New Castle State DE Zip Code 19720</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Thomas Carper</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10231136 <b>Date of Disbursement</b> 08 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Crapo for US Senate</p> <p>Mailing Address 200 South Fairfax Street, #5</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Michael Crapo</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District:</p> <p>Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10231705 <b>Date of Disbursement</b> 08 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) CROWLEY FOR CONGRESS</p> <p>Mailing Address P.O. Box 75214</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Joseph Crowley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10231706 <b>Date of Disbursement</b> 08 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p> <p>011 Category/ Type</p>

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Fund for the Majority Mailing Address 426 C Street, NE City Washington State DC Zip Code 20002 Purpose of Disbursement Contribution Candidate Name Fund for the Majority Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10231707 Date of Disbursement 08 / 17 / 2011
	Amount of Each Disbursement this Period 2000.00 Contribution

<b>B.</b> Full Name (Last, First, Middle Initial) Levin for Congress Mailing Address 209 Pennsylvania Avenue, SE City Washington State DC Zip Code 20003 Purpose of Disbursement Contribution Candidate Name Sander Levin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10231708 Date of Disbursement 08 / 17 / 2011
	Amount of Each Disbursement this Period 1000.00 Contribution

<b>C.</b> Full Name (Last, First, Middle Initial) Rob Portman For US Senate Mailing Address 900 19th Street, NW, 8th Floor City Washington State DC Zip Code 20006 Purpose of Disbursement Contribution Candidate Name Mr. Rob Portman Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10231709 Date of Disbursement 08 / 17 / 2011
	Amount of Each Disbursement this Period 1000.00 Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> 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

A.	Full Name (Last, First, Middle Initial) Defend America PAC	Transaction ID: 10231711 Date of Disbursement 08 / 17 / 2011
	Mailing Address 700 12th Street NW, Suite 700	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Contribution Candidate Name Defend America PAC Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Contribution

B.	Full Name (Last, First, Middle Initial) Friends Of Pat Toomey	Transaction ID: 10231712 Date of Disbursement 08 / 17 / 2011
	Mailing Address 700 12th Street, NW, Suite 700	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Contribution Candidate Name Sen. Pat Toomey Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District:	Contribution

C.	Full Name (Last, First, Middle Initial) The Committee to Re-Elect Loretta Sanchez	Transaction ID: 10246703 Date of Disbursement 08 / 25 / 2011
	Mailing Address 604 South Harbor Boulevard	Amount of Each Disbursement this Period 1000.00
	City Santa Ana State CA Zip Code 92704	
	Purpose of Disbursement Contribution Candidate Name Loretta Sanchez Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 47	Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	16500.00