



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		57857.67
(b) Cash on Hand at Beginning of Reporting Period.....	81062.10	
(c) Total Receipts (from Line 19) .....	33590.81	100795.24
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	114652.91	158652.91
7. Total Disbursements (from Line 31).....	600.00	44600.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	114052.91	114052.91
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:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	26692.98	60620.92
(ii) Unitemized .....	6897.83	40174.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	33590.81	100795.24
(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) .....	33590.81	100795.24
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	33590.81	100795.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	33590.81	100795.24

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	44000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	600.00	600.00
(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)).....	600.00	600.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	600.00	44600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	600.00	44600.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	33590.81	100795.24
34. Total Contribution Refunds (from Line 28(d)) .....	600.00	600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32990.81	100195.24
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: PAGE 6 OF 46  
(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. MS. SHARON A CHEEVER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33512 VALLE RD  
 City State Zip Code  
 SAN JUAN CAPISTRANO CA 92675-4838  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pacific Life SR VP & GEN COUNSEL  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2013  
**Transaction ID : 11638309**  
 Amount of Each Receipt this Period  
 5000.00  
 Check

**B. MR. JEFFREY R DEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 MAGNOLIA DR  
 City State Zip Code  
 LADERA RANCH CA 92694-0710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pacific Life Asst. Vice President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2013  
**Transaction ID : 11638311**  
 Amount of Each Receipt this Period  
 2525.00  
 Check

**C. MR. GARY A HUGHES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 139 TAROCCO  
 City State Zip Code  
 IRVINE CA 92618-0311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pacific Life Asst VP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2013  
**Transaction ID : 11638312**  
 Amount of Each Receipt this Period  
 300.00  
 Check

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7825.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. PAUL V LIGEROS</b>		Date of Receipt
Mailing Address 44 RABANO		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
RANCHO SANTA MARGARITA	CA	92688-4961
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 11638315</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Pacific Life	Manager	<input type="text" value="600.00"/>
Receipt For:	Aggregate Year-to-Date ▼	check
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="750.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Lindsay Hovakimian</b>		Date of Receipt
Mailing Address 8 Maybeck Lane		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
Ladera Ranch	CA	92694-0223
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 11638316</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Pacific Life	Supervisor	<input type="text" value="480.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Check
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="480.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MS. JUNE G ARCE</b>		Date of Receipt
Mailing Address 20050 EMERALD MEADOW DR		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
WALNUT	CA	91789-3506
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : PR10362106738</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Pacific Life	DIR MKTG COMPL	<input type="text" value="60.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$60.00 Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1140.00"/>
<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: (check only one)	PAGE 8 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. DEWEY P BUSHAW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5433 RESIDENCIA  
 City NEWPORT BEACH State CA Zip Code 92660-9047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation EXEC VP RSD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1664.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10362306738**  
 Amount of Each Receipt this Period 416.00  
 P/R Deduction (\$416.00 Monthly)

**B. MR. JOSEPH E CELENTANO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26661 CAMPESINO  
 City MISSION VIEJO State CA Zip Code 92691-6048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SR VP & CHIEF RISK OFCR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10362386738**  
 Amount of Each Receipt this Period 250.00  
 P/R Deduction (\$250.00 Monthly)

**C. MR. DENNIS M CORBETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15136 TOURAINE WAY  
 City IRVINE State CA Zip Code 92604-3173  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation VP TAX COMPLIANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10362516738**  
 Amount of Each Receipt this Period 175.00  
 P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 841.00  
**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 9 OF 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. MS. DEBRA CUNNINGHAM HONERKAMP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2712 LIGHTHOUSE LN  
 City State Zip Code  
 CORONA DEL MAR CA 92625-1314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pacific Life AVP RE DEVELOPMENT & ACQUISTNS  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR10362566738**  
 Amount of Each Receipt this Period  
 150.00  
 P/R Deduction (\$150.00 Monthly)

**B. MR. MICHAEL R CURRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12162 WICKLOW LN  
 City State Zip Code  
 NAPLES FL 34120-4396  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pacific Life FVP FIELD WHOLESALING  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR10362576738**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$100.00 Monthly)

**C. MS. STEPHANIE J CURRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 417 GARFIELD PARK AVE  
 City State Zip Code  
 SANTA ROSA CA 95409-3721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pacific Life FVP RET & RESOURCES GRP  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR10362596738**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$100.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. MARK R FALK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 64 SUMMERSTONE  
City IRVINE State CA Zip Code 92614-7000  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation AVP STRATEGIC PROGRAMS  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 525.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10362716738**  
Amount of Each Receipt this Period 150.00  
P/R Deduction (\$150.00 Monthly)

**B. MR. FRANK J GOETZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7 SOVENTE  
City IRVINE State CA Zip Code 92606-0830  
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 ▼ 310.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10362906738**  
Amount of Each Receipt this Period 100.00  
P/R Deduction (\$100.00 Monthly)

**C. MR. ADRIAN S GRIGGS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8766 CANARY AVE  
City FOUNTAIN VALLEY State CA Zip Code 92708-6353  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation EVP & CHIEF FIN OFCR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1664.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10362966738**  
Amount of Each Receipt this Period 416.00  
P/R Deduction (\$416.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 666.00  
**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 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 1880 N EL CAMINO REAL

City State Zip Code  
 SAN CLEMENTE CA 92672-4901

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

Name of Employer Occupation  
 Pacific Life SVP BRAND MGMT & PA

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1666.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : PR10363066738**

Amount of Each Receipt this Period  
 416.66

P/R Deduction (\$416.66 Monthly)

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

Mailing Address 2702 SAN JOAQUIN HILLS RD

City State Zip Code  
 CORONA DEL MAR CA 92625-1132

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

Name of Employer Occupation  
 Pacific Life AVP COUNSEL

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 296.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : PR10363076738**

Amount of Each Receipt this Period  
 74.00

P/R Deduction (\$74.00 Monthly)

Full Name (Last, First, Middle Initial)  
**C. MR. KEVIN A HENDRA**

Mailing Address 58 VIAGGIO LN

City State Zip Code  
 FOOTHILL RANCH CA 92610-1925

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

Name of Employer Occupation  
 Pacific Life AVP TAX

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : PR10363116738**

Amount of Each Receipt this Period  
 75.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 565.66

**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 12 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. HOWARD T HIRAKAWA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23972 GOLDENEYE DR  
 City LAGUNA NIGUEL State CA Zip Code 92677-1332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation VP INV ADVISOR OPS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10363166738**  
 Amount of Each Receipt this Period 175.00  
 P/R Deduction (\$175.00 Monthly)

**B. MS. CAROL A JENSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8554 202ND STREET SW  
 City EDMONDS State WA Zip Code 98026-6643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation NATL SLS MGR M CHANNEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10363246738**  
 Amount of Each Receipt this Period 300.00  
 P/R Deduction (\$300.00 Monthly)

**C. MR. JEFF R JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 SAND OAKS RD.  
 City LAGUNA NIGUEL State CA Zip Code 92677-5720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation AVP CORP FIN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10363256738**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$60.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 535.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1812 LEADBURN RD

City TOWSON State MD Zip Code 21204-1831

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

Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10363276738**

Amount of Each Receipt this Period 175.00

P/R Deduction (\$175.00 Monthly)

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

Mailing Address 5531 STANFORD AVE

City GARDEN GROVE State CA Zip Code 92845-2434

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

Name of Employer Pacific Life Occupation IT AUDIT CONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10363326738**

Amount of Each Receipt this Period 60.00

P/R Deduction (\$60.00 Monthly)

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

Mailing Address 6307 CAMINO MARINERO

City SAN CLEMENTE State CA Zip Code 92673-7106

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

Name of Employer Pacific Life Occupation VP SELECT MARKETS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10363426738**

Amount of Each Receipt this Period 150.00

P/R Deduction (\$150.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 385.00

**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 14 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MR. FLETCHER C LARSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 709 AVENIDA MIROLA  
 City State Zip Code  
 PALOS VERDES ESTATES CA 90274-4307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pacific Life REGIONAL VP  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR10363476738**  
 Amount of Each Receipt this Period  
 400.00  
 P/R Deduction (\$400.00 Monthly)

**B. MS. LAURENE E MAC ELWEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1033 SECRETARIAT CIR  
 City State Zip Code  
 COSTA MESA CA 92626-1620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pacific Life VP FUND COMPLIANCE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR10363566738**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$100.00 Monthly)

**C. MR. ROBERT B MC KIBBIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 416 W 68TH ST  
 City State Zip Code  
 KANSAS CITY MO 64113-1919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pacific Life FVP FIELD WHOLESALING  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR10363626738**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$100.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 20 BRYCE CYN

City	State	Zip Code
ALISO VIEJO	CA	92656-8037

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

Name of Employer	Occupation
Pacific Life	AVP INVESTMENT MKTG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : PR10363756738**

Amount of Each Receipt this Period  
**100.00**

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 32141 COOK LN

City	State	Zip Code
SAN JUAN CAPISTRANO	CA	92675-3934

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

Name of Employer	Occupation
Pacific Life	CHAIRMAN & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1664.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : PR10363796738**

Amount of Each Receipt this Period  
**416.00**

P/R Deduction (\$416.00 Monthly)

**C. MS. JOYCE J PEAD**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 SUNRISE

City	State	Zip Code
IRVINE	CA	92603-3719

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

Name of Employer	Occupation
Pacific Life	AVP TALENT ACQ & DEV

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : PR10364006738**

Amount of Each Receipt this Period  
**100.00**

P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>616.00</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: (check only one)	PAGE 16 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MS. ALYCE PETERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2908 VIA HIDALGO  
 City SAN CLEMENTE State CA Zip Code 92673-3026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation VP MARKETING SVCS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10364026738**  
 Amount of Each Receipt this Period 175.00  
 P/R Deduction (\$175.00 Monthly)

**B. MR. YVES F PINKOWITZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20541 VIA EL TAJO  
 City YORBA LINDA State CA Zip Code 92887-3202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation VP CORP FIN & REG RPTG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10364056738**  
 Amount of Each Receipt this Period 52.00  
 P/R Deduction (\$52.00 Monthly)

**C. MR. THEODORE A PREMIER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 MOLINO  
 City NEWPORT BEACH State CA Zip Code 92660-9116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SVP RE INVESTMENTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1025.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10364086738**  
 Amount of Each Receipt this Period 275.00  
 P/R Deduction (\$275.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 502.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 17 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 33 BOLERO

City State Zip Code  
 MISSION VIEJO CA 92692-5160

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

Name of Employer Occupation  
 Pacific Life INTERNAL AUDIT DIR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR10364096738**

Amount of Each Receipt this Period  
 75.00

P/R Deduction (\$75.00 Monthly)

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

Mailing Address 11 STILLWATER

City State Zip Code  
 IRVINE CA 92603-3426

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

Name of Employer Occupation  
 Pacific Life VP M FINANCIAL DISTRIBUTION

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR10364146738**

Amount of Each Receipt this Period  
 150.00

P/R Deduction (\$150.00 Monthly)

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

Mailing Address 19 GLEN ELLEN

City State Zip Code  
 IRVINE CA 92602-2002

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 ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR10364206738**

Amount of Each Receipt this Period  
 175.00

P/R Deduction (\$175.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 28472 AVENIDA PLACIDA

City SAN JUAN CAPISTRANO State CA Zip Code 92675-6319

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10364266738**

Amount of Each Receipt this Period 400.00

P/R Deduction (\$400.00 Monthly)

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

Mailing Address 87 PELICAN CT

City NEWPORT BEACH State CA Zip Code 92660-2930

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

Name of Employer Pacific Life Occupation AVP CREDIT ANALYSIS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10364316738**

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 11 SOMMET

City NEWPORT COAST State CA Zip Code 92657-0104

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

Name of Employer Pacific Life Occupation SR VP HR & FACILITIES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1664.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10364506738**

Amount of Each Receipt this Period 416.00

P/R Deduction (\$416.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 916.00

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

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

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

FOR LINE NUMBER: PAGE 19 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MR. JOHN G TORELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 355 S LORETTA DR  
 City ORANGE State CA Zip Code 92869-4633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation VP ACCTG & RPTG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10364586738**  
 Amount of Each Receipt this Period 90.00  
 P/R Deduction (\$90.00 Monthly)

**B. MR. STEPHEN J TORETTO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22862 ORENSE  
 City MISSION VIEJO State CA Zip Code 92691-1723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation VP COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10364596738**  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$75.00 Monthly)

**C. MR. KHANH T TRAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47 VERNAL SPG  
 City IRVINE State CA Zip Code 92603-0404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1666.64

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10364606738**  
 Amount of Each Receipt this Period 416.66  
 P/R Deduction (\$416.66 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 581.66  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. EDDIE D TUNG</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : PR10364626738</b>
Mailing Address PO BOX 10386		Amount of Each Receipt this Period 80.00
City NEWPORT BEACH	State CA	Zip Code 92658-0386
FEC ID number of contributing federal political committee. C		P/R Deduction (\$80.00 Monthly)
Name of Employer Pacific Life	Occupation AVP REGULATORY PROD ACCTG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. MS. CATHRYN L VAN WEY</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : PR10364636738</b>
Mailing Address 41974 CARSON CT		Amount of Each Receipt this Period 100.00
City MURRIETA	State CA	Zip Code 92562-2254
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life	Occupation AVP NATL ACCTS & BD SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. MR. JOHN M WALDECK</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : PR10364656738</b>
Mailing Address 67 LAURELHURST DR		Amount of Each Receipt this Period 250.00
City LADERA RANCH	State CA	Zip Code 92694-0204
FEC ID number of contributing federal political committee. C		P/R Deduction (\$250.00 Monthly)
Name of Employer Pacific Life	Occupation VP COMMERCIAL MORTGAGE INV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	430.00
<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: (check only one)	PAGE 21 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 28532 VIA PRIMAVERA

City SAN JUAN CAPISTRANO State CA Zip Code 92675-5513

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 ▼ **800.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR10364746738**

Amount of Each Receipt this Period **200.00**

P/R Deduction (\$200.00 Monthly)

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

Mailing Address 2 PRECIPICE

City LAGUNA NIGUEL State CA Zip Code 92677-5919

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

Name of Employer Pacific Life Occupation EVP LIFE INSURANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1664.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR10365146738**

Amount of Each Receipt this Period **416.00**

P/R Deduction (\$416.00 Monthly)

**C. MR. REED J LLOYD**  
Full Name (Last, First, Middle Initial)

Mailing Address 84 NORTHWOODS RD

City NORTH GRANBY State CT Zip Code 06060-1003

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

Name of Employer Pacific Life Occupation FVP RETIREMENT STRATEGIES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR10365216738**

Amount of Each Receipt this Period **75.00**

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **691.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 46
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MR. PHILIP A TEETER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 31422 ALTA LOMA DR  
City LAGUNA BEACH State CA Zip Code 92651-6926  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation SR VP TECH & OPS  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10365476738**  
Amount of Each Receipt this Period 250.00  
P/R Deduction (\$250.00 Monthly)

**B. MR. TENNYSON S OYLER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 52 PEONY  
City IRVINE State CA Zip Code 92618-1508  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation VP BRAND MGMT & PUBLIC AFFAIRS  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10365616738**  
Amount of Each Receipt this Period 75.00  
P/R Deduction (\$75.00 Monthly)

**C. MS. VALERIE MORRIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 48 W YALE LOOP  
City IRVINE State CA Zip Code 92604-3619  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation VP HR PRGMS & SVCS  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 410.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10365686738**  
Amount of Each Receipt this Period 110.00  
P/R Deduction (\$110.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 435.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MS. PATRICIA S DOUGLASS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 640 SAINT JAMES RD  
 City NEWPORT BEACH State CA Zip Code 92663-5855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation VP GOVT RELNS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1155.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10365736738**  
 Amount of Each Receipt this Period 300.00  
 P/R Deduction (\$300.00 Monthly)

**B. MR. JOHN F O'DONNELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 BRIAN RD  
 City BRIDGEWATER State MA Zip Code 02324-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation NATL SLS MGR KEY ACCT MKTG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10365966738**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$100.00 Monthly)

**C. MS. JULIET A PINKERTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5874 GARRISON RD  
 City FRANKLIN State TN Zip Code 37064-9242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation DIVISIONAL VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10365996738**  
 Amount of Each Receipt this Period 250.00  
 P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 650.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. RICHARD A TAUBE</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : PR10366046738</b>
Mailing Address 24081 NUTHATCH LN		Amount of Each Receipt this Period 175.00
City LAGUNA NIGUEL	State CA	Zip Code 92677-1382
FEC ID number of contributing federal political committee. C	Name of Employer Pacific Life	Occupation VP INSTITUTIONAL SALES
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MR. TRAVIS R MC KAY</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : PR10366066738</b>
Mailing Address 48 GOLF AVE		Amount of Each Receipt this Period 100.00
City CLARENDON HILLS	State IL	Zip Code 60514-1252
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 ▼ 400.00	P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. MS. KATHARINE B YOUNG</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : PR10366106738</b>
Mailing Address 18647 SANTA ISADORA ST		Amount of Each Receipt this Period 175.00
City FOUNTAIN VALLEY	State CA	Zip Code 92708-6232
FEC ID number of contributing federal political committee. C	Name of Employer Pacific Life	Occupation VP VALUATION & RISK MGMT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	P/R Deduction (\$175.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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: (check only one)	PAGE 25 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. CHRISTOPHER VAN MIERLO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 EL VUELO  
 City SAN CLEMENTE State CA Zip Code 92672-7513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SVP RSD SALES CHF MKTG OFCR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1323.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10366156738**  
 Amount of Each Receipt this Period 416.00  
 P/R Deduction (\$416.00 Monthly)

**B. MR. RICHARD M WILKES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7124 HAWKSBEARD DR  
 City WESTERVILLE State OH Zip Code 43082-9577  
 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 04 / 30 / 2013  
**Transaction ID : PR10366276738**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$100.00 Monthly)

**C. MR. RICHARD S BANNO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26666 WHITE OAKS DR  
 City LAGUNA HILLS State CA Zip Code 92653-7577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation AVP RE SECURITIES & RESEARCH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10366286738**  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 591.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MS. MARY ANN BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 304 WEYMOUTH PL  
 City LAGUNA BEACH State CA Zip Code 92651-1455  
 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 ▼ 1666.64

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10366316738**  
 Amount of Each Receipt this Period 416.66  
 P/R Deduction (\$416.66 Monthly)

**B. MR. SIMON S FENG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 CANDELA  
 City IRVINE State CA Zip Code 92620-1823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation AVP BUS & TECH INTEG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10366356738**  
 Amount of Each Receipt this Period 200.00  
 P/R Deduction (\$200.00 Monthly)

**C. MR. THOMAS GIBBONS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1970 PARK NEWPORT  
 City NEWPORT BEACH State CA Zip Code 92660-5068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SVP, TREASURY TAX & ENTERPRISE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR10366366738**  
 Amount of Each Receipt this Period 350.00  
 P/R Deduction (\$350.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 966.66  
**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 27 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR. DENNIS L BAHLMANN</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : PR10366626738</b>
Mailing Address 6052 MEADOW VIEW CT		Amount of Each Receipt this Period 100.00
City JOHNSTON	State IA	Zip Code 50131-3053
FEC ID number of contributing federal political committee.	C	
Name of Employer Pacific Life	Occupation AVP RISK SELECTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. MR. GEORGE A PAULIK</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : PR10366656738</b>
Mailing Address 2990 WINDSTONE CIR		Amount of Each Receipt this Period 175.00
City MARIETTA	State GA	Zip Code 30062-5685
FEC ID number of contributing federal political committee.	C	
Name of Employer Pacific Life	Occupation SR FVP-NCM FI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
		P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial) <b>C. MS. DEBORAH K JOHNSON</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : PR10366686738</b>
Mailing Address 3019 SAN ANSELIN AVE		Amount of Each Receipt this Period 75.00
City LONG BEACH	State CA	Zip Code 90808-3731
FEC ID number of contributing federal political committee.	C	
Name of Employer Pacific Life	Occupation SYSTEMS ANALYSIS SUPR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		P/R Deduction (\$75.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<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 28 OF 46  
(check only one)

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

**A. MR. STEVEN R ELDER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 385 25TH AVE  
City MILTON State WA Zip Code 98354-9359  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation SR WHOLESALER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **700.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : PR10366726738**  
Amount of Each Receipt this Period **175.00**  
P/R Deduction (\$175.00 Monthly)

**B. MS. CHARLENE A GRANT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3311 SEAVIEW AVE  
City CORONA DEL MAR State CA Zip Code 92625-3056  
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 **280.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : PR10366756738**  
Amount of Each Receipt this Period **175.00**  
P/R Deduction (\$175.00 Monthly)

**C. MS. LINDA L KOTOWICZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 795 TREPANNY LN  
City WAYNE State PA Zip Code 19087-1931  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation FVP M MKTG  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **240.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : PR10366796738**  
Amount of Each Receipt this Period **60.00**  
P/R Deduction (\$60.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **410.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MS. DAWN M TRAUTMAN</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2013 <b>Transaction ID : PR10366866738</b>
Mailing Address 308 REGATTA WAY		Amount of Each Receipt this Period 250.00
City SEAL BEACH	State CA	Zip Code 90740-5985
FEC ID number of contributing federal political committee. C		P/R Deduction (\$250.00 Monthly)
Name of Employer Pacific Life	Occupation SR VP IT & STRATEGIC PLNG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. MR. JEFFREY R WILT</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2013 <b>Transaction ID : PR10366886738</b>
Mailing Address 1 BAILEY DR		Amount of Each Receipt this Period 55.00
City GLENWOOD	State NJ	Zip Code 07418-1024
FEC ID number of contributing federal political committee. C		P/R Deduction (\$55.00 Monthly)
Name of Employer Pacific Life	Occupation REGIONAL VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. MR. STUART A HOLLAND</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2013 <b>Transaction ID : PR10366916738</b>
Mailing Address 4931 CAREFREE TRAIL		Amount of Each Receipt this Period 75.00
City PARKER	State CO	Zip Code 80134-5240
FEC ID number of contributing federal political committee. C		P/R Deduction (\$75.00 Monthly)
Name of Employer Pacific Life	Occupation SR FVP-NCM IP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	380.00
<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: (check only one)	PAGE 30 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MR. CHIN H KIM</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : PR10367026738</b>
Mailing Address 24 TAOS		Amount of Each Receipt this Period 100.00
City RANCHO SANTA MARGARITA	State CA	Zip Code 92688-3812
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life	Occupation AVP ADVANCED MRKTG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. MR. JIM Y CHU</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : PR10367146738</b>
Mailing Address 22931 GALAXY LN		Amount of Each Receipt this Period 100.00
City LAKE FOREST	State CA	Zip Code 92630-4905
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Monthly)
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 ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. MR. STEVEN H GOLDBERG</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : PR10367186738</b>
Mailing Address 11 TWIN FLOWER ST		Amount of Each Receipt this Period 75.00
City LADERA RANCH	State CA	Zip Code 92694-1323
FEC ID number of contributing federal political committee. C		P/R Deduction (\$75.00 Monthly)
Name of Employer Pacific Life	Occupation PRODUCT MGMT DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<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 31 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR. JASON T TODD</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : PR10371996738</b>
Mailing Address 59 LAURELHURST DR		Amount of Each Receipt this Period 100.00
City LADERA RANCH	State CA	Zip Code 92694-0204
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life	Occupation AVP CREDIT ANALYSIS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. MR. PATRICK J O'BRIEN</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : PR10614846738</b>
Mailing Address 1112 LAS POSAS		Amount of Each Receipt this Period 100.00
City SAN CLEMENTE	State CA	Zip Code 92673-4006
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life	Occupation AVP SPECIALIZED MRKTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. MR. TIM N SHAHEEN</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : PR10614876738</b>
Mailing Address 27621 HOMESTEAD RD		Amount of Each Receipt this Period 75.00
City LAGUNA NIGUEL	State CA	Zip Code 92677-6603
FEC ID number of contributing federal political committee. C		P/R Deduction (\$75.00 Monthly)
Name of Employer Pacific Life	Occupation AVP BUS INTEL & ILLUS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<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: (check only one)	PAGE 32 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 16 BLAIR ST

City BRONXVILLE State NY Zip Code 10708-5604

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 ▼ **525.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : PR10614926738**

Amount of Each Receipt this Period  
**0.00**

P/R Deduction (\$0.00 Monthly)

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

Mailing Address 25842 DANA BLF W

City CAPISTRANO BEACH State CA Zip Code 92624-1219

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 ▼ **280.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : PR22130716738**

Amount of Each Receipt this Period  
**70.00**

P/R Deduction (\$70.00 Monthly)

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

Mailing Address 34 CASTLEROCK

City IRVINE State CA Zip Code 92603-0153

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

Name of Employer Pacific Life Occupation VP INVSTMT MGMT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : PR22130756738**

Amount of Each Receipt this Period  
**100.00**

P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>170.00</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 33 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MR. DENIS P KALSCHEUR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 BELMONT  
 City State Zip Code  
 NEWPORT BEACH CA 92660-6732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pacific Life ACG CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1248.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR22130796738**  
 Amount of Each Receipt this Period  
 416.00  
 P/R Deduction (\$416.00 Monthly)

**B. MS. JENNIFER L KRUMM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 CALVADOS  
 City State Zip Code  
 NEWPORT COAST CA 92657-1049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pacific Life AVP FIN & DERIVATIVE RPTG  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR22130806738**  
 Amount of Each Receipt this Period  
 65.00  
 P/R Deduction (\$65.00 Monthly)

**C. MS. SUSAN M KEELING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 406 1/2 HELIOTROPE AVE  
 City State Zip Code  
 CORONA DEL MAR CA 92625-2946  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pacific Life AVP INV MGT ACCTG & RPTG  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR22130826738**  
 Amount of Each Receipt this Period  
 70.00  
 P/R Deduction (\$70.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 551.00  
**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 34 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. TIMOTHY C MYERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23819 CLAYMORE WAY  
 City VALENCIA State CA Zip Code 91354-1824  
 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 ▼ 410.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR22130866738**  
 Amount of Each Receipt this Period 110.00  
 P/R Deduction (\$110.00 Monthly)

**B. MR. JAY C HAMILTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 ARGOS  
 City LAGUNA NIGUEL State CA Zip Code 92677-9003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation VP CONTRACTS & CONFIGURATION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR22336356738**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$60.00 Monthly)

**C. MR. SHEPHEARD M JAMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18030 BROOKHURST ST.  
 City FOUNTAIN VALLEY State CA Zip Code 92708-6756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation AVP INTERNAL AUDIT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR22336366738**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	270.00
<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 35 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MR. RICHARD J MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2628 RYCROFT CT  
 City CHESTERFIELD State MO Zip Code 63017-7108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation VP IND PROD CHANNEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR31736846738**  
 Amount of Each Receipt this Period 200.00  
 P/R Deduction (\$200.00 Monthly)

**B. MR. DOUGLAS P JACKSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 59 AUGUSTA  
 City COTO DE CAZA State CA Zip Code 92679-4829  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation AVP PROD MGMT & SALES SPPT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR32777126738**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$100.00 Monthly)

**C. MR. WILLIAM D BELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12123 COURSER AVE  
 City LA MIRADA State CA Zip Code 90638-1422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation AVP ADVANCED DESIGNS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR33677846738**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MS. ADRIENNE MOUCH</b>		Date of Receipt
Mailing Address 2524 W WATROUS AVE		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	<b>Transaction ID : PR33677906738</b>
TAMPA	FL	Amount of Each Receipt this Period
Zip Code		<input type="text" value="100.00"/>
33629-5345		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	P/R Deduction (\$100.00 Monthly)
Name of Employer	Occupation	
Pacific Life	REGIONAL VP	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MR. JEFFREY S PHILLIPS</b>		Date of Receipt
Mailing Address 14932 PENFIELD CIR		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	<b>Transaction ID : PR33677956738</b>
HUNTINGTON BEACH	CA	Amount of Each Receipt this Period
Zip Code		<input type="text" value="75.00"/>
92647-2319		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	P/R Deduction (\$75.00 Monthly)
Name of Employer	Occupation	
Pacific Life	PROJECT MGMT CONS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="275.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MR. JAMES P WITKOWSKI</b>		Date of Receipt
Mailing Address 5620 FOXTAIL LOOP		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	<b>Transaction ID : PR33678026738</b>
CARLSBAD	CA	Amount of Each Receipt this Period
Zip Code		<input type="text" value="70.00"/>
92010-7154		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	P/R Deduction (\$70.00 Monthly)
Name of Employer	Occupation	
Pacific Life	CHANNEL MKTG DIR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="280.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="245.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MR. MICHAEL F MIRANNE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 153 SHUTE CIR  
 City OLD HICKORY State TN Zip Code 37138-1956  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR34419156738**  
 Amount of Each Receipt this Period  
 175.00  
 P/R Deduction (\$175.00 Monthly)

**B. MR. SCOTT D REYNOLDS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10140 MORNINGSTAR CIR  
 City VILLA PARK State CA Zip Code 92861-4154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation AVP INFO SEC & BCP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR43582326738**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$100.00 Monthly)

**C. MR. VINCENT A SPERA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1616 LOOKOUT CIR  
 City WAXHAW State NC Zip Code 28173-8085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR43582356738**  
 Amount of Each Receipt this Period  
 75.00  
 P/R Deduction (\$75.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<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: (check only one)	PAGE 38 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MS. CHRISTINE A TUCKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 289 SANTA ANA AVE  
 City State Zip Code  
 LONG BEACH CA 90803-3570  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pacific Life VP MARKETING  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR43582366738**  
 Amount of Each Receipt this Period  
 175.00  
 P/R Deduction (\$175.00 Monthly)

**B. MR. JOHN F TRUJILLO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3342 BIG DIPPER DR  
 City State Zip Code  
 CORONA CA 92882-8335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pacific Life AVP SYSTEMS ADMIN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR59529276738**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$100.00 Monthly)

**C. MR. CADE H CHERRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 ESTERO POINTE  
 City State Zip Code  
 ALISO VIEJO CA 92656-7040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pacific Life AVP STRATEGIC PLANNING  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR61125886738**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<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: (check only one)	PAGE 39 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR. GARY L FALDE</b>		Date of Receipt
Mailing Address 9212 SANTIAGO DR		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	<b>Transaction ID : PR61125906738</b>
HUNTINGTON BEACH	CA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="75.00"/>
Name of Employer	Occupation	P/R Deduction (\$75.00 Monthly)
Pacific Life	VP & CHIEF ACTUARY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MS. MICHELLE P O'HAREN</b>		Date of Receipt
Mailing Address 790 N COAST HWY		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	<b>Transaction ID : PR67885086738</b>
LAGUNA BEACH	CA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="60.00"/>
Name of Employer	Occupation	P/R Deduction (\$60.00 Monthly)
Pacific Life	ADVANCED SALES CONS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MS. JESSICA L RICE</b>		Date of Receipt
Mailing Address 511 S 51ST AVE		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	<b>Transaction ID : PR67885106738</b>
OMAHA	NE	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="100.00"/>
Name of Employer	Occupation	P/R Deduction (\$100.00 Monthly)
Pacific Life	AVP INTERNAL WHOLESALING	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="235.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 40 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MR. ALEXANDER F MUNRO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 HILLSBOROUGH  
 City State Zip Code  
 NEWPORT BEACH CA 92660-6733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pacific Life AVP ITS STRATEGIC SVCS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR68001206738**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$100.00 Monthly)

**B. MS. KIM R CUNNINGHAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15117 SPECTRUM  
 City State Zip Code  
 IRVINE CA 92618-3426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pacific Life AVP HR BUS PARTNER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR71312916738**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$100.00 Monthly)

**C. MR. DAVID N FANGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 166 WHITE CAP LN  
 City State Zip Code  
 NEWPORT BEACH CA 92657-1087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pacific Life AVP CORP DEV FIN ACTUARY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR71312926738**  
 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: (check only one)	PAGE 41 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MS. JANE B FORBES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3640 ESTACADO LN  
 City PLANO State TX Zip Code 75025-4474  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation LTC PLANNING SPECIALIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR71312936738**  
 Amount of Each Receipt this Period 175.00  
 P/R Deduction (\$175.00 Monthly)

**B. MR. JACQUES HUNTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1215 GOLDENROD AVE  
 City CORONA DEL MAR State CA Zip Code 92625-1306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SR FVP-NCM RW  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR71312966738**  
 Amount of Each Receipt this Period 175.00  
 P/R Deduction (\$175.00 Monthly)

**C. MR. RUSSELL S PROCTOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28 ROYAL TERN LANE  
 City ALISO VIEJO State CA Zip Code 92656-1213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation DIR PENSION SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR71426996738**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$60.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 410.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 42 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. MR. KEVIN R BYRNE**

Mailing Address PO BOX 5869

City State Zip Code  
 BALBOA ISLAND CA 92662-5869

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

Name of Employer Occupation  
 Pacific Life SR VP FINANCE & RISK

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR72350816738**

Amount of Each Receipt this Period  
 250.00

P/R Deduction (\$250.00 Monthly)

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

Mailing Address 6815 TRAFALGAR LOOP

City State Zip Code  
 DUBLIN OH 43016-8316

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

Name of Employer Occupation  
 Pacific Life SR WHOLESALER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR72350846738**

Amount of Each Receipt this Period  
 85.00

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 779 ALDEN LN

City State Zip Code  
 LIVERMORE CA 94550-4752

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

Name of Employer Occupation  
 Pacific Life SR WHOLESALER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR72350876738**

Amount of Each Receipt this Period  
 150.00

P/R Deduction (\$150.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 485.00

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

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

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

FOR LINE NUMBER: PAGE 43 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MR. DAVID L LAUTENSCHLAGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22192 BROOKPINE  
 City MISSION VIEJO State CA Zip Code 92692-1084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation AVP PRODUCT PRICING & RPTG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR72350886738**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$100.00 Monthly)

**B. MR. THOMAS R MARKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21374 PLANK TRAIL DRIVE  
 City FRANKFORT State IL Zip Code 60423-8870  
 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 04 / 30 / 2013  
**Transaction ID : PR72350896738**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$100.00 Monthly)

**C. MR. WILLIAM D ROBUCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1436 KENTBROOKE DR  
 City BALLWIN State MO Zip Code 63021-7565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation RETIREMENT PLAN CONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR72350906738**  
 Amount of Each Receipt this Period 65.00  
 P/R Deduction (\$65.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 44 OF 46  
(check only one)

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

**A. MR. JONATHAN H WALKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 99 SKYLINE TERRACE

City	State	Zip Code
MILL VALLEY	CA	94941-3484

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

Name of Employer	Occupation
Pacific Life	SR WHOLESALER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : PR72350926738**

Amount of Each Receipt this Period  
**85.00**

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 410 TORRINGTON DR

City	State	Zip Code
AUSTIN	TX	78737-4585

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

Name of Employer	Occupation
Pacific Life	SR WHOLESALER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : PR72350936738**

Amount of Each Receipt this Period  
**100.00**

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 809 GREER ST

City	State	Zip Code
COVINGTON	KY	41011-1350

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

Name of Employer	Occupation
Pacific Life	ADVANCED SALES CONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : PR72350946738**

Amount of Each Receipt this Period  
**100.00**

P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>285.00</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: (check only one)	PAGE 45 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. BRIAN T WOOLFOLK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17 SAN ANGELO  
 City State Zip Code  
 Foothill Ranch CA 92610-1729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pacific Life SVP PRICING & PRODUCT DESIGN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR72350956738**  
 Amount of Each Receipt this Period  
 175.00  
 P/R Deduction (\$175.00 Monthly)

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR72472486738**  
 Amount of Each Receipt this Period  
 175.00  
 P/R Deduction (\$175.00 Monthly)

**C. MR. JAMES B CLINKSCALES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3408 AUTUMN CT  
 City State Zip Code  
 FORT WORTH TX 76109-2606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pacific Life SR WHOLESALER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR73723656738**  
 Amount of Each Receipt this Period  
 175.00  
 P/R Deduction (\$175.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	525.00
<b>TOTAL</b> This Period (last page this line number only).....▶	26692.98

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

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

Full Name (Last, First, Middle Initial)

**A. MR. JOSEPH KORDOVI**

Mailing Address 11 SUNRIVER

City IRVINE State CA Zip Code 92614-5402

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 11615986**

Amount of Each Disbursement this Period

Refund

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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