

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 11 28 2006 through 12 31 2006

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

Type or Print Name of Treasurer Robert G. Haskell

Signature of Treasurer Electronically Filed by Robert G. Haskell Date 01 11 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		101871.84
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	3192.65									
(c) Total Receipts (from Line 19)	32568.54	206139.35								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	35761.19	308011.19								
7. Total Disbursements (from Line 31)	15000.00	287250.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	20761.19	20761.19								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	31773.62	155005.74
(i) Itemized (use Schedule A)		
(ii) Unitemized	794.92	51133.61
(iii) TOTAL (add Lines 11(a)(i) and (ii)	32568.54	206139.35
(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)	32568.54	206139.35
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	32568.54	206139.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	32568.54	206139.35

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	287250.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15000.00	287250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15000.00	287250.00

DETAILED SUMMARY PAGE
of Disbursements

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)	32568.54	206139.35
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32568.54	206139.35
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
MR. NORM AKHAMLICH

Mailing Address 24321 AUGUSTIN ST

City State Zip Code
MISSION VIEJO CA 92691-4708

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

Name of Employer Occupation
PACIFIC LIFE MGR BUILDING OPERATIONS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20147

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. NORM AKHAMLICH

Mailing Address 24321 AUGUSTIN ST

City State Zip Code
MISSION VIEJO CA 92691-4708

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

Name of Employer Occupation
PACIFIC LIFE MGR BUILDING OPERATIONS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20424

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

Mailing Address 3104 KYRA LN

City State Zip Code
ELGIN IL 60124

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

Name of Employer Occupation
PACIFIC LIFE SR BROKERAGE MGR

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20148

Amount of Each Receipt this Period
40.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 171
	<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. Full Name (Last, First, Middle Initial)
MS. SUSAN M ANDERSEN

Mailing Address 3104 KYRA LN

City State Zip Code
ELGIN IL 60124

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

Name of Employer Occupation
PACIFIC LIFE SR BROKERAGE MGR

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20425

Amount of Each Receipt this Period
40.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. PATRICK J APPLEBY

Mailing Address 13185 GWYNETH DR APT D

City State Zip Code
TUSTIN CA 92780-3858

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

Name of Employer Occupation
PACIFIC LIFE AVP RE TECHNOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20149

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. PATRICK J APPLEBY

Mailing Address 13185 GWYNETH DR APT D

City State Zip Code
TUSTIN CA 92780-3858

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

Name of Employer Occupation
PACIFIC LIFE AVP RE TECHNOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20426

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MS. JUNE G ARCE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 20050 EMERALD MEADOW DR		Transaction ID: R20150	
City State Zip Code WALNUT CA 91789-3506	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE DIR MKTG COMPLIANCE	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MS. JUNE G ARCE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 20050 EMERALD MEADOW DR		Transaction ID: R20427	
City State Zip Code WALNUT CA 91789-3506	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE DIR MKTG COMPLIANCE	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MR. WILLIAM B ARMSTRONG		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 5322 LAIRD RD		Transaction ID: R20151	
City State Zip Code LOOMIS CA 95650-8916	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE FVP FIELD WHOLESALING	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MR. WILLIAM B ARMSTRONG

Mailing Address 5322 LAIRD RD

City LOOMIS State CA Zip Code 95650-8916

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
MM / DD / YYYY
12 / 31 / 2006

Transaction ID: R20428

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

Mailing Address 9901 OCEANCREST DR

City HUNTINGTON BEACH State CA Zip Code 92646-8259

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

Name of Employer PACIFIC LIFE Occupation AVP CLIENT SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2006

Transaction ID: R20152

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

Mailing Address 9901 OCEANCREST DR

City HUNTINGTON BEACH State CA Zip Code 92646-8259

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

Name of Employer PACIFIC LIFE Occupation AVP CLIENT SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2006

Transaction ID: R20429

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	75.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
MR. DENNIS L BAHLMANN

Mailing Address 6052 MEADOW VIEW CT

City JOHNSTON State IA Zip Code 50131-3053

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

Name of Employer PACIFIC LIFE Occupation AVP NEW BUSINESS SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20153

Amount of Each Receipt this Period
50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. DENNIS L BAHLMANN

Mailing Address 6052 MEADOW VIEW CT

City JOHNSTON State IA Zip Code 50131-3053

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

Name of Employer PACIFIC LIFE Occupation AVP NEW BUSINESS SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20430

Amount of Each Receipt this Period
50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MS. WENDY B BALDEN

Mailing Address 1844 PORT CHARLES PL

City NEWPORT BEACH State CA Zip Code 92660-5320

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

Name of Employer PACIFIC LIFE Occupation AVP PORTFOLIO OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20154

Amount of Each Receipt this Period
35.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 135.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MS. WENDY B BALDEN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 1844 PORT CHARLES PL		Transaction ID: R20431	
City State Zip Code NEWPORT BEACH CA 92660-5320	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE AVP PORTFOLIO OPS	Aggregate Year-to-Date ▼ 420.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MR. RICHARD S BANNO		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 26666 WHITE OAKS DR		Transaction ID: R20156	
City State Zip Code LAGUNA HILLS CA 92653-7577	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE AVP CAPITAL MKTS	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MR. RICHARD S BANNO		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 26666 WHITE OAKS DR		Transaction ID: R20433	
City State Zip Code LAGUNA HILLS CA 92653-7577	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE AVP CAPITAL MKTS	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 171
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
MR. DANIEL F BASS

Mailing Address 385 WHITE CAP LN

City State Zip Code
NEWPORT COAST CA 92657-1096

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

Name of Employer Occupation
PACIFIC LIFE VP REINSURANCE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 960.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20158

Amount of Each Receipt this Period
80.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. DANIEL F BASS

Mailing Address 385 WHITE CAP LN

City State Zip Code
NEWPORT COAST CA 92657-1096

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

Name of Employer Occupation
PACIFIC LIFE VP REINSURANCE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 960.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20435

Amount of Each Receipt this Period
80.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. RICHARD BAUDOIN

Mailing Address 12 INDIAN SPRING RD

City State Zip Code
NORWALK CT 06853-1303

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

Name of Employer Occupation
PACIFIC LIFE MANAGING DIR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20159

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 185.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

Mailing Address 12 INDIAN SPRING RD

City NORWALK State CT Zip Code 06853-1303

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

Name of Employer PACIFIC LIFE Occupation MANAGING DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20436

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

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 ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20160

Amount of Each Receipt this Period
125.00

Payroll Deduction

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

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 ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20437

Amount of Each Receipt this Period
125.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 171
	<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. Full Name (Last, First, Middle Initial)
MR. KEVIN W BERWALD

Mailing Address 9030 NORTHAMPTON DR

City State Zip Code
PLYMOUTH MI 48170-3340

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

Name of Employer Occupation
PACIFIC LIFE SR WHOLESALER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20161

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. KEVIN W BERWALD

Mailing Address 9030 NORTHAMPTON DR

City State Zip Code
PLYMOUTH MI 48170-3340

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

Name of Employer Occupation
PACIFIC LIFE SR WHOLESALER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20438

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MS. HEATHER M BETONTE

Mailing Address 295 SANTA BARBARA

City State Zip Code
IRVINE CA 92606-0812

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

Name of Employer Occupation
PACIFIC LIFE SUPR FINANCIAL ACCOUNTING

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20162

Amount of Each Receipt this Period
20.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	70.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 171
	<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. Full Name (Last, First, Middle Initial)
MS. HEATHER M BETONTE

Mailing Address 295 SANTA BARBARA

City State Zip Code
IRVINE CA 92606-0812

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

Name of Employer Occupation
PACIFIC LIFE SUPR FINANCIAL ACCOUNTING

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

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20439

Amount of Each Receipt this Period
20.00

Payroll Deduction

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

Mailing Address 17812 BIGELOW PARK

City State Zip Code
TUSTIN CA 92780-2111

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

Name of Employer Occupation
PACIFIC LIFE AVP IND COMP & TRANS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20163

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

Mailing Address 17812 BIGELOW PARK

City State Zip Code
TUSTIN CA 92780-2111

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

Name of Employer Occupation
PACIFIC LIFE AVP IND COMP & TRANS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20440

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	70.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 171
	<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. Full Name (Last, First, Middle Initial)
MR. STEPHEN M BOLLINGER

Mailing Address 17345 FLAME TREE CIR

City State Zip Code
FOUNTAIN VALLEY CA 92708-3521

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

Name of Employer Occupation
PACIFIC LIFE AVP E-COMMERCE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 345.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20165

Amount of Each Receipt this Period
30.00

Payroll Deduction

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

Mailing Address 17345 FLAME TREE CIR

City State Zip Code
FOUNTAIN VALLEY CA 92708-3521

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

Name of Employer Occupation
PACIFIC LIFE AVP E-COMMERCE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 345.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20442

Amount of Each Receipt this Period
30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MS. LYNETTE G BONES

Mailing Address 23955 WARSAW ST

City State Zip Code
MISSION VIEJO CA 92691-3852

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

Name of Employer Occupation
PACIFIC LIFE MGR RET ANN BUS DEV

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20166

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	85.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MS. LYNETTE G BONES		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 23955 WARSAW ST		Transaction ID: R20443	
City MISSION VIEJO	State CA	Zip Code 92691-3852	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation MGR RET ANN BUS DEV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. MR. ANTHONY J BONNO		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 2384 PORTRAIT WAY		Transaction ID: R20167	
City TUSTIN	State CA	Zip Code 92782-4339	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation SR VP HUMAN RESOURCES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		

Full Name (Last, First, Middle Initial) C. MR. ANTHONY J BONNO		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 2384 PORTRAIT WAY		Transaction ID: R20444	
City TUSTIN	State CA	Zip Code 92782-4339	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation SR VP HUMAN RESOURCES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 171
	<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. Full Name (Last, First, Middle Initial)
MR. MICHAEL P BORGATTI

Mailing Address 978 BALD CYPRESS DR

City State Zip Code
MANDEVILLE LA 70448-1087

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

Name of Employer Occupation
PACIFIC LIFE SR WHOLESALER

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20168

Amount of Each Receipt this Period
50.00

Payroll Deduction

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

Mailing Address 978 BALD CYPRESS DR

City State Zip Code
MANDEVILLE LA 70448-1087

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

Name of Employer Occupation
PACIFIC LIFE SR WHOLESALER

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20445

Amount of Each Receipt this Period
50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. JEFF J BRADSHAW

Mailing Address 27302 MONDANO DR

City State Zip Code
MISSION VIEJO CA 92692-5192

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

Name of Employer Occupation
PACIFIC LIFE AVP IT APPLIC DEV & SUPPT

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20169

Amount of Each Receipt this Period
50.00

Payroll Deduction

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 171
	<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. Full Name (Last, First, Middle Initial) MR. JEFF J BRADSHAW		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 27302 MONDANO DR		Transaction ID: R20446	
City MISSION VIEJO	State CA	Zip Code 92692-5192	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation AVP IT APPLIC DEV & SUPPT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

B. Full Name (Last, First, Middle Initial) MR. ALAN H BROWN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 505 13TH ST		Transaction ID: R20170	
City HUNTINGTON BEACH	State CA	Zip Code 92648-4037	Amount of Each Receipt this Period 70.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation AVP INFO TECH OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00		

C. Full Name (Last, First, Middle Initial) MR. ALAN H BROWN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 505 13TH ST		Transaction ID: R20447	
City HUNTINGTON BEACH	State CA	Zip Code 92648-4037	Amount of Each Receipt this Period 70.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation AVP INFO TECH OPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 171
	<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. Full Name (Last, First, Middle Initial)
MS. KAREN M BROWN

Mailing Address 11 FOREST HILLS CT

City State Zip Code
DANA POINT CA 92629-4111

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

Name of Employer Occupation
PACIFIC LIFE AVP MODEL OFC ANN TECH

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 30 / 2006

Transaction ID: R20171

Amount of Each Receipt this Period
40.00

Payroll Deduction

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

Mailing Address 11 FOREST HILLS CT

City State Zip Code
DANA POINT CA 92629-4111

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

Name of Employer Occupation
PACIFIC LIFE AVP MODEL OFC ANN TECH

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 31 / 2006

Transaction ID: R20448

Amount of Each Receipt this Period
40.00

Payroll Deduction

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

Mailing Address 288 CHIQUITA ST

City State Zip Code
LAGUNA BEACH CA 92651-1337

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

Name of Employer Occupation
PACIFIC LIFE SR VP CORP DEVELPMT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 4999.92

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 30 / 2006

Transaction ID: R20173

Amount of Each Receipt this Period
416.66

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	496.66
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 288 CHIQUITA ST

City State Zip Code
LAGUNA BEACH CA 92651-1337

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

Name of Employer Occupation
PACIFIC LIFE SR VP CORP DEVELPMT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 4999.92

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20450

Amount of Each Receipt this Period
416.66

Payroll Deduction

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

Mailing Address 2216 NELDA WAY

City State Zip Code
ALAMO CA 94507-2004

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

Name of Employer Occupation
PACIFIC LIFE REGIONAL VP

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

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20174

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

Mailing Address 2216 NELDA WAY

City State Zip Code
ALAMO CA 94507-2004

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

Name of Employer Occupation
PACIFIC LIFE REGIONAL VP

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

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20451

Amount of Each Receipt this Period
100.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	616.66
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 171
	<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. Full Name (Last, First, Middle Initial)
MR. DEWEY P BUSHAW

Mailing Address 29132 ALFIERI ST

City State Zip Code
LAGUNA NIGUEL CA 92677-4603

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

Name of Employer Occupation
PACIFIC LIFE SR VP AMF CHF MKTG OFCR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1680.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20175

Amount of Each Receipt this Period
140.00

Payroll Deduction

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

Mailing Address 29132 ALFIERI ST

City State Zip Code
LAGUNA NIGUEL CA 92677-4603

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

Name of Employer Occupation
PACIFIC LIFE SR VP AMF CHF MKTG OFCR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1680.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20452

Amount of Each Receipt this Period
140.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL J BUSSARD

Mailing Address 3029 FLAGSTONE DR

City State Zip Code
FRANKLIN TN 37069-7229

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

Name of Employer Occupation
PACIFIC LIFE REGIONAL VP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 937.56

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20176

Amount of Each Receipt this Period
83.34

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	363.34
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. MR. MICHAEL J BUSSARD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6		
Mailing Address 3029 FLAGSTONE DR		Transaction ID: R20453		
City State Zip Code FRANKLIN TN 37069-7229	Amount of Each Receipt this Period 83.34		Payroll Deduction	
FEC ID number of contributing federal political committee. C				
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 ▼ 937.56			

Full Name (Last, First, Middle Initial) B. MR. EDWARD R BYRD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6		
Mailing Address 17520 PAGE CT		Transaction ID: R20177		
City State Zip Code YORBA LINDA CA 92886-3865	Amount of Each Receipt this Period 100.00		Payroll Deduction	
FEC ID number of contributing federal political committee. C				
Name of Employer PACIFIC LIFE	Occupation SR VP CONT & CHF ACTG OFC			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00			

Full Name (Last, First, Middle Initial) C. MR. EDWARD R BYRD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6		
Mailing Address 17520 PAGE CT		Transaction ID: R20454		
City State Zip Code YORBA LINDA CA 92886-3865	Amount of Each Receipt this Period 100.00		Payroll Deduction	
FEC ID number of contributing federal political committee. C				
Name of Employer PACIFIC LIFE	Occupation SR VP CONT & CHF ACTG OFC			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00			

SUBTOTAL of Receipts This Page (optional) ▶	283.34
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 171
	<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. Full Name (Last, First, Middle Initial)
MR. BRANDON J CAGE

Mailing Address 32424 CROWN VALLEY PKWY

City State Zip Code
DANA POINT CA 92629-3329

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

Name of Employer Occupation
PACIFIC LIFE ATTORNEY CONSULTANT

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20178

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

Mailing Address 32424 CROWN VALLEY PKWY

City State Zip Code
DANA POINT CA 92629-3329

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

Name of Employer Occupation
PACIFIC LIFE ATTORNEY CONSULTANT

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20455

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

Mailing Address 55 GILLMAN ST

City State Zip Code
IRVINE CA 92612-2101

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

Name of Employer Occupation
PACIFIC LIFE AVP INS CNSL

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20179

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	75.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR. JOHN E CARLSON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 55 GILLMAN ST		Transaction ID: R20456	
City IRVINE	State CA	Zip Code 92612-2101	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation AVP INS CNSL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. MR. DAVID R CARMICHAEL		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 1525 SERENADE TER		Transaction ID: R20180	
City CORONA DEL MAR	State CA	Zip Code 92625-1753	Amount of Each Receipt this Period 416.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation SR VP GEN COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4992.00		

Full Name (Last, First, Middle Initial) C. MR. DAVID R CARMICHAEL		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 1525 SERENADE TER		Transaction ID: R20457	
City CORONA DEL MAR	State CA	Zip Code 92625-1753	Amount of Each Receipt this Period 416.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation SR VP GEN COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4992.00		

SUBTOTAL of Receipts This Page (optional) ▶	857.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MS. LORI K CARRASCO

Mailing Address 2742 PORTOLA DR

City State Zip Code
COSTA MESA CA 92626-5819

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

Name of Employer Occupation
PACIFIC LIFE SR PARALEGAL ANALYST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 30 / 2006

Transaction ID: R20181

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MS. LORI K CARRASCO

Mailing Address 2742 PORTOLA DR

City State Zip Code
COSTA MESA CA 92626-5819

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

Name of Employer Occupation
PACIFIC LIFE SR PARALEGAL ANALYST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2006

Transaction ID: R20458

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

Mailing Address 26661 CAMPESINO

City State Zip Code
MISSION VIEJO CA 92691-6048

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

Name of Employer Occupation
PACIFIC LIFE SR VP PROD MGMT

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

Date of Receipt
M M / D D / Y Y Y Y
11 / 30 / 2006

Transaction ID: R20182

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 171
	<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. Full Name (Last, First, Middle Initial)
MR. JOSEPH E CELENTANO

Mailing Address 26661 CAMPESINO

City State Zip Code
MISSION VIEJO CA 92691-6048

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

Name of Employer Occupation
PACIFIC LIFE SR VP PROD MGMT

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

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20459

Amount of Each Receipt this Period
100.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MS. SHARON A CHEEVER

Mailing Address 33512 VALLE RD

City State Zip Code
SN JUAN CAPISTRANO CA 92675-4838

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

Name of Employer Occupation
PACIFIC LIFE VP & INVEST COUNSEL

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 945.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20183

Amount of Each Receipt this Period
85.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MS. SHARON A CHEEVER

Mailing Address 33512 VALLE RD

City State Zip Code
SN JUAN CAPISTRANO CA 92675-4838

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

Name of Employer Occupation
PACIFIC LIFE VP & INVEST COUNSEL

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 945.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20460

Amount of Each Receipt this Period
85.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	270.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 171
	<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. Full Name (Last, First, Middle Initial)
MR. RICHARD G CHERNEY

Mailing Address 27835 HOMESTEAD RD

City State Zip Code
LAGUNA NIGUEL CA 92677-3764

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

Name of Employer Occupation
PACIFIC LIFE EXEC VP GLOBAL MARKETING

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20184

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. RICHARD G CHERNEY

Mailing Address 27835 HOMESTEAD RD

City State Zip Code
LAGUNA NIGUEL CA 92677-3764

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

Name of Employer Occupation
PACIFIC LIFE EXEC VP GLOBAL MARKETING

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20461

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

Mailing Address 21851 NEWLAND ST SPC 246

City State Zip Code
HUNTINGTON BEACH CA 92646-7636

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

Name of Employer Occupation
PACIFIC LIFE MGR STRUCT STTLMNTS OPS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20186

Amount of Each Receipt this Period
40.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MS. LAURIE A CHURCH		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 21851 NEWLAND ST SPC 246		Transaction ID: R20463	
City State Zip Code HUNTINGTON BEACH CA 92646-7636	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE MGR STRUCT STTLMNTS OPS	Aggregate Year-to-Date ▼ 480.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MR. JIM Y CHU		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 120 ALBERT PL APT 10		Transaction ID: R20185	
City State Zip Code COSTA MESA CA 92627-1768	Amount of Each Receipt this Period 65.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE AVP PROD DESIGN	Aggregate Year-to-Date ▼ 520.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MR. JIM Y CHU		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 120 ALBERT PL APT 10		Transaction ID: R20462	
City State Zip Code COSTA MESA CA 92627-1768	Amount of Each Receipt this Period 65.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE AVP PROD DESIGN	Aggregate Year-to-Date ▼ 520.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MS. BERNADINE E CHWALEK

Mailing Address 33741 SHACKLETON ISLE

City State Zip Code
DANA POINT CA 92629-4235

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

Name of Employer Occupation
PACIFIC LIFE AVP INVEST CNSL

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1260.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20187

Amount of Each Receipt this Period
105.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MS. BERNADINE E CHWALEK

Mailing Address 33741 SHACKLETON ISLE

City State Zip Code
DANA POINT CA 92629-4235

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

Name of Employer Occupation
PACIFIC LIFE AVP INVEST CNSL

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1260.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20464

Amount of Each Receipt this Period
105.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. JACK D CLABOUGH

Mailing Address 1410 TANGLEWOOD DR

City State Zip Code
CORONA CA 92882-3777

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

Name of Employer Occupation
PACIFIC LIFE VP & CHIEF LIFE UNDERWRITER

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

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20188

Amount of Each Receipt this Period
50.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 171
	<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. Full Name (Last, First, Middle Initial)
MR. JACK D CLABOUGH

Mailing Address 1410 TANGLEWOOD DR

City State Zip Code
CORONA CA 92882-3777

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

Name of Employer Occupation
PACIFIC LIFE VP & CHIEF LIFE UNDERWRITER

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

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20465

Amount of Each Receipt this Period
50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MS. KATHLEEN A CLUNE

Mailing Address 858 S BLUEBIRD CIR

City State Zip Code
ANAHEIM CA 92807-4404

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

Name of Employer Occupation
PACIFIC LIFE AVP ASST TREASURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20189

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MS. KATHLEEN A CLUNE

Mailing Address 858 S BLUEBIRD CIR

City State Zip Code
ANAHEIM CA 92807-4404

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

Name of Employer Occupation
PACIFIC LIFE AVP ASST TREASURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20466

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 171
	<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. Full Name (Last, First, Middle Initial)
MS. GAIL L COBIN

Mailing Address 31558 W NINE DR

City State Zip Code
LAGUNA NIGUEL CA 92677-2953

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

Name of Employer Occupation
PACIFIC LIFE AVP CUSTOMER RELS

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20190

Amount of Each Receipt this Period
60.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MS. GAIL L COBIN

Mailing Address 31558 W NINE DR

City State Zip Code
LAGUNA NIGUEL CA 92677-2953

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

Name of Employer Occupation
PACIFIC LIFE AVP CUSTOMER RELS

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20467

Amount of Each Receipt this Period
60.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. BRENDAN L COLLINS

Mailing Address 25551 ORCHARD RIM LN

City State Zip Code
LAKE FOREST CA 92630-2717

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

Name of Employer Occupation
PACIFIC LIFE AVP PORT MGMT, IG TRADING

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20191

Amount of Each Receipt this Period
35.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR. BRENDAN L COLLINS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 25551 ORCHARD RIM LN		Transaction ID: R20468	
City State Zip Code LAKE FOREST CA 92630-2717	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE AVP PORT MGMT, IG TRADING	Aggregate Year-to-Date ▼ 420.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MR. DENNIS M CORBETT		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 15136 TOURAINÉ WAY		Transaction ID: R20192	
City State Zip Code IRVINE CA 92604-3173	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP TAX COMPLIANCE	Aggregate Year-to-Date ▼ 1020.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MR. DENNIS M CORBETT		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 15136 TOURAINÉ WAY		Transaction ID: R20469	
City State Zip Code IRVINE CA 92604-3173	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP TAX COMPLIANCE	Aggregate Year-to-Date ▼ 1020.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 171
	<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. Full Name (Last, First, Middle Initial)
MR. CAMERON COSGROVE

Mailing Address 36 WOODCREST

City IRVINE State CA Zip Code 92603-0220

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

Name of Employer PACIFIC LIFE Occupation VP LIFE CHIEF INFO OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2006

Transaction ID: R20193

Amount of Each Receipt this Period
85.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. CAMERON COSGROVE

Mailing Address 36 WOODCREST

City IRVINE State CA Zip Code 92603-0220

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

Name of Employer PACIFIC LIFE Occupation VP LIFE CHIEF INFO OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2006

Transaction ID: R20470

Amount of Each Receipt this Period
85.00

Payroll Deduction

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

Mailing Address 703 KAHN PL

City ALEXANDRIA State VA Zip Code 22314-3883

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

Name of Employer PACIFIC LIFE Occupation SR WHOLESALER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2006

Transaction ID: R20194

Amount of Each Receipt this Period
50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	220.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 703 KAHN PL

City State Zip Code
ALEXANDRIA VA 22314-3883

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

Name of Employer Occupation
PACIFIC LIFE SR WHOLESALER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20471

Amount of Each Receipt this Period
50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. KENNETH W COX

Mailing Address 570 EBBECREEK DR APT P

City State Zip Code
CORONA CA 92880-7713

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

Name of Employer Occupation
PACIFIC LIFE SR SOFTWARE ENG-GEN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20195

Amount of Each Receipt this Period
50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. KENNETH W COX

Mailing Address 570 EBBECREEK DR APT P

City State Zip Code
CORONA CA 92880-7713

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

Name of Employer Occupation
PACIFIC LIFE SR SOFTWARE ENG-GEN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20472

Amount of Each Receipt this Period
50.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 171
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MR. DANIEL C CRAIN		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 36 WINTERGREEN		Transaction ID: R20196	
City IRVINE	State CA	Zip Code 92604-2831	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation MGR PROD COMPLIANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 705.00		

Full Name (Last, First, Middle Initial) B. MR. DANIEL C CRAIN		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 36 WINTERGREEN		Transaction ID: R20474	
City IRVINE	State CA	Zip Code 92604-2831	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation MGR PROD COMPLIANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 705.00		

Full Name (Last, First, Middle Initial) C. MR. EDWARD T CREECH		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 168 HIGH HILLS DR		Transaction ID: R20197	
City MOORESVILLE	State NC	Zip Code 28117-9000	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
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 ▼ 300.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR. EDWARD T CREECH		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 168 HIGH HILLS DR		Transaction ID: R20475	
City MOORESVILLE	State NC	Zip Code 28117-9000	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
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 ▼ 300.00		

Full Name (Last, First, Middle Initial) B. MR. PAUL J CROXTON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 30132 HILLSIDE TER		Transaction ID: R20198	
City SN JUAN CAPISTRANO	State CA	Zip Code 92675-1540	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation FVP FIELD WHOLESALING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. MR. PAUL J CROXTON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 30132 HILLSIDE TER		Transaction ID: R20476	
City SN JUAN CAPISTRANO	State CA	Zip Code 92675-1540	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation FVP FIELD WHOLESALING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 171
	<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. Full Name (Last, First, Middle Initial)
MS. DEBRA CUNNINGHAM HONERKAMP

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 ASSET MGMT

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

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20199

Amount of Each Receipt this Period
50.00

Payroll Deduction

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

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 ASSET MGMT

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

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20477

Amount of Each Receipt this Period
50.00

Payroll Deduction

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

Mailing Address 23820 CAPE MONACO RD

City State Zip Code
BONITA SPRINGS FL 34135-1768

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

Name of Employer Occupation
PACIFIC LIFE FVP FIELD WHOLESALING

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

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20200

Amount of Each Receipt this Period
50.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 23820 CAPE MONACO RD

City State Zip Code
BONITA SPRINGS FL 34135-1768

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

Name of Employer Occupation
PACIFIC LIFE FVP FIELD WHOLESALING

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20478

Amount of Each Receipt this Period
50.00

Payroll Deduction

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

Mailing Address PO BOX 15358

City State Zip Code
IRVINE CA 92623-5358

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

Name of Employer Occupation
PACIFIC LIFE AVP ADVANCED SALES

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 945.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20201

Amount of Each Receipt this Period
80.00

Payroll Deduction

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

Mailing Address PO BOX 15358

City State Zip Code
IRVINE CA 92623-5358

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

Name of Employer Occupation
PACIFIC LIFE AVP ADVANCED SALES

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 945.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20479

Amount of Each Receipt this Period
80.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MS. DIANE W DALES		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 28 CLERMONT		Transaction ID: R20202	
City State Zip Code NEWPORT COAST CA 92657-1071		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Occupation PACIFIC LIFE AVP CREDIT ANALYSIS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. MS. DIANE W DALES		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 28 CLERMONT		Transaction ID: R20480	
City State Zip Code NEWPORT COAST CA 92657-1071		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Occupation PACIFIC LIFE AVP CREDIT ANALYSIS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. MS. LINDA K DAVIS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 8315 ROAD R NW		Transaction ID: R20203	
City State Zip Code QUINCY WA 98848-9607		Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Occupation PACIFIC LIFE AVP IND COMPLIANCE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1065.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 171
	<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. Full Name (Last, First, Middle Initial)
MS. LINDA K DAVIS

Mailing Address 8315 ROAD R NW

City State Zip Code
QUINCY WA 98848-9607

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

Name of Employer Occupation
PACIFIC LIFE AVP IND COMPLIANCE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1065.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20481

Amount of Each Receipt this Period
90.00

Payroll Deduction

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

Mailing Address PO BOX 3051

City State Zip Code
DANA POINT CA 92629-8051

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

Name of Employer Occupation
PACIFIC LIFE DIR FINANCIAL RPTG

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20204

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

Mailing Address PO BOX 3051

City State Zip Code
DANA POINT CA 92629-8051

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

Name of Employer Occupation
PACIFIC LIFE DIR FINANCIAL RPTG

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20482

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 171
	<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. Full Name (Last, First, Middle Initial)
MR. PETER S DEERING

Mailing Address 3314 HILL ST

City State Zip Code
SAN DIEGO CA 92106-2415

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

Name of Employer Occupation
PACIFIC LIFE SR VP PSD STRATEGC GRWTH

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 900.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2006

Transaction ID: R20205

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

Mailing Address 3314 HILL ST

City State Zip Code
SAN DIEGO CA 92106-2415

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

Name of Employer Occupation
PACIFIC LIFE SR VP PSD STRATEGC GRWTH

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 900.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2006

Transaction ID: R20483

Amount of Each Receipt this Period
100.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. DAMIAN DELL'OSO

Mailing Address 1A DERICKSON DR

City State Zip Code
WILMINGTON DE 19808-1901

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

Name of Employer Occupation
PACIFIC LIFE SR WHOLESALER

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

Date of Receipt
MM / DD / YYYY
11 / 30 / 2006

Transaction ID: R20206

Amount of Each Receipt this Period
30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	230.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MR. DAMIAN DELL'OSO

Mailing Address 1A DERICKSON DR

City State Zip Code
WILMINGTON DE 19808-1901

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

Name of Employer Occupation
PACIFIC LIFE SR WHOLESALER

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20484

Amount of Each Receipt this Period
30.00

Payroll Deduction

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

Mailing Address 640 SAINT JAMES RD

City State Zip Code
NEWPORT BEACH CA 92663-5855

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

Name of Employer Occupation
PACIFIC LIFE VP GOVT RELNS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2445.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20209

Amount of Each Receipt this Period
205.00

Payroll Deduction

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

Mailing Address 640 SAINT JAMES RD

City State Zip Code
NEWPORT BEACH CA 92663-5855

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

Name of Employer Occupation
PACIFIC LIFE VP GOVT RELNS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2445.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20487

Amount of Each Receipt this Period
205.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. MR. DONALD M DOWNING		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 995 QUIVERA ST		Transaction ID: R20210	
City State Zip Code LAGUNA BEACH CA 92651-3821	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE FVP M MKTG	Aggregate Year-to-Date ▼ 1800.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MR. DONALD M DOWNING		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 995 QUIVERA ST		Transaction ID: R20488	
City State Zip Code LAGUNA BEACH CA 92651-3821	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE FVP M MKTG	Aggregate Year-to-Date ▼ 1800.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MR. SILAS K DUNN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 14 ELDERWOOD		Transaction ID: R20211	
City State Zip Code IRVINE CA 92614-7449	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE AVP PSD COMPLIANCE	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	325.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR. SILAS K DUNN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 14 ELDERWOOD		Transaction ID: R20489	
City IRVINE	State CA	Zip Code 92614-7449	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation AVP PSD COMPLIANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. MR. EMILE C DUROCHER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 9740 E GRANITE PEAK TRL		Transaction ID: R20212	
City SCOTTSDALE	State AZ	Zip Code 85262-3140	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation FIELD VP MRKTNG AFFILIATE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. MR. EMILE C DUROCHER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 9740 E GRANITE PEAK TRL		Transaction ID: R20490	
City SCOTTSDALE	State AZ	Zip Code 85262-3140	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation FIELD VP MRKTNG AFFILIATE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) MR. JEFFREY D DZIADZIOLA		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 2917 CHALFONT LN		Transaction ID: R20213	
City PLANO State TX Zip Code 75023-1408	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction	
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 ▼ 300.00		

B. Full Name (Last, First, Middle Initial) MR. JEFFREY D DZIADZIOLA		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 2917 CHALFONT LN		Transaction ID: R20491	
City PLANO State TX Zip Code 75023-1408	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction	
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 ▼ 300.00		

C. Full Name (Last, First, Middle Initial) MR. STEVEN R ELDER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 37936 19TH AVE S		Transaction ID: R20214	
City FEDERAL WAY State WA Zip Code 98003-7712	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction	
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 ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 171
	<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. Full Name (Last, First, Middle Initial)
MR. STEVEN R ELDER

Mailing Address 37936 19TH AVE S

City State Zip Code
FEDERAL WAY WA 98003-7712

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

Name of Employer Occupation
PACIFIC LIFE SR WHOLESALER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20492

Amount of Each Receipt this Period
50.00

Payroll Deduction

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

Mailing Address 2311 BAYPOINTE DR

City State Zip Code
NEWPORT BEACH CA 92660-8519

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

Name of Employer Occupation
PACIFIC LIFE ALM CONSULTANT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20215

Amount of Each Receipt this Period
40.00

Payroll Deduction

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

Mailing Address 2311 BAYPOINTE DR

City State Zip Code
NEWPORT BEACH CA 92660-8519

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

Name of Employer Occupation
PACIFIC LIFE ALM CONSULTANT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20493

Amount of Each Receipt this Period
40.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 171
	<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. Full Name (Last, First, Middle Initial)
MS. NANCY E ENOMOTO

Mailing Address 2001 BARRANCA

City State Zip Code
NEWPORT BEACH CA 92660-4529

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

Name of Employer Occupation
PACIFIC LIFE AVP GUARANTEED ANNUITIES

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20216

Amount of Each Receipt this Period
35.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MS. NANCY E ENOMOTO

Mailing Address 2001 BARRANCA

City State Zip Code
NEWPORT BEACH CA 92660-4529

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

Name of Employer Occupation
PACIFIC LIFE AVP GUARANTEED ANNUITIES

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20494

Amount of Each Receipt this Period
35.00

Payroll Deduction

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

Mailing Address 64 SUMMERSTONE

City State Zip Code
IRVINE CA 92614-7000

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

Name of Employer Occupation
PACIFIC LIFE AVP STRATEGIC PROGRAMS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20217

Amount of Each Receipt this Period
125.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 171
	<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. Full Name (Last, First, Middle Initial)
MR. MARK R FALK

Mailing Address 64 SUMMERSTONE

City State Zip Code
IRVINE CA 92614-7000

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

Name of Employer Occupation
PACIFIC LIFE AVP STRATEGIC PROGRAMS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20495

Amount of Each Receipt this Period
125.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. MARK E FANE

Mailing Address 16373 CANON LN

City State Zip Code
CHINO HILLS CA 91709-2399

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

Name of Employer Occupation
PACIFIC LIFE SR INTERNAL WHOLESALER

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

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20218

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. MARK E FANE

Mailing Address 16373 CANON LN

City State Zip Code
CHINO HILLS CA 91709-2399

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

Name of Employer Occupation
PACIFIC LIFE SR INTERNAL WHOLESALER

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

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20496

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR. SIMON S FENG		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 10 CANDELA		Transaction ID: R20219	
City IRVINE	State CA	Zip Code 92620-1823	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation VP INFO TECH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00		

Full Name (Last, First, Middle Initial) B. MR. SIMON S FENG		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 10 CANDELA		Transaction ID: R20497	
City IRVINE	State CA	Zip Code 92620-1823	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation VP INFO TECH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00		

Full Name (Last, First, Middle Initial) C. MR. PETER S FIEK		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 22 ARCADE		Transaction ID: R20220	
City IRVINE	State CA	Zip Code 92603-0120	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation AVP PORTFOLIO MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

SUBTOTAL of Receipts This Page (optional) ▶	325.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR. PETER S FIEK		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 22 ARCADE		Transaction ID: R20498	
City IRVINE	State CA	Zip Code 92603-0120	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation AVP PORTFOLIO MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

Full Name (Last, First, Middle Initial) B. MR. DAVID R FINEAR		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 718 K THANGA DR		Transaction ID: R20221	
City CORONA DEL MAR	State CA	Zip Code 92625-1734	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation AVP RE INVESTMENTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		

Full Name (Last, First, Middle Initial) C. MR. DAVID R FINEAR		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 718 K THANGA DR		Transaction ID: R20499	
City CORONA DEL MAR	State CA	Zip Code 92625-1734	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation AVP RE INVESTMENTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 171
	<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. Full Name (Last, First, Middle Initial)
MR. MARTIN J FLEISCHMAN

Mailing Address 2915 CALLE GUADALAJARA

City State Zip Code
SAN CLEMENTE CA 92673-3017

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

Name of Employer Occupation
PACIFIC LIFE AVP SEPARATE ACCTS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 345.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20222

Amount of Each Receipt this Period
30.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. MARTIN J FLEISCHMAN

Mailing Address 2915 CALLE GUADALAJARA

City State Zip Code
SAN CLEMENTE CA 92673-3017

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

Name of Employer Occupation
PACIFIC LIFE AVP SEPARATE ACCTS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 345.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20500

Amount of Each Receipt this Period
30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. JASON P GALLAGHER

Mailing Address 27947 CHICLANA

City State Zip Code
MISSION VIEJO CA 92692-1223

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

Name of Employer Occupation
PACIFIC LIFE VP VARIABLE ANNUITY MKTG

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20223

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 85.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MR. JASON P GALLAGHER

Mailing Address 27947 CHICLANA

City State Zip Code
MISSION VIEJO CA 92692-1223

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

Name of Employer Occupation
PACIFIC LIFE VP VARIABLE ANNUITY MKTG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20501

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

Mailing Address 31411 MONTEREY ST

City State Zip Code
LAGUNA BEACH CA 92651-6963

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

Name of Employer Occupation
PACIFIC LIFE SR VP OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1425.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20225

Amount of Each Receipt this Period
125.00

Payroll Deduction

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

Mailing Address 31411 MONTEREY ST

City State Zip Code
LAGUNA BEACH CA 92651-6963

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

Name of Employer Occupation
PACIFIC LIFE SR VP OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1425.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20503

Amount of Each Receipt this Period
125.00

Payroll Deduction

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 171
	<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. Full Name (Last, First, Middle Initial)
MS. ADRIANNE M GEORGANTAS

Mailing Address 28373 BOULDER DR

City State Zip Code
TRABUCO CANYON CA 92679-1144

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

Name of Employer Occupation
PACIFIC LIFE SR FLD SVCS PROJ ANA

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20226

Amount of Each Receipt this Period
40.00

Payroll Deduction

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

Mailing Address 28373 BOULDER DR

City State Zip Code
TRABUCO CANYON CA 92679-1144

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

Name of Employer Occupation
PACIFIC LIFE SR FLD SVCS PROJ ANA

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20504

Amount of Each Receipt this Period
40.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. RAYMOND S GETTINS

Mailing Address 218 WORTHINGTON AVE

City State Zip Code
WYOMING OH 45215-4342

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

Name of Employer Occupation
PACIFIC LIFE SR WHOLESALER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20227

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR. RAYMOND S GETTINS		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 218 WORTHINGTON AVE		Transaction ID: R20505	
City State Zip Code WYOMING OH 45215-4342		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Occupation PACIFIC LIFE SR WHOLESALER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. MR. THOMAS GIBBONS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 45137 BIG CANYON ST		Transaction ID: R20228	
City State Zip Code INDIO CA 92201-0919		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Occupation PACIFIC LIFE VP TAX			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) C. MR. THOMAS GIBBONS		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 45137 BIG CANYON ST		Transaction ID: R20506	
City State Zip Code INDIO CA 92201-0919		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Occupation PACIFIC LIFE VP TAX			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 7 SOVENTE

City State Zip Code
IRVINE CA 92606-0830

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

Name of Employer Occupation
PACIFIC LIFE DIR LIFE UNDRWRTNG

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 744.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20229

Amount of Each Receipt this Period
62.00

Payroll Deduction

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

Mailing Address 7 SOVENTE

City State Zip Code
IRVINE CA 92606-0830

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

Name of Employer Occupation
PACIFIC LIFE DIR LIFE UNDRWRTNG

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 744.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20507

Amount of Each Receipt this Period
62.00

Payroll Deduction

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

Mailing Address 12324 CANTURA ST

City State Zip Code
STUDIO CITY CA 91604-2505

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

Name of Employer Occupation
PACIFIC LIFE VP REG'L LIFE OFFICES

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

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20230

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	149.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 / 171
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 12324 CANTURA ST

City State Zip Code
STUDIO CITY CA 91604-2505

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

Name of Employer Occupation
PACIFIC LIFE VP REG'L LIFE OFFICES

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20509

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. ROBERT GOLDSTONE

Mailing Address 6556 MORNINGSIDE DR

City State Zip Code
HUNTINGTON BEACH CA 92648-6106

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

Name of Employer Occupation
PACIFIC LIFE VP CHIEF MED OFCR

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20231

Amount of Each Receipt this Period
20.00

Payroll Deduction

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

Mailing Address 6556 MORNINGSIDE DR

City State Zip Code
HUNTINGTON BEACH CA 92648-6106

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

Name of Employer Occupation
PACIFIC LIFE VP CHIEF MED OFCR

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20510

Amount of Each Receipt this Period
20.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	65.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MR. KEVIN P GOODMAN

Mailing Address 310 ALISO AVE

City State Zip Code
NEWPORT BEACH CA 92663-5103

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

Name of Employer Occupation
PACIFIC LIFE ACCUM PROD CONS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 465.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20232

Amount of Each Receipt this Period
40.00

Payroll Deduction

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

Mailing Address 310 ALISO AVE

City State Zip Code
NEWPORT BEACH CA 92663-5103

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

Name of Employer Occupation
PACIFIC LIFE ACCUM PROD CONS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 465.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20511

Amount of Each Receipt this Period
40.00

Payroll Deduction

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

Mailing Address 310 ALISO AVE

City State Zip Code
NEWPORT BEACH CA 92663-5103

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

Name of Employer Occupation
PACIFIC LIFE AVP ADV & PUB RL TNS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 504.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20233

Amount of Each Receipt this Period
42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	122.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 310 ALISO AVE

City State Zip Code
NEWPORT BEACH CA 92663-5103

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

Name of Employer Occupation
PACIFIC LIFE AVP ADV & PUB RLTNS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 504.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20512

Amount of Each Receipt this Period
42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MS. LORENE C GORDON

Mailing Address 37 LANTANA

City State Zip Code
ALISO VIEJO CA 92656-2123

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

Name of Employer Occupation
PACIFIC LIFE VP OPERATIONS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20234

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MS. LORENE C GORDON

Mailing Address 37 LANTANA

City State Zip Code
ALISO VIEJO CA 92656-2123

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

Name of Employer Occupation
PACIFIC LIFE VP OPERATIONS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20513

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	92.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 171
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MS. C MARLA GRAHAM		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 23672 BRASILIA ST		Transaction ID: R20235	
City State Zip Code MISSION VIEJO CA 92691-3012	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE MGR NEXT WAVE PMO/BA	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MS. C MARLA GRAHAM		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 23672 BRASILIA ST		Transaction ID: R20514	
City State Zip Code MISSION VIEJO CA 92691-3012	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE MGR NEXT WAVE PMO/BA	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MS. CHARLENE A GRANT		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 3301 SEAVIEW AVE		Transaction ID: R20237	
City State Zip Code CORONA DEL MAR CA 92625-3056	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE AVP VAR REG COMPL	Aggregate Year-to-Date ▼ 420.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MS. CHARLENE A GRANT		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 3301 SEAVIEW AVE		Transaction ID: R20516	
City State Zip Code CORONA DEL MAR CA 92625-3056	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE AVP VAR REG COMPL	Aggregate Year-to-Date ▼ 420.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MR. WILLIAM C GREEN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 12889 RALSTON CIR		Transaction ID: R20238	
City State Zip Code SAN DIEGO CA 92130-2447	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE SR CASH COLLTRL COORD	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MR. WILLIAM C GREEN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 12889 RALSTON CIR		Transaction ID: R20517	
City State Zip Code SAN DIEGO CA 92130-2447	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE SR CASH COLLTRL COORD	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	85.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR. ADRIAN S GRIGGS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 8766 CANARY AVE		Transaction ID: R20240	
City State Zip Code FOUNTAIN VALLEY CA 92708-6353	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP FINANCE & COMPLIANCE	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MR. ADRIAN S GRIGGS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 8766 CANARY AVE		Transaction ID: R20519	
City State Zip Code FOUNTAIN VALLEY CA 92708-6353	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP FINANCE & COMPLIANCE	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MS. MELISSA M GUITTERREZ		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 116 FONTAINBLEAU DR		Transaction ID: R20241	
City State Zip Code MANDEVILLE LA 70471-6419	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE SR WHOLESALER	Aggregate Year-to-Date ▼ 440.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 171
	<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. Full Name (Last, First, Middle Initial)
MS. MILISSA M GUITTERREZ

Mailing Address 116 FONTAINBLEAU DR

City State Zip Code
MANDEVILLE LA 70471-6419

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

Name of Employer Occupation
PACIFIC LIFE SR WHOLESALER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20520

Amount of Each Receipt this Period
45.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MS. IRENE L HALLETT

Mailing Address 60 PALATINE APT 223

City State Zip Code
IRVINE CA 92612-5647

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

Name of Employer Occupation
PACIFIC LIFE NATL ACCOUNTS SUPR

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

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20242

Amount of Each Receipt this Period
30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MS. IRENE L HALLETT

Mailing Address 60 PALATINE APT 223

City State Zip Code
IRVINE CA 92612-5647

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

Name of Employer Occupation
PACIFIC LIFE NATL ACCOUNTS SUPR

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

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20521

Amount of Each Receipt this Period
30.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 21612 MARIGOT DR

City State Zip Code
BOCA RATON FL 33428-4824

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

Name of Employer Occupation
PACIFIC LIFE REGIONAL VP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20243

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

Mailing Address 21612 MARIGOT DR

City State Zip Code
BOCA RATON FL 33428-4824

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

Name of Employer Occupation
PACIFIC LIFE REGIONAL VP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20522

Amount of Each Receipt this Period
100.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MS. BRENDA K HARDWIG

Mailing Address 13112 EARLHAM ST

City State Zip Code
SANTA ANA CA 92705-2139

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

Name of Employer Occupation
PACIFIC LIFE COMMUNITY RELTNS COORD

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20244

Amount of Each Receipt this Period
40.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MS. BRENDA K HARDWIG		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 13112 EARLHAM ST		Transaction ID: R20523	
City State Zip Code SANTA ANA CA 92705-2139	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE COMMUNITY RELTNS COORD	Aggregate Year-to-Date ▼ 480.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MR. CHARLES W HARVEY		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 411 1/2 POINSETTIA AVE		Transaction ID: R20246	
City State Zip Code CORONA DEL MAR CA 92625-2527	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE NETWORK ENGINEER	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MR. CHARLES W HARVEY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 411 1/2 POINSETTIA AVE		Transaction ID: R20525	
City State Zip Code CORONA DEL MAR CA 92625-2527	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE NETWORK ENGINEER	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 / 171
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 31735 SEACLIFF DR

City State Zip Code
LAGUNA BEACH CA 92651-7001

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

Name of Employer Occupation
PACIFIC LIFE SR VP PUBLIC AFFAIRS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 4499.94

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20247

Amount of Each Receipt this Period
416.66

Payroll Deduction

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

Mailing Address 31735 SEACLIFF DR

City State Zip Code
LAGUNA BEACH CA 92651-7001

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

Name of Employer Occupation
PACIFIC LIFE SR VP PUBLIC AFFAIRS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 4499.94

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20526

Amount of Each Receipt this Period
416.66

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MS. PAM M HAUK

Mailing Address 88 CALLE DE FELICIDAD

City State Zip Code
RCHO STA MARGARITA CA 92688-2884

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

Name of Employer Occupation
PACIFIC LIFE M MARKETING DIR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20248

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	858.32
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 67 / 171						
	(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

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

Full Name (Last, First, Middle Initial) A. MS. PAM M HAUK		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 88 CALLE DE FELICIDAD		Transaction ID: R20527	
City RCHO STA MARGARITA	State CA	Zip Code 92688-2884	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation M MARKETING DIR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. MS. MARY M HAWKINS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 6182 S 177TH ST		Transaction ID: R20249	
City OMAHA	State NE	Zip Code 68135-2897	Amount of Each Receipt this Period 45.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation AVP NEB OPS CENTER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00		

Full Name (Last, First, Middle Initial) C. MS. MARY M HAWKINS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 6182 S 177TH ST		Transaction ID: R20528	
City OMAHA	State NE	Zip Code 68135-2897	Amount of Each Receipt this Period 45.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation AVP NEB OPS CENTER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR. DALE E HAWLEY		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 1137 SUNSET CLIFFS BLVD		Transaction ID: R20250	
City State Zip Code SAN DIEGO CA 92107-4014	Amount of Each Receipt this Period 74.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE AVP INVEST CNSL	Aggregate Year-to-Date ▼ 888.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MR. DALE E HAWLEY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 1137 SUNSET CLIFFS BLVD		Transaction ID: R20529	
City State Zip Code SAN DIEGO CA 92107-4014	Amount of Each Receipt this Period 74.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE AVP INVEST CNSL	Aggregate Year-to-Date ▼ 888.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MR. ROBERT J HEMSTEAD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 2335 RANCHO DEL ORO RD UNIT 4		Transaction ID: R20252	
City State Zip Code OCEANSIDE CA 92056-1734	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE AVP & VALUATION ACTUARY	Aggregate Year-to-Date ▼ 720.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	208.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2335 RANCHO DEL ORO RD UNIT 4

City State Zip Code
OCEANSIDE CA 92056-1734

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

Name of Employer Occupation
PACIFIC LIFE AVP & VALUATION ACTUARY

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

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20531

Amount of Each Receipt this Period
60.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
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 DIR TAX OPERATIONS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 465.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20253

Amount of Each Receipt this Period
40.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
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 DIR TAX OPERATIONS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 465.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20532

Amount of Each Receipt this Period
40.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 171
	<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. Full Name (Last, First, Middle Initial)
MS. LISA M HENSGEN

Mailing Address 7900 INNISBROOK CT

City State Zip Code
PROSPECT KY 40059-9279

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

Name of Employer Occupation
PACIFIC LIFE SR WHOLESALER

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20254

Amount of Each Receipt this Period
20.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MS. LISA M HENSGEN

Mailing Address 7900 INNISBROOK CT

City State Zip Code
PROSPECT KY 40059-9279

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

Name of Employer Occupation
PACIFIC LIFE SR WHOLESALER

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20533

Amount of Each Receipt this Period
20.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM L HEZZELWOOD

Mailing Address 6700 CAMINO CRESTA

City State Zip Code
SAN CLEMENTE CA 92673-7103

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

Name of Employer Occupation
PACIFIC LIFE VP PROGRAM MGMT OFC

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1380.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20255

Amount of Each Receipt this Period
120.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 160.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR. WILLIAM L HEZZELWOOD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 6700 CAMINO CRESTA		Transaction ID: R20534	
City State Zip Code SAN CLEMENTE CA 92673-7103	Amount of Each Receipt this Period 120.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP PROGRAM MGMT OFC	Aggregate Year-to-Date ▼ 1380.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MS. CHRISTINA Q HE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 16625 SONORA STREET		Transaction ID: R20251	
City State Zip Code TUSTIN, CA 92782 CA 92782	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE AVP ASSET/LIAB STRAT	Aggregate Year-to-Date ▼ 480.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MS. CHRISTINA Q HE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 16625 SONORA STREET		Transaction ID: R20530	
City State Zip Code TUSTIN, CA 92782 CA 92782	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE AVP ASSET/LIAB STRAT	Aggregate Year-to-Date ▼ 480.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 171
	<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. Full Name (Last, First, Middle Initial)
MR. DAVID L HICKS

Mailing Address 25391 REMESA DR

City State Zip Code
MISSION VIEJO CA 92691-5460

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

Name of Employer Occupation
PACIFIC LIFE SR NETWORK ENGINEER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 384.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20256

Amount of Each Receipt this Period
32.00

Payroll Deduction

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

Mailing Address 25391 REMESA DR

City State Zip Code
MISSION VIEJO CA 92691-5460

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

Name of Employer Occupation
PACIFIC LIFE SR NETWORK ENGINEER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 384.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20535

Amount of Each Receipt this Period
32.00

Payroll Deduction

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

Mailing Address 23972 GOLDENEYE DR

City State Zip Code
LAGUNA NIGUEL CA 92677-1332

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

Name of Employer Occupation
PACIFIC LIFE VP INV ADVISOR OPS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1125.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20258

Amount of Each Receipt this Period
100.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	164.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 23972 GOLDENEYE DR

City State Zip Code
LAGUNA NIGUEL CA 92677-1332

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

Name of Employer Occupation
PACIFIC LIFE VP INV ADVISOR OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20537

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

Mailing Address 9422 S KENNETH PL

City State Zip Code
TEMPE AZ 85284-4104

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 ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20259

Amount of Each Receipt this Period
75.00

Payroll Deduction

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

Mailing Address 9422 S KENNETH PL

City State Zip Code
TEMPE AZ 85284-4104

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 ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20538

Amount of Each Receipt this Period
75.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
MR. DAVID C HONERKAMP

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 ACQUISITIONS

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20260

Amount of Each Receipt this Period
50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. DAVID C HONERKAMP

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 ACQUISITIONS

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20539

Amount of Each Receipt this Period
50.00

Payroll Deduction

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

Mailing Address 1121 EBBTIDE RD

City State Zip Code
CORONA DEL MAR CA 92625-1402

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

Name of Employer Occupation
PACIFIC LIFE SR VP ANN ADMIN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20261

Amount of Each Receipt this Period
125.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 171
	<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. Full Name (Last, First, Middle Initial)
MR. ROBERT C HSU

Mailing Address 1121 EBBTIDE RD

City State Zip Code
CORONA DEL MAR CA 92625-1402

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

Name of Employer Occupation
PACIFIC LIFE SR VP ANN ADMIN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20540

Amount of Each Receipt this Period
125.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. RONALD M HUBBARD

Mailing Address 42 FERN PNE

City State Zip Code
IRVINE CA 92618-3976

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

Name of Employer Occupation
PACIFIC LIFE AVP RE IT/REOC FINANCE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20262

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

Mailing Address 42 FERN PNE

City State Zip Code
IRVINE CA 92618-3976

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

Name of Employer Occupation
PACIFIC LIFE AVP RE IT/REOC FINANCE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20541

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 171
	<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. Full Name (Last, First, Middle Initial)
MS. MARYBETH HUGHES

Mailing Address 2283 WATERMAN WAY

City State Zip Code
COSTA MESA CA 92627-1836

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

Name of Employer Occupation
PACIFIC LIFE CORP RISK MANAGER

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

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20263

Amount of Each Receipt this Period
30.00

Payroll Deduction

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

Mailing Address 2283 WATERMAN WAY

City State Zip Code
COSTA MESA CA 92627-1836

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

Name of Employer Occupation
PACIFIC LIFE CORP RISK MANAGER

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

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20542

Amount of Each Receipt this Period
30.00

Payroll Deduction

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

Mailing Address 20130 NE 28TH PL

City State Zip Code
SAMMAMISH WA 98074-4537

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

Name of Employer Occupation
PACIFIC LIFE SR WHOLESALER

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

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20264

Amount of Each Receipt this Period
40.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 171
	<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. Full Name (Last, First, Middle Initial)
MR. ROBERT J HUNT

Mailing Address 20130 NE 28TH PL

City State Zip Code
SAMMAMISH WA 98074-4537

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

Name of Employer Occupation
PACIFIC LIFE SR WHOLESALER

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20543

Amount of Each Receipt this Period
40.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. CHRIS M JANOWIAK

Mailing Address 2056 COLUMBUS WAY

City State Zip Code
VISTA CA 92081-8948

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

Name of Employer Occupation
PACIFIC LIFE DIR CORP INTERNET STRATEGY

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20265

Amount of Each Receipt this Period
60.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. CHRIS M JANOWIAK

Mailing Address 2056 COLUMBUS WAY

City State Zip Code
VISTA CA 92081-8948

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

Name of Employer Occupation
PACIFIC LIFE DIR CORP INTERNET STRATEGY

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20544

Amount of Each Receipt this Period
60.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 171
	<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. Full Name (Last, First, Middle Initial)
MS. CAROL A JENSEN

Mailing Address 8554 202ND STREET SW

City State Zip Code
EDMONDS WA 98026-6643

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

Name of Employer Occupation
PACIFIC LIFE REGIONAL VP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 975.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20266

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

Mailing Address 8554 202ND STREET SW

City State Zip Code
EDMONDS WA 98026-6643

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

Name of Employer Occupation
PACIFIC LIFE REGIONAL VP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 975.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20545

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

Mailing Address 3019 SAN ANSELIN AVE

City State Zip Code
LONG BEACH CA 90808-3731

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

Name of Employer Occupation
PACIFIC LIFE APPLICATIONS QA ANA

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20267

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 / 171
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 3019 SAN ANSELIN AVE

City State Zip Code
LONG BEACH CA 90808-3731

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

Name of Employer Occupation
PACIFIC LIFE APPLICATIONS QA ANA

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20546

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

Mailing Address 19542 OCCIDENTAL LN

City State Zip Code
HUNTINGTON BEACH CA 92646-3423

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

Name of Employer Occupation
PACIFIC LIFE DIR CORPORATE FINANCE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 540.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20268

Amount of Each Receipt this Period
45.00

Payroll Deduction

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

Mailing Address 19542 OCCIDENTAL LN

City State Zip Code
HUNTINGTON BEACH CA 92646-3423

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

Name of Employer Occupation
PACIFIC LIFE DIR CORPORATE FINANCE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 540.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20547

Amount of Each Receipt this Period
45.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 171
	<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. Full Name (Last, First, Middle Initial)
MR. KENT R JOHNSON

Mailing Address 25621 DEL NORTE

City State Zip Code
LAGUNA NIGUEL CA 92677-4424

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

Name of Employer Occupation
PACIFIC LIFE VP ACTUARIAL & REINS

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20269

Amount of Each Receipt this Period
50.00

Payroll Deduction

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

Mailing Address 25621 DEL NORTE

City State Zip Code
LAGUNA NIGUEL CA 92677-4424

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

Name of Employer Occupation
PACIFIC LIFE VP ACTUARIAL & REINS

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20548

Amount of Each Receipt this Period
50.00

Payroll Deduction

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

Mailing Address 1812 LEADBURN RD

City State Zip Code
TOWSON MD 21204-1831

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

Name of Employer Occupation
PACIFIC LIFE FVP FIELD WHOLESALING

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20270

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR. MARK J JOHNSON		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 1812 LEADBURN RD		Transaction ID: R20549	
City State Zip Code TOWSON MD 21204-1831	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE FVP FIELD WHOLESALING	Aggregate Year-to-Date ▼ 1200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MR. SCOTT E JOHNSON		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 906 NEWTON LN		Transaction ID: R20271	
City State Zip Code PLACENTIA CA 92870-7505	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE AVP HR TECHNOLOGY	Aggregate Year-to-Date ▼ 525.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MR. SCOTT E JOHNSON		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 906 NEWTON LN		Transaction ID: R20550	
City State Zip Code PLACENTIA CA 92870-7505	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE AVP HR TECHNOLOGY	Aggregate Year-to-Date ▼ 525.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 27 GRAY STONE WAY

City State Zip Code
LAGUNA NIGUEL CA 92677-9330

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

Name of Employer Occupation
PACIFIC LIFE AVP HIGH YIELD

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20272

Amount of Each Receipt this Period
30.00

Payroll Deduction

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

Mailing Address 27 GRAY STONE WAY

City State Zip Code
LAGUNA NIGUEL CA 92677-9330

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

Name of Employer Occupation
PACIFIC LIFE AVP HIGH YIELD

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20551

Amount of Each Receipt this Period
30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. JEFF A JOLLEY

Mailing Address 54 ASHBROOK

City State Zip Code
IRVINE CA 92604-3363

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

Name of Employer Occupation
PACIFIC LIFE VP AMF CHIEF ACTUARY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20273

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	85.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR. JEFF A JOLLEY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 54 ASHBROOK		Transaction ID: R20552	
City IRVINE	State CA	Zip Code 92604-3363	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation VP AMF CHIEF ACTUARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. MR. BENJAMIN JUNG		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 115 VIA KORON		Transaction ID: R20274	
City NEWPORT BEACH	State CA	Zip Code 92663-4910	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation MANAGING DIR & COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. MR. BENJAMIN JUNG		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 115 VIA KORON		Transaction ID: R20553	
City NEWPORT BEACH	State CA	Zip Code 92663-4910	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation MANAGING DIR & COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. MR. DENNIS S KAMINSKI		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 15585 BELLANCA LN		Transaction ID: R20275	
City State Zip Code WELLINGTON FL 33414-8355	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE EXEC VP, CHIEF ADMIN OFCR	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MR. DENNIS S KAMINSKI		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 15585 BELLANCA LN		Transaction ID: R20554	
City State Zip Code WELLINGTON FL 33414-8355	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE EXEC VP, CHIEF ADMIN OFCR	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MS. SUZANNE T KAMPA		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 5531 STANFORD AVE		Transaction ID: R20276	
City State Zip Code GARDEN GROVE CA 92845-2434	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE IT AUDIT CONSULTANT	Aggregate Year-to-Date ▼ 720.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MS. SUZANNE T KAMPA		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 5531 STANFORD AVE		Transaction ID: R20555	
City State Zip Code GARDEN GROVE CA 92845-2434	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE IT AUDIT CONSULTANT	Aggregate Year-to-Date ▼ 720.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MR. JAMES KARAFa		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 182 STANHOPE RD		Transaction ID: R20278	
City State Zip Code SPARTA NJ 07871-2702	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE REGIONAL VP	Aggregate Year-to-Date ▼ 525.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MR. JAMES KARAFa		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 182 STANHOPE RD		Transaction ID: R20557	
City State Zip Code SPARTA NJ 07871-2702	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE REGIONAL VP	Aggregate Year-to-Date ▼ 525.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MS. ANITA KARANJIA		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 9 MONTECILO		Transaction ID: R20279	
City State Zip Code Foothill Ranch CA 92610-1733	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE SR BUS ANA	Aggregate Year-to-Date ▼ 705.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MS. ANITA KARANJIA		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 9 MONTECILO		Transaction ID: R20558	
City State Zip Code Foothill Ranch CA 92610-1733	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE SR BUS ANA	Aggregate Year-to-Date ▼ 705.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MR. MARK A KARPE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 16 AUTUMNLEAF		Transaction ID: R20280	
City State Zip Code Irvine CA 92614-7596	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE DIR COMPLIANCE	Aggregate Year-to-Date ▼ 345.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 171		
	<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

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

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

Mailing Address 16 AUTUMNLEAF

City State Zip Code
IRVINE CA 92614-7596

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

Name of Employer Occupation
PACIFIC LIFE DIR COMPLIANCE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 345.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20559

Amount of Each Receipt this Period
30.00

Payroll Deduction

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

Mailing Address 406 1/2 HELIOTROPE AVE

City State Zip Code
CORONA DEL MAR CA 92625-2921

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

Name of Employer Occupation
PACIFIC LIFE AVP FINANCE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20281

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

Mailing Address 406 1/2 HELIOTROPE AVE

City State Zip Code
CORONA DEL MAR CA 92625-2921

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

Name of Employer Occupation
PACIFIC LIFE AVP FINANCE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20560

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
MS. CHRISTINE L KELLERMAN

Mailing Address 26571 VIA CALIFORNIA

City State Zip Code
CAPISTRANO BEACH CA 92624-1209

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

Name of Employer Occupation
PACIFIC LIFE MGR APPLICATION DEVELOPMENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 399.96

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20282

Amount of Each Receipt this Period
33.33

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MS. CHRISTINE L KELLERMAN

Mailing Address 26571 VIA CALIFORNIA

City State Zip Code
CAPISTRANO BEACH CA 92624-1209

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

Name of Employer Occupation
PACIFIC LIFE MGR APPLICATION DEVELOPMENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 399.96

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20561

Amount of Each Receipt this Period
33.33

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MS. KRISTINA L KENNEDY

Mailing Address 6 CAMARIN ST

City State Zip Code
FOOTHILL RANCH CA 92610-1939

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

Name of Employer Occupation
PACIFIC LIFE AVP ANN PRICING ACTUARY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20283

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	91.66
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MS. KRISTINA L KENNEDY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 6 CAMARIN ST		Transaction ID: R20562	
City State Zip Code Foothill Ranch CA 92610-1939	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE AVP ANN PRICING ACTUARY	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. MR. CHIN H KIM		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 24 TAOS		Transaction ID: R20284	
City State Zip Code Rcho Sta Margarita CA 92688-3812	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE DIR ADVD MKTG	Aggregate Year-to-Date 270.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. MR. CHIN H KIM		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 24 TAOS		Transaction ID: R20563	
City State Zip Code Rcho Sta Margarita CA 92688-3812	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE DIR ADVD MKTG	Aggregate Year-to-Date 270.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	85.00
TOTAL This Period (last page this line number only)	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR. BRIAN D KLEMENS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 24611 BENJAMIN CIR		Transaction ID: R20285	
City State Zip Code DANA POINT CA 92629-6013	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP & TREASURER	Aggregate Year-to-Date ▼ 885.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MR. BRIAN D KLEMENS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 24611 BENJAMIN CIR		Transaction ID: R20564	
City State Zip Code DANA POINT CA 92629-6013	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP & TREASURER	Aggregate Year-to-Date ▼ 885.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MR. RONALD S KLINGE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 995 QUIVERA ST		Transaction ID: R20286	
City State Zip Code LAGUNA BEACH CA 92651-3821	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE SR PRODUCT ANA	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 91 / 171
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
MR. RONALD S KLINGE

Mailing Address 995 QUIVERA ST

City State Zip Code
LAGUNA BEACH CA 92651-3821

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

Name of Employer Occupation
PACIFIC LIFE SR PRODUCT ANA

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20565

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MS. JUNE E KNUTH

Mailing Address 30862 PASEO DEL NIGUEL

City State Zip Code
LAGUNA NIGUEL CA 92677-2309

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

Name of Employer Occupation
PACIFIC LIFE VP & INVEST COUNSEL

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

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20287

Amount of Each Receipt this Period
30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MS. JUNE E KNUTH

Mailing Address 30862 PASEO DEL NIGUEL

City State Zip Code
LAGUNA NIGUEL CA 92677-2309

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

Name of Employer Occupation
PACIFIC LIFE VP & INVEST COUNSEL

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

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20566

Amount of Each Receipt this Period
30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	85.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 6307 CAMINO MARINERO

City State Zip Code
SAN CLEMENTE CA 92673

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

Name of Employer Occupation
PACIFIC LIFE VP KEY ACCOUNT MKTG

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1320.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20288

Amount of Each Receipt this Period
110.00

Payroll Deduction

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

Mailing Address 6307 CAMINO MARINERO

City State Zip Code
SAN CLEMENTE CA 92673

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

Name of Employer Occupation
PACIFIC LIFE VP KEY ACCOUNT MKTG

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1320.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20567

Amount of Each Receipt this Period
110.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MS. LINDA L KOTOWICZ

Mailing Address 795 TREPANNY LN

City State Zip Code
WAYNE PA 19087-1931

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

Name of Employer Occupation
PACIFIC LIFE FVP M MKTG

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20289

Amount of Each Receipt this Period
60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	280.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MS. LINDA L KOTOWICZ

Mailing Address 795 TREPANNY LN

City State Zip Code
WAYNE PA 19087-1931

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

Name of Employer Occupation
PACIFIC LIFE FVP M MKTG

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

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20568

Amount of Each Receipt this Period
60.00

Payroll Deduction

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

Mailing Address 43 LEMANS

City State Zip Code
NEWPORT COAST CA 92657-0115

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

Name of Employer Occupation
PACIFIC LIFE VP STRATEGIC PROGRAMS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20290

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

Mailing Address 43 LEMANS

City State Zip Code
NEWPORT COAST CA 92657-0115

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

Name of Employer Occupation
PACIFIC LIFE VP STRATEGIC PROGRAMS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20569

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 709 AVENIDA MIROLA

City State Zip Code
PALOS VERDES EST CA 90274-4307

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

Name of Employer Occupation
PACIFIC LIFE REGIONAL VP

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20292

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

Mailing Address 709 AVENIDA MIROLA

City State Zip Code
PALOS VERDES EST CA 90274-4307

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

Name of Employer Occupation
PACIFIC LIFE REGIONAL VP

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20571

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

Mailing Address 10935 E BERRY AVE

City State Zip Code
ENGLEWOOD CO 80111-3903

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

Name of Employer Occupation
PACIFIC LIFE REGIONAL VP

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20293

Amount of Each Receipt this Period
100.00

Payroll Deduction

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 95 / 171
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MR. DAVID LAWS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 10935 E BERRY AVE		Transaction ID: R20572	
City ENGLEWOOD	State CO	Zip Code 80111-3903	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
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 ▼ 1200.00		

Full Name (Last, First, Middle Initial) B. MS. DARCY L LEWIS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 7322 RESIDENCIA		Transaction ID: R20295	
City NEWPORT BEACH	State CA	Zip Code 92660-9057	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
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 ▼ 300.00		

Full Name (Last, First, Middle Initial) C. MS. DARCY L LEWIS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 7322 RESIDENCIA		Transaction ID: R20574	
City NEWPORT BEACH	State CA	Zip Code 92660-9057	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
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 ▼ 300.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MR. PAUL V LIGEROS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 44 RABANO		Transaction ID: R20296	
City RCHO STA MARGARITA	State CA	Amount of Each Receipt this Period 30.00	
Zip Code 92688-4961		Payroll Deduction	
FEC ID number of contributing federal political committee. C			
Name of Employer PACIFIC LIFE	Occupation PROD & COMPETITION CONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) B. MR. PAUL V LIGEROS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 44 RABANO		Transaction ID: R20575	
City RCHO STA MARGARITA	State CA	Amount of Each Receipt this Period 30.00	
Zip Code 92688-4961		Payroll Deduction	
FEC ID number of contributing federal political committee. C			
Name of Employer PACIFIC LIFE	Occupation PROD & COMPETITION CONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) C. MS. JODY L LINNEMAN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 262 S FAIRFIELD LN		Transaction ID: R20297	
City ORANGE	State CA	Amount of Each Receipt this Period 60.00	
Zip Code 92869-5907		Payroll Deduction	
FEC ID number of contributing federal political committee. C			
Name of Employer PACIFIC LIFE	Occupation ATTORNEY CONSULTANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MS. JODY L LINNEMAN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6		
Mailing Address 262 S FAIRFIELD LN		Transaction ID: R20576		
City State Zip Code ORANGE CA 92869-5907	Amount of Each Receipt this Period 60.00		Payroll Deduction	
FEC ID number of contributing federal political committee. C				
Name of Employer PACIFIC LIFE	Occupation ATTORNEY CONSULTANT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00			

Full Name (Last, First, Middle Initial) B. MR. REED J LLOYD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6		
Mailing Address 6 SANDERLING LN		Transaction ID: R20298		
City State Zip Code ALISO VIEJO CA 92656-1220	Amount of Each Receipt this Period 60.00		Payroll Deduction	
FEC ID number of contributing federal political committee. C				
Name of Employer PACIFIC LIFE	Occupation AVP ADVANCED MKTG			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00			

Full Name (Last, First, Middle Initial) C. MR. REED J LLOYD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6		
Mailing Address 6 SANDERLING LN		Transaction ID: R20577		
City State Zip Code ALISO VIEJO CA 92656-1220	Amount of Each Receipt this Period 60.00		Payroll Deduction	
FEC ID number of contributing federal political committee. C				
Name of Employer PACIFIC LIFE	Occupation AVP ADVANCED MKTG			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 16432 CAMINO CANADA LN

City State Zip Code
HUNTINGTON BEACH CA 92649-5206

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

Name of Employer Occupation
PACIFIC LIFE APPLICATIONS ANA

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 345.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20299

Amount of Each Receipt this Period
30.00

Payroll Deduction

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

Mailing Address 16432 CAMINO CANADA LN

City State Zip Code
HUNTINGTON BEACH CA 92649-5206

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

Name of Employer Occupation
PACIFIC LIFE APPLICATIONS ANA

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 345.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20578

Amount of Each Receipt this Period
30.00

Payroll Deduction

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

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 AVP VARIABLE REG COMPLIANCE

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20300

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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 AVP VARIABLE REG COMPLIANCE

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

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20579

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

Mailing Address 3115 PENINSULA DR

City State Zip Code
JAMESTOWN NC 27282-7502

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

Name of Employer Occupation
PACIFIC LIFE SR WHOLESALER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20301

Amount of Each Receipt this Period
50.00

Payroll Deduction

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

Mailing Address 3115 PENINSULA DR

City State Zip Code
JAMESTOWN NC 27282-7502

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

Name of Employer Occupation
PACIFIC LIFE SR WHOLESALER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20580

Amount of Each Receipt this Period
50.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR. DESMOND G MARSH		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 74 SETON RD		Transaction ID: R20302	
City IRVINE	State CA	Zip Code 92612-2114	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation AVP TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1440.00		

Full Name (Last, First, Middle Initial) B. MR. DESMOND G MARSH		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 74 SETON RD		Transaction ID: R20581	
City IRVINE	State CA	Zip Code 92612-2114	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation AVP TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1440.00		

Full Name (Last, First, Middle Initial) C. MR. THOMAS J MAYS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 7406 PALOMA DR		Transaction ID: R20303	
City HUNTINGTON BEACH	State CA	Zip Code 92648-6847	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation VP GOVT RELNS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MR. THOMAS J MAYS

Mailing Address 7406 PALOMA DR

City State Zip Code
HUNTINGTON BEACH CA 92648-6847

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

Name of Employer Occupation
PACIFIC LIFE VP GOVT RELNS

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20582

Amount of Each Receipt this Period
50.00

Payroll Deduction

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

Mailing Address 622 18TH ST

City State Zip Code
HUNTINGTON BEACH CA 92648-3808

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

Name of Employer Occupation
PACIFIC LIFE AVP INS CNSL

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 960.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20304

Amount of Each Receipt this Period
80.00

Payroll Deduction

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

Mailing Address 622 18TH ST

City State Zip Code
HUNTINGTON BEACH CA 92648-3808

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

Name of Employer Occupation
PACIFIC LIFE AVP INS CNSL

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 960.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20583

Amount of Each Receipt this Period
80.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 102 / 171
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MR. TRAVIS R MC KAY		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 24719 JOLEE CT		Transaction ID: R20305	
City State Zip Code PLAINFIELD IL 60544-2449	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction	
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 ▼ 1200.00		

Full Name (Last, First, Middle Initial) B. MR. TRAVIS R MC KAY		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 24719 JOLEE CT		Transaction ID: R20584	
City State Zip Code PLAINFIELD IL 60544-2449	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction	
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 ▼ 1200.00		

Full Name (Last, First, Middle Initial) C. MS. JULIA C MC KINNEY		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 207 N ELLERY DR		Transaction ID: R20306	
City State Zip Code SAN PEDRO CA 90732-2701	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation AVP INS CNSL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 / 171
	<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. Full Name (Last, First, Middle Initial)
MS. JULIA C MC KINNEY

Mailing Address 207 N ELLERY DR

City State Zip Code
SAN PEDRO CA 90732-2701

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

Name of Employer Occupation
PACIFIC LIFE AVP INS CNSL

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20585

Amount of Each Receipt this Period
75.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. MORGAN C MC KNIGHT

Mailing Address 1217 HIGHCREST DR

City State Zip Code
BURLESON TX 76028-7467

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

Name of Employer Occupation
PACIFIC LIFE SR SOFTWARE ENG-CS (G)

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20307

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. MORGAN C MC KNIGHT

Mailing Address 1217 HIGHCREST DR

City State Zip Code
BURLESON TX 76028-7467

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

Name of Employer Occupation
PACIFIC LIFE SR SOFTWARE ENG-CS (G)

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20586

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 / 171
	<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. Full Name (Last, First, Middle Initial)
MR. HENRY M MC MILLAN

Mailing Address 4006 INLET ISLE DR

City State Zip Code
CORONA DEL MAR CA 92625-1606

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

Name of Employer Occupation
PACIFIC LIFE SR VP & CHIEF RISK OFCR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20309

Amount of Each Receipt this Period
87.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. HENRY M MC MILLAN

Mailing Address 4006 INLET ISLE DR

City State Zip Code
CORONA DEL MAR CA 92625-1606

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

Name of Employer Occupation
PACIFIC LIFE SR VP & CHIEF RISK OFCR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20588

Amount of Each Receipt this Period
87.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MS. MARY K MCWARD

Mailing Address 2 GLASTONBURY PL

City State Zip Code
LAGUNA NIGUEL CA 92677-5310

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

Name of Employer Occupation
PACIFIC LIFE VP MARKETING

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 540.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20310

Amount of Each Receipt this Period
50.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. MS. MARY K MCWARD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 2 GLASTONBURY PL		Transaction ID: R20589	
City State Zip Code LAGUNA NIGUEL CA 92677-5310	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP MARKETING	Aggregate Year-to-Date ▼ 540.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MR. JOHN E MILBERG		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 33811 DONEGAL LN		Transaction ID: R20311	
City State Zip Code SN JUAN CAPISTRANO CA 92675-4973	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE SR VP RISK FIN & IM	Aggregate Year-to-Date ▼ 1725.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MR. JOHN E MILBERG		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 33811 DONEGAL LN		Transaction ID: R20590	
City State Zip Code SN JUAN CAPISTRANO CA 92675-4973	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE SR VP RISK FIN & IM	Aggregate Year-to-Date ▼ 1725.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MS. AUDREY L MILFS

Mailing Address 26922 ROCKING HORSE LN

City State Zip Code
LAGUNA HILLS CA 92653-5835

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

Name of Employer Occupation
PACIFIC LIFE VP & SECRETARY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20312

Amount of Each Receipt this Period
200.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MS. AUDREY L MILFS

Mailing Address 26922 ROCKING HORSE LN

City State Zip Code
LAGUNA HILLS CA 92653-5835

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

Name of Employer Occupation
PACIFIC LIFE VP & SECRETARY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20591

Amount of Each Receipt this Period
200.00

Payroll Deduction

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

Mailing Address 25202 LA ESTRADA DR

City State Zip Code
LAGUNA NIGUEL CA 92677-1806

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

Name of Employer Occupation
PACIFIC LIFE AVP ADVANCED DESIGN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20313

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	425.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 25202 LA ESTRADA DR

City State Zip Code
LAGUNA NIGUEL CA 92677-1806

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

Name of Employer Occupation
PACIFIC LIFE AVP ADVANCED DESIGN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20592

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

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 DIR PROD & PORT MKTG

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 540.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20314

Amount of Each Receipt this Period
45.00

Payroll Deduction

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

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 DIR PROD & PORT MKTG

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 540.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20593

Amount of Each Receipt this Period
45.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 / 171
	<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. Full Name (Last, First, Middle Initial)
MR. STEPHAN P MITCHELL

Mailing Address 18111 THEODORA DR

City State Zip Code
TUSTIN CA 92780-2643

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

Name of Employer Occupation
PACIFIC LIFE SR PROD & COMPETITION ANA

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20315

Amount of Each Receipt this Period
45.00

Payroll Deduction

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

Mailing Address 18111 THEODORA DR

City State Zip Code
TUSTIN CA 92780-2643

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

Name of Employer Occupation
PACIFIC LIFE SR PROD & COMPETITION ANA

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20594

Amount of Each Receipt this Period
45.00

Payroll Deduction

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

Mailing Address 6412 N 159TH ST

City State Zip Code
OMAHA NE 68116-4055

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

Name of Employer Occupation
PACIFIC LIFE SR BUS SYS ANA (LD)

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 405.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20316

Amount of Each Receipt this Period
45.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 / 171
	<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. Full Name (Last, First, Middle Initial)
MS. ELIZABETH A MOORE

Mailing Address 6412 N 159TH ST

City OMAHA State NE Zip Code 68116-4055

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

Name of Employer PACIFIC LIFE Occupation SR BUS SYS ANA (LD)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20595

Amount of Each Receipt this Period
45.00

Payroll Deduction

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

Mailing Address 29022 PINTAIL CIR

City LAGUNA NIGUEL State CA Zip Code 92677-1366

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

Name of Employer PACIFIC LIFE Occupation CHIEF OPERATING OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4992.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20317

Amount of Each Receipt this Period
416.00

Payroll Deduction

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

Mailing Address 29022 PINTAIL CIR

City LAGUNA NIGUEL State CA Zip Code 92677-1366

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

Name of Employer PACIFIC LIFE Occupation CHIEF OPERATING OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4992.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20596

Amount of Each Receipt this Period
416.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	877.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MS. VALERIE MORRIS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 48 W YALE LOOP		Transaction ID: R20318	
City State Zip Code IRVINE CA 92604-3619	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP EE BEN & ADMIN SVCS	Aggregate Year-to-Date ▼ 825.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MS. VALERIE MORRIS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 48 W YALE LOOP		Transaction ID: R20597	
City State Zip Code IRVINE CA 92604-3619	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP EE BEN & ADMIN SVCS	Aggregate Year-to-Date ▼ 825.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MR. JOHN C MULVIHILL		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 27822 HOMESTEAD RD		Transaction ID: R20319	
City State Zip Code LAGUNA NIGUEL CA 92677-3763	Amount of Each Receipt this Period 175.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP RE ASSET MGMT	Aggregate Year-to-Date ▼ 2025.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	325.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 111 / 171
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MR. JOHN C MULVIHILL		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 27822 HOMESTEAD RD		Transaction ID: R20598	
City State Zip Code LAGUNA NIGUEL CA 92677-3763	Amount of Each Receipt this Period 175.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP RE ASSET MGMT	Aggregate Year-to-Date ▼ 2025.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MS. MICHELE A MYSZKA		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 26206 SANZ APT D		Transaction ID: R20320	
City State Zip Code MISSION VIEJO CA 92691-7816	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE COMMUNITY RELTNS DIR	Aggregate Year-to-Date ▼ 220.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MS. MICHELE A MYSZKA		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 26206 SANZ APT D		Transaction ID: R20599	
City State Zip Code MISSION VIEJO CA 92691-7816	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE COMMUNITY RELTNS DIR	Aggregate Year-to-Date ▼ 220.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 / 171
	<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. Full Name (Last, First, Middle Initial)
MS. KATHLEEN N NITTA

Mailing Address 39 BAYCREST CT

City State Zip Code
NEWPORT BEACH CA 92660-2919

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

Name of Employer Occupation
PACIFIC LIFE SR TECH PROGRAM MGR

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20321

Amount of Each Receipt this Period
30.00

Payroll Deduction

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

Mailing Address 39 BAYCREST CT

City State Zip Code
NEWPORT BEACH CA 92660-2919

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

Name of Employer Occupation
PACIFIC LIFE SR TECH PROGRAM MGR

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20600

Amount of Each Receipt this Period
30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MS. MICHAELE S NOZAKI

Mailing Address 24441 CASWELL CT

City State Zip Code
LAGUNA NIGUEL CA 92677-7008

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

Name of Employer Occupation
PACIFIC LIFE AVP INFO SECURITY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20322

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	85.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 / 171
	<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. Full Name (Last, First, Middle Initial)
MS. MICHAELE S NOZAKI

Mailing Address 24441 CASWELL CT

City State Zip Code
LAGUNA NIGUEL CA 92677-7008

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

Name of Employer Occupation
PACIFIC LIFE AVP INFO SECURITY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20601

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. ROBERT C O'BRIEN

Mailing Address 35 HERITAGE AVE

City State Zip Code
ASHLAND MA 01721-1087

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

Name of Employer Occupation
PACIFIC LIFE SR WHOLESALER

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

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20323

Amount of Each Receipt this Period
50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. ROBERT C O'BRIEN

Mailing Address 35 HERITAGE AVE

City State Zip Code
ASHLAND MA 01721-1087

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

Name of Employer Occupation
PACIFIC LIFE SR WHOLESALER

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

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20602

Amount of Each Receipt this Period
50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 125.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR. JOHN F O'DONNELL		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 30 BRIAN RD		Transaction ID: R20324	
City BRIDGEWATER	State MA	Amount of Each Receipt this Period 100.00	
Zip Code 02324-3000		Payroll Deduction	
FEC ID number of contributing federal political committee. C		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 ▼ 1200.00			

Full Name (Last, First, Middle Initial) B. MR. JOHN F O'DONNELL		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 30 BRIAN RD		Transaction ID: R20603	
City BRIDGEWATER	State MA	Amount of Each Receipt this Period 100.00	
Zip Code 02324-3000		Payroll Deduction	
FEC ID number of contributing federal political committee. C		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 ▼ 1200.00			

Full Name (Last, First, Middle Initial) C. MR. DARAGH M O'SULLIVAN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 177 22ND ST APT 14		Transaction ID: R20325	
City COSTA MESA	State CA	Amount of Each Receipt this Period 150.00	
Zip Code 92627-1764		Payroll Deduction	
FEC ID number of contributing federal political committee. C		Name of Employer PACIFIC LIFE	
Occupation VP PRODUCT DESIGN		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1680.00			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 115 / 171						
	(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

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

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

Full Name (Last, First, Middle Initial) A. MR. DARAGH M O'SULLIVAN		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 177 22ND ST APT 14		Transaction ID: R20604	
City State Zip Code COSTA MESA CA 92627-1764	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP PRODUCT DESIGN	Aggregate Year-to-Date ▼ 1680.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MR. EVAN P OHS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 8124 WESTLAWN AVE		Transaction ID: R20326	
City State Zip Code LOS ANGELES CA 90045-2753	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE FIELD VICE PRES	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MR. EVAN P OHS		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 8124 WESTLAWN AVE		Transaction ID: R20605	
City State Zip Code LOS ANGELES CA 90045-2753	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE FIELD VICE PRES	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR. REX A OLSON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 1963 PORT LAURENT PL		Transaction ID: R20329	
City State Zip Code NEWPORT BEACH CA 92660-7118	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP CREDIT ANALYSIS	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MR. REX A OLSON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 1963 PORT LAURENT PL		Transaction ID: R20608	
City State Zip Code NEWPORT BEACH CA 92660-7118	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP CREDIT ANALYSIS	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MR. RICHARD P OLSON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 24852 CAMBERWELL ST		Transaction ID: R20330	
City State Zip Code LAGUNA HILLS CA 92653-4602	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE DIR SECURITY SVCS	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MR. RICHARD P OLSON

Mailing Address 24852 CAMBERWELL ST

City State Zip Code
LAGUNA HILLS CA 92653-4602

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

Name of Employer Occupation
PACIFIC LIFE DIR SECURITY SVCS

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20609

Amount of Each Receipt this Period
50.00

Payroll Deduction

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

Mailing Address 112 CLEARBROOK

City State Zip Code
IRVINE CA 92614-7984

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

Name of Employer Occupation
PACIFIC LIFE PUBLIC AFFAIRS MGR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20331

Amount of Each Receipt this Period
35.00

Payroll Deduction

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

Mailing Address 112 CLEARBROOK

City State Zip Code
IRVINE CA 92614-7984

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

Name of Employer Occupation
PACIFIC LIFE PUBLIC AFFAIRS MGR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20610

Amount of Each Receipt this Period
35.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 / 171
	<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. Full Name (Last, First, Middle Initial)
MS. SHARON E PACHECO

Mailing Address 21611 BLUEJAY ST

City State Zip Code
TRABUCO CANYON CA 92679-3469

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

Name of Employer Occupation
PACIFIC LIFE VP CHIEF COMPLIANCE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20332

Amount of Each Receipt this Period
40.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MS. SHARON E PACHECO

Mailing Address 21611 BLUEJAY ST

City State Zip Code
TRABUCO CANYON CA 92679-3469

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

Name of Employer Occupation
PACIFIC LIFE VP CHIEF COMPLIANCE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20611

Amount of Each Receipt this Period
40.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MS. HEATHER A PAIGE

Mailing Address 29352 BOBOLINK DR

City State Zip Code
LAGUNA NIGUEL CA 92677-1336

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

Name of Employer Occupation
PACIFIC LIFE AVP IMD OPS & COMPL

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20333

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MS. HEATHER A PAIGE

Mailing Address 29352 BOBOLINK DR

City State Zip Code
LAGUNA NIGUEL CA 92677-1336

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

Name of Employer Occupation
PACIFIC LIFE AVP IMD OPS & COMPL

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20612

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. SEBRON K PARTRIDGE

Mailing Address 2549B EASTBLUFF DR # 269

City State Zip Code
NEWPORT BEACH CA 92660-3504

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

Name of Employer Occupation
PACIFIC LIFE BUS CONTINUITY CONS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20334

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. SEBRON K PARTRIDGE

Mailing Address 2549B EASTBLUFF DR # 269

City State Zip Code
NEWPORT BEACH CA 92660-3504

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

Name of Employer Occupation
PACIFIC LIFE BUS CONTINUITY CONS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20613

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	75.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 / 171
	<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. Full Name (Last, First, Middle Initial)
MR. DALE W PATRICK

Mailing Address 6 SUNNYVALE

City IRVINE State CA Zip Code 92602-1067

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

Name of Employer PACIFIC LIFE Occupation AVP PORT MGMT, IG TRADING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 3 0 / 2 0 0 6

Transaction ID: R20335

Amount of Each Receipt this Period
 50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. DALE W PATRICK

Mailing Address 6 SUNNYVALE

City IRVINE State CA Zip Code 92602-1067

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

Name of Employer PACIFIC LIFE Occupation AVP PORT MGMT, IG TRADING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 3 1 / 2 0 0 6

Transaction ID: R20614

Amount of Each Receipt this Period
 50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. GEORGE A PAULIK

Mailing Address 2990 WINDSTONE CIR

City MARIETTA State GA Zip Code 30062-5685

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 / D D / Y Y Y Y
 1 1 / 3 0 / 2 0 0 6

Transaction ID: R20336

Amount of Each Receipt this Period
 25.00

Payroll Deduction

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 / 171
	<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. Full Name (Last, First, Middle Initial)
MR. GEORGE A PAULIK

Mailing Address 2990 WINDSTONE CIR

City MARIETTA State GA Zip Code 30062-5685

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 / D D / Y Y Y Y
 1 2 / 3 1 / 2 0 0 6

Transaction ID: R20615

Amount of Each Receipt this Period
 25.00

Payroll Deduction

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

Mailing Address 25 SUNRISE

City IRVINE State CA Zip Code 92603-3719

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

Name of Employer PACIFIC LIFE Occupation AVP EMPLOYMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 3 0 / 2 0 0 6

Transaction ID: R20337

Amount of Each Receipt this Period
 25.00

Payroll Deduction

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

Mailing Address 25 SUNRISE

City IRVINE State CA Zip Code 92603-3719

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

Name of Employer PACIFIC LIFE Occupation AVP EMPLOYMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 3 1 / 2 0 0 6

Transaction ID: R20616

Amount of Each Receipt this Period
 25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	75.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR. TERRY R PERKINS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 25522 SAWMILL LN		Transaction ID: R20338	
City State Zip Code LAKE FOREST CA 92630-4333	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP ADVANCE DESIGN	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MR. TERRY R PERKINS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 25522 SAWMILL LN		Transaction ID: R20617	
City State Zip Code LAKE FOREST CA 92630-4333	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP ADVANCE DESIGN	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MS. ALYCE PETERSON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 2908 VIA HIDALGO		Transaction ID: R20339	
City State Zip Code SAN CLEMENTE CA 92673-3026	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP MARKETING SVCS	Aggregate Year-to-Date ▼ 900.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 2908 VIA HIDALGO

City State Zip Code
SAN CLEMENTE CA 92673-3026

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

Name of Employer Occupation
PACIFIC LIFE VP MARKETING SVCS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2006

Transaction ID: R20618

Amount of Each Receipt this Period
75.00

Payroll Deduction

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

Mailing Address 915 STOKE RD

City State Zip Code
VILLANOVA PA 19085-2023

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

Name of Employer Occupation
PACIFIC LIFE REGIONAL VP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 30 / 2006

Transaction ID: R20340

Amount of Each Receipt this Period
40.00

Payroll Deduction

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

Mailing Address 915 STOKE RD

City State Zip Code
VILLANOVA PA 19085-2023

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

Name of Employer Occupation
PACIFIC LIFE REGIONAL VP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2006

Transaction ID: R20619

Amount of Each Receipt this Period
40.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 / 171
	<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. Full Name (Last, First, Middle Initial)
MS. JULIET A PINKERTON

Mailing Address 2826 STUART MNR

City State Zip Code
HOUSTON TX 77082-3126

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

Name of Employer Occupation
PACIFIC LIFE REGIONAL VP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20341

Amount of Each Receipt this Period
30.00

Payroll Deduction

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

Mailing Address 2826 STUART MNR

City State Zip Code
HOUSTON TX 77082-3126

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

Name of Employer Occupation
PACIFIC LIFE REGIONAL VP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20620

Amount of Each Receipt this Period
30.00

Payroll Deduction

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

Mailing Address 20541 VIA EL TAJO

City State Zip Code
YORBA LINDA CA 92887-3202

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

Name of Employer Occupation
PACIFIC LIFE VP FINANCIAL CONTROLS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20342

Amount of Each Receipt this Period
35.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 95.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 20541 VIA EL TAJO

City State Zip Code
YORBA LINDA CA 92887-3202

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

Name of Employer Occupation
PACIFIC LIFE VP FINANCIAL CONTROLS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20621

Amount of Each Receipt this Period
35.00

Payroll Deduction

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

Mailing Address 20 MOLINO

City State Zip Code
NEWPORT BEACH CA 92660-9116

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

Name of Employer Occupation
PACIFIC LIFE VP COMM MORT PROD

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1425.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20344

Amount of Each Receipt this Period
125.00

Payroll Deduction

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

Mailing Address 20 MOLINO

City State Zip Code
NEWPORT BEACH CA 92660-9116

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

Name of Employer Occupation
PACIFIC LIFE VP COMM MORT PROD

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1425.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20623

Amount of Each Receipt this Period
125.00

Payroll Deduction

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 / 171
	<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. Full Name (Last, First, Middle Initial) MS. CATHLEEN H PULFORD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 33742 PEQUITO DR		Transaction ID: R20345
City State Zip Code DANA POINT CA 92629-2034	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Occupation PACIFIC LIFE REG RPTG & ANA CONS	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) MS. CATHLEEN H PULFORD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 33742 PEQUITO DR		Transaction ID: R20624
City State Zip Code DANA POINT CA 92629-2034	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Occupation PACIFIC LIFE REG RPTG & ANA CONS	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) MR. JOSEPH A PUM		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 33 BOLERO		Transaction ID: R20346
City State Zip Code MISSION VIEJO CA 92692-5160	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Occupation PACIFIC LIFE INTERNAL AUDIT DIR	Aggregate Year-to-Date ▼ 405.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	85.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 / 171
	<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. Full Name (Last, First, Middle Initial)
MR. JOSEPH A PUM

Mailing Address 33 BOLERO

City MISSION VIEJO State CA Zip Code 92692-5160

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

Name of Employer PACIFIC LIFE Occupation INTERNAL AUDIT DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20625

Amount of Each Receipt this Period
35.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MS. RACHELLE E REGEHR

Mailing Address 20822 CATAMARAN LN

City HUNTINGTON BEACH State CA Zip Code 92646-5516

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

Name of Employer PACIFIC LIFE Occupation INTERNAL WHOLESALER I

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20348

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MS. RACHELLE E REGEHR

Mailing Address 20822 CATAMARAN LN

City HUNTINGTON BEACH State CA Zip Code 92646-5516

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

Name of Employer PACIFIC LIFE Occupation INTERNAL WHOLESALER I

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20627

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	85.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR. JAMES R RICE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 11 STILLWATER		Transaction ID: R20350	
City IRVINE	State CA	Zip Code 92603-3426	Amount of Each Receipt this Period 110.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation VP M FINANCIAL DISTRIBUTION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1290.00		

Full Name (Last, First, Middle Initial) B. MR. JAMES R RICE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 11 STILLWATER		Transaction ID: R20629	
City IRVINE	State CA	Zip Code 92603-3426	Amount of Each Receipt this Period 110.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation VP M FINANCIAL DISTRIBUTION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1290.00		

Full Name (Last, First, Middle Initial) C. MS. BIRGIT RICKETTS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 1534 DOGWOOD WAY		Transaction ID: R20351	
City NORCO	State CA	Zip Code 92860-3882	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation SR ADV COMPL ANA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional) ▶	240.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 / 171
	<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. Full Name (Last, First, Middle Initial)
MS. BIRGIT RICKETTS

Mailing Address 1534 DOGWOOD WAY

City NORCO State CA Zip Code 92860-3882

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

Name of Employer PACIFIC LIFE Occupation SR ADV COMPL ANA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20630

Amount of Each Receipt this Period
20.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL S ROBB

Mailing Address 27481 VANTAGE CIRCLE

City SAN JUAN CAPISTRAN State CA Zip Code 92675-1543

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

Name of Employer PACIFIC LIFE Occupation EXEC VP RE INVEST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20352

Amount of Each Receipt this Period
250.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL S ROBB

Mailing Address 27481 VANTAGE CIRCLE

City SAN JUAN CAPISTRAN State CA Zip Code 92675-1543

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

Name of Employer PACIFIC LIFE Occupation EXEC VP RE INVEST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20631

Amount of Each Receipt this Period
250.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	520.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 / 171
	<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. Full Name (Last, First, Middle Initial) MR. GERALD W ROBINSON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 38347 N 104TH PL		Transaction ID: R20354	
City SCOTTSDALE	State AZ	Zip Code 85262-5115	Amount of Each Receipt this Period 275.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation EXEC VP ANNUITIES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3255.00		

B. Full Name (Last, First, Middle Initial) MR. GERALD W ROBINSON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 38347 N 104TH PL		Transaction ID: R20633	
City SCOTTSDALE	State AZ	Zip Code 85262-5115	Amount of Each Receipt this Period 275.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation EXEC VP ANNUITIES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3255.00		

C. Full Name (Last, First, Middle Initial) MS. JOANN ROGERS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 909 DREXEL AVE		Transaction ID: R20357	
City DREXEL HILL	State PA	Zip Code 19026-3305	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation SUPR OPERATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

SUBTOTAL of Receipts This Page (optional)	570.00
TOTAL This Period (last page this line number only)	(Empty box)

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

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

FOR LINE NUMBER: PAGE 131 / 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS. JOANN ROGERS

Mailing Address 909 DREXEL AVE

City State Zip Code
DREXEL HILL PA 19026-3305

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

Name of Employer Occupation
PACIFIC LIFE SUPR OPERATIONS

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

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20636

Amount of Each Receipt this Period
20.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20358

Amount of Each Receipt this Period
30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20637

Amount of Each Receipt this Period
30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 80.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 851 VIA BARQUERO

City State Zip Code
SAN MARCOS CA 92069-7395

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

Name of Employer Occupation
PACIFIC LIFE KEY ACCOUNT SUPR

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20359

Amount of Each Receipt this Period
30.00

Payroll Deduction

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

Mailing Address 851 VIA BARQUERO

City State Zip Code
SAN MARCOS CA 92069-7395

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

Name of Employer Occupation
PACIFIC LIFE KEY ACCOUNT SUPR

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20638

Amount of Each Receipt this Period
30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. DAVID K ROSUCK

Mailing Address 20 SAINT JOHN DR

City State Zip Code
HAWTHORN WOODS IL 60047-9176

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

Name of Employer Occupation
PACIFIC LIFE FIELD VICE PRES

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20360

Amount of Each Receipt this Period
30.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 / 171
	<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. Full Name (Last, First, Middle Initial)
MR. DAVID K ROSUCK

Mailing Address 20 SAINT JOHN DR

City State Zip Code
HAWTHORN WOODS IL 60047-9176

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

Name of Employer Occupation
PACIFIC LIFE FIELD VICE PRES

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

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20639

Amount of Each Receipt this Period
30.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. JAMES M RUGGERIO

Mailing Address 449 SAINT ANNES DR

City State Zip Code
BIRMINGHAM AL 35244-3266

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

Name of Employer Occupation
PACIFIC LIFE SR WHOLESALER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 585.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20362

Amount of Each Receipt this Period
65.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. JAMES M RUGGERIO

Mailing Address 449 SAINT ANNES DR

City State Zip Code
BIRMINGHAM AL 35244-3266

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

Name of Employer Occupation
PACIFIC LIFE SR WHOLESALER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 585.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20641

Amount of Each Receipt this Period
65.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 / 171
	<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. Full Name (Last, First, Middle Initial)
MS. CAROL E RUMSEY

Mailing Address 25221 SPINDLEWOOD

City State Zip Code
LAGUNA NIGUEL CA 92677-1967

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

Name of Employer Occupation
PACIFIC LIFE IMD OPS COMPLIANCE PROJ MGR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20363

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

Mailing Address 25221 SPINDLEWOOD

City State Zip Code
LAGUNA NIGUEL CA 92677-1967

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

Name of Employer Occupation
PACIFIC LIFE IMD OPS COMPLIANCE PROJ MGR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20642

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. ROBERT D RUSSELL

Mailing Address 51202 EASTCHURCH

City State Zip Code
CHAPEL HILL NC 27517-8340

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

Name of Employer Occupation
PACIFIC LIFE AVP RE INVESTMENTS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 825.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20364

Amount of Each Receipt this Period
75.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
MR. ROBERT D RUSSELL

Mailing Address 51202 EASTCHURCH

City State Zip Code
CHAPEL HILL NC 27517-8340

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

Name of Employer Occupation
PACIFIC LIFE AVP RE INVESTMENTS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 825.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20643

Amount of Each Receipt this Period
75.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MS. SHERIL RYAN

Mailing Address 452 CAPISTRANO DR

City State Zip Code
PALM BEACH GARDENS FL 33410-4300

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

Name of Employer Occupation
PACIFIC LIFE SR VP DIR MKTG

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20365

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MS. SHERIL RYAN

Mailing Address 452 CAPISTRANO DR

City State Zip Code
PALM BEACH GARDENS FL 33410-4300

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

Name of Employer Occupation
PACIFIC LIFE SR VP DIR MKTG

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20644

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 / 171
	<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. Full Name (Last, First, Middle Initial)
MR. PHILLIP L SALEMNO

Mailing Address 47 BETSY LN

City State Zip Code
AMBLER PA 19002-5737

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

Name of Employer Occupation
PACIFIC LIFE BROKERAGE MGR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2006

Transaction ID: R20366

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

Mailing Address 47 BETSY LN

City State Zip Code
AMBLER PA 19002-5737

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

Name of Employer Occupation
PACIFIC LIFE BROKERAGE MGR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2006

Transaction ID: R20645

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MS. CARRIE A SALVINO

Mailing Address 2394 WESTMINSTER AVE

City State Zip Code
COSTA MESA CA 92627-1560

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

Name of Employer Occupation
PACIFIC LIFE PROJECT MANAGER

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

Date of Receipt
MM / DD / YYYY
11 / 30 / 2006

Transaction ID: R20367

Amount of Each Receipt this Period
30.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MS. CARRIE A SALVINO		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 2394 WESTMINSTER AVE		Transaction ID: R20646	
City State Zip Code COSTA MESA CA 92627-1560	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation PROJECT MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) B. MS. PATRICIA A SANDBERG		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 2967 MICHELSON DR STE G206		Transaction ID: R20368	
City State Zip Code IRVINE CA 92612-0657	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation AVP INVEST CNSL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. MS. PATRICIA A SANDBERG		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 2967 MICHELSON DR STE G206		Transaction ID: R20647	
City State Zip Code IRVINE CA 92612-0657	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation AVP INVEST CNSL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) MR. RICHARD J SCHINDLER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 28792 APPLETREE		Transaction ID: R20369	
City State Zip Code MISSION VIEJO CA 92692-1089	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE SR VP SALES OFFICE MKTG	Aggregate Year-to-Date ▼ 1125.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) MR. RICHARD J SCHINDLER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 28792 APPLETREE		Transaction ID: R20648	
City State Zip Code MISSION VIEJO CA 92692-1089	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE SR VP SALES OFFICE MKTG	Aggregate Year-to-Date ▼ 1125.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) MS. PEGGY L SCHMIDT		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 25 RECODO		Transaction ID: R20370	
City State Zip Code IRVINE CA 92620-1869	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP PROGRAM MGMT	Aggregate Year-to-Date ▼ 240.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	220.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MS. PEGGY L SCHMIDT

Mailing Address 25 RECODO

City IRVINE State CA Zip Code 92620-1869

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

Name of Employer PACIFIC LIFE Occupation VP PROGRAM MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20649

Amount of Each Receipt this Period
20.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. S GENE SCHOFIELD

Mailing Address 75 VIA ERMITAS

City RCHO STA MARGARITA State CA Zip Code 92688-2971

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

Name of Employer PACIFIC LIFE Occupation SR VP OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20372

Amount of Each Receipt this Period
150.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. S GENE SCHOFIELD

Mailing Address 75 VIA ERMITAS

City RCHO STA MARGARITA State CA Zip Code 92688-2971

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

Name of Employer PACIFIC LIFE Occupation SR VP OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20651

Amount of Each Receipt this Period
150.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	320.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 140 / 171						
	(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

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

Full Name (Last, First, Middle Initial) A. MS. KIMBERLY K SCHULTZ		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 28392 CALLE PINON		Transaction ID: R20374	
City State Zip Code SN JUAN CAPISTRANO CA 92675-5802	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE SR WHOLESALER	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MS. KIMBERLY K SCHULTZ		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 28392 CALLE PINON		Transaction ID: R20653	
City State Zip Code SN JUAN CAPISTRANO CA 92675-5802	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE SR WHOLESALER	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MS. CATHY L SCHWARTZ		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 87 PELICAN CT		Transaction ID: R20375	
City State Zip Code NEWPORT BEACH CA 92660-2930	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE AVP CREDIT ANALYSIS	Aggregate Year-to-Date ▼ 1200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 / 171
	<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. Full Name (Last, First, Middle Initial)
MS. CATHY L SCHWARTZ

Mailing Address 87 PELICAN CT

City State Zip Code
NEWPORT BEACH CA 92660-2930

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

Name of Employer Occupation
PACIFIC LIFE AVP CREDIT ANALYSIS

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

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20654

Amount of Each Receipt this Period
100.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. ALAN L SCHWITZGEBEL

Mailing Address 18612 MORONGO ST

City State Zip Code
FOUNTAIN VALLEY CA 92708-6208

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

Name of Employer Occupation
PACIFIC LIFE SR MGMT/PROF EMPLYMT COORD

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20376

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. ALAN L SCHWITZGEBEL

Mailing Address 18612 MORONGO ST

City State Zip Code
FOUNTAIN VALLEY CA 92708-6208

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

Name of Employer Occupation
PACIFIC LIFE SR MGMT/PROF EMPLYMT COORD

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20655

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 30 CANYONWOOD

City State Zip Code
IRVINE CA 92620

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

Name of Employer Occupation
PACIFIC LIFE AVP COMPENSATION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20377

Amount of Each Receipt this Period
35.00

Payroll Deduction

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

Mailing Address 30 CANYONWOOD

City State Zip Code
IRVINE CA 92620

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

Name of Employer Occupation
PACIFIC LIFE AVP COMPENSATION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20656

Amount of Each Receipt this Period
35.00

Payroll Deduction

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

Mailing Address 2553 W GLENCREST AVE

City State Zip Code
ANAHEIM CA 92801-3134

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

Name of Employer Occupation
PACIFIC LIFE DATABASE ADMIN

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

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20378

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR. RONALD C SEXTON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 2553 W GLENCREST AVE		Transaction ID: R20657	
City State Zip Code ANAHEIM CA 92801-3134	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE DATABASE ADMIN	Aggregate Year-to-Date ▼ 225.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MR. BRADLEY W SHERRELL		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 2315 VIA ZAFIRO		Transaction ID: R20379	
City State Zip Code SAN CLEMENTE CA 92673-3901	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE AVP INFO TECHNOLOGY	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MR. BRADLEY W SHERRELL		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 2315 VIA ZAFIRO		Transaction ID: R20658	
City State Zip Code SAN CLEMENTE CA 92673-3901	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE AVP INFO TECHNOLOGY	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 144 / 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 57 CORAL LK

City State Zip Code
IRVINE CA 92614-5487

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

Name of Employer Occupation
PACIFIC LIFE AVP TECHNOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20380

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MS. ELIZABETH H SKINNER

Mailing Address 57 CORAL LK

City State Zip Code
IRVINE CA 92614-5487

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

Name of Employer Occupation
PACIFIC LIFE AVP TECHNOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20659

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MS. PENNY S SPARKS

Mailing Address 1661 UTAH CIR

City State Zip Code
COSTA MESA CA 92626-2239

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

Name of Employer Occupation
PACIFIC LIFE DIR COMPLIANCE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 885.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20382

Amount of Each Receipt this Period
75.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 125.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
MS. PENNY S SPARKS

Mailing Address 1661 UTAH CIR

City State Zip Code
COSTA MESA CA 92626-2239

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

Name of Employer Occupation
PACIFIC LIFE DIR COMPLIANCE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 885.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20661

Amount of Each Receipt this Period
75.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. MARVIN C STEAKLEY

Mailing Address 100 HARBOR WOODS PL

City State Zip Code
NEWPORT BEACH CA 92660-7823

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

Name of Employer Occupation
PACIFIC LIFE SR SOFTWARE ENG-CS (G)

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

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20383

Amount of Each Receipt this Period
60.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. MARVIN C STEAKLEY

Mailing Address 100 HARBOR WOODS PL

City State Zip Code
NEWPORT BEACH CA 92660-7823

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

Name of Employer Occupation
PACIFIC LIFE SR SOFTWARE ENG-CS (G)

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

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20662

Amount of Each Receipt this Period
60.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 / 171
	<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. Full Name (Last, First, Middle Initial)
MR. WILLIAM E STODDART

Mailing Address 2413 W 123RD TER

City LEAWOOD State KS Zip Code 66209-1225

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

Name of Employer PACIFIC LIFE Occupation REG LIFE CONS (FVP)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 3 0 / 2 0 0 6

Transaction ID: R20384

Amount of Each Receipt this Period
 25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM E STODDART

Mailing Address 2413 W 123RD TER

City LEAWOOD State KS Zip Code 66209-1225

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

Name of Employer PACIFIC LIFE Occupation REG LIFE CONS (FVP)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 6

Transaction ID: R20663

Amount of Each Receipt this Period
 25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. ROBERT S STREVELL

Mailing Address 1213 25TH ST

City GALVESTON State TX Zip Code 77550-4539

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 ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 3 0 / 2 0 0 6

Transaction ID: R20385

Amount of Each Receipt this Period
 25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	75.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR. ROBERT S STREVELL		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 1213 25TH ST		Transaction ID: R20664	
City State Zip Code GALVESTON TX 77550-4539	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE SR WHOLESALER	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MS. CAROL R SUDBECK		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 11 SOMMET		Transaction ID: R20386	
City State Zip Code NEWPORT COAST CA 92657-0104	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP CORP AUDIT	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MS. CAROL R SUDBECK		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 11 SOMMET		Transaction ID: R20665	
City State Zip Code NEWPORT COAST CA 92657-0104	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP CORP AUDIT	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 111 SHORECLIFF RD

City State Zip Code
CORONA DEL MAR CA 92625-2646

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

Name of Employer Occupation
PACIFIC LIFE CHRMN & CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 4999.92

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20387

Amount of Each Receipt this Period
416.66

Payroll Deduction

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

Mailing Address 111 SHORECLIFF RD

City State Zip Code
CORONA DEL MAR CA 92625-2646

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

Name of Employer Occupation
PACIFIC LIFE CHRMN & CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 4999.92

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20666

Amount of Each Receipt this Period
416.66

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. SAMUEL TANG

Mailing Address 9 KEMPTON LN

City State Zip Code
LADERA RANCH CA 92694-0226

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

Name of Employer Occupation
PACIFIC LIFE AVP PVT PLCMT

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

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20388

Amount of Each Receipt this Period
30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	863.32
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 / 171
	<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. Full Name (Last, First, Middle Initial)
MR. SAMUEL TANG

Mailing Address 9 KEMPTON LN

City State Zip Code
LADERA RANCH CA 92694-0226

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

Name of Employer Occupation
PACIFIC LIFE AVP PVT PLCMT

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

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20667

Amount of Each Receipt this Period
30.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. RICHARD A TAUBE

Mailing Address 24081 NUTHATCH LN

City State Zip Code
LAGUNA NIGUEL CA 92677-1382

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

Name of Employer Occupation
PACIFIC LIFE AVP ACCUM PRODUCTS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20389

Amount of Each Receipt this Period
75.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. RICHARD A TAUBE

Mailing Address 24081 NUTHATCH LN

City State Zip Code
LAGUNA NIGUEL CA 92677-1382

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

Name of Employer Occupation
PACIFIC LIFE AVP ACCUM PRODUCTS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20668

Amount of Each Receipt this Period
75.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MR. PHILIP A TEETER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 73 WOODHAVEN DR		Transaction ID: R20390	
City LAGUNA NIGUEL	State CA	Zip Code 92677-2819	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation VP ANN TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00		

Full Name (Last, First, Middle Initial) B. MR. PHILIP A TEETER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 73 WOODHAVEN DR		Transaction ID: R20669	
City LAGUNA NIGUEL	State CA	Zip Code 92677-2819	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation VP ANN TECHNOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00		

Full Name (Last, First, Middle Initial) C. MS. ALICE P TERLECKY		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 2130 CAMINO LAUREL		Transaction ID: R20391	
City SAN CLEMENTE	State CA	Zip Code 92673-5650	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation AVP NEW BUSINESS SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 / 171
	<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. Full Name (Last, First, Middle Initial)
MS. ALICE P TERLECKY

Mailing Address 2130 CAMINO LAUREL

City State Zip Code
SAN CLEMENTE CA 92673-5650

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

Name of Employer Occupation
PACIFIC LIFE AVP NEW BUSINESS SVCS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20670

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MS. CHERYL L TOBIN

Mailing Address 818 BAYWOOD DR

City State Zip Code
NEWPORT BEACH CA 92660-7146

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

Name of Employer Occupation
PACIFIC LIFE AVP INS CNSL

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20392

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MS. CHERYL L TOBIN

Mailing Address 818 BAYWOOD DR

City State Zip Code
NEWPORT BEACH CA 92660-7146

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

Name of Employer Occupation
PACIFIC LIFE AVP INS CNSL

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20671

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	75.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial) A. MR. JOHN G TORELL		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 355 S LORETTA DR		Transaction ID: R20393	
City State Zip Code ORANGE CA 92869-4633	Amount of Each Receipt this Period 70.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP ACCTG & RPTG	Aggregate Year-to-Date ▼ 825.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MR. JOHN G TORELL		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 355 S LORETTA DR		Transaction ID: R20672	
City State Zip Code ORANGE CA 92869-4633	Amount of Each Receipt this Period 70.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP ACCTG & RPTG	Aggregate Year-to-Date ▼ 825.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MR. STEPHEN J TORETTO		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 22862 ORENSE		Transaction ID: R20394	
City State Zip Code MISSION VIEJO CA 92691-1723	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE VP & INSURANCE COUNS	Aggregate Year-to-Date ▼ 480.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	185.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) MR. STEPHEN J TORETTO		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 22862 ORENSE		Transaction ID: R20673	
City MISSION VIEJO	State CA	Zip Code 92691-1723	Amount of Each Receipt this Period 45.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation VP & INSURANCE COUNS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

B. Full Name (Last, First, Middle Initial) MR. KHANH T TRAN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 47 VERNAL SPG		Transaction ID: R20395	
City IRVINE	State CA	Zip Code 92603-0404	Amount of Each Receipt this Period 416.66
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation EXEC VP CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.92		

C. Full Name (Last, First, Middle Initial) MR. KHANH T TRAN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 47 VERNAL SPG		Transaction ID: R20674	
City IRVINE	State CA	Zip Code 92603-0404	Amount of Each Receipt this Period 416.66
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation EXEC VP CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.92		

SUBTOTAL of Receipts This Page (optional) ▶	878.32
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 / 171
	<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. Full Name (Last, First, Middle Initial)
MS. JULIE E TRASK

Mailing Address 181 S CRAIG DR

City ORANGE State CA Zip Code 92869-3731

FEC ID number of contributing federal political committee. **C**

Name of Employer PACIFIC LIFE Occupation MGR CUSTOMER SVC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 3 0 / 2 0 0 6

Transaction ID: R20396

Amount of Each Receipt this Period
 40.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MS. JULIE E TRASK

Mailing Address 181 S CRAIG DR

City ORANGE State CA Zip Code 92869-3731

FEC ID number of contributing federal political committee. **C**

Name of Employer PACIFIC LIFE Occupation MGR CUSTOMER SVC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 3 1 / 2 0 0 6

Transaction ID: R20675

Amount of Each Receipt this Period
 40.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MS. SUSAN L TULLY

Mailing Address 6929 N HAYDEN RD PMB 157

City SCOTTSDALE State AZ Zip Code 85250-7978

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 ▼ 720.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 3 0 / 2 0 0 6

Transaction ID: R20397

Amount of Each Receipt this Period
 60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	140.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 / 171
	<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. Full Name (Last, First, Middle Initial)
MS. SUSAN L TULLY

Mailing Address 6929 N HAYDEN RD PMB 157

City State Zip Code
SCOTTSDALE AZ 85250-7978

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PACIFIC LIFE SR WHOLESALER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 720.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20676

Amount of Each Receipt this Period
60.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. EDDIE D TUNG

Mailing Address PO BOX 10386

City State Zip Code
NEWPORT BEACH CA 92658-0386

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PACIFIC LIFE AVP REGULATORY PROD ACCTG

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 645.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20398

Amount of Each Receipt this Period
55.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. EDDIE D TUNG

Mailing Address PO BOX 10386

City State Zip Code
NEWPORT BEACH CA 92658-0386

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PACIFIC LIFE AVP REGULATORY PROD ACCTG

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 645.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20677

Amount of Each Receipt this Period
55.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	170.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER E ULRICH

Mailing Address 152 TROFELLO LN

City ALISO VIEJO State CA Zip Code 92656-6257

FEC ID number of contributing federal political committee. **C**

Name of Employer PACIFIC LIFE Occupation INTRNL WHLSLR SUPR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 3 0 / 2 0 0 6

Transaction ID: R20399

Amount of Each Receipt this Period
 25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER E ULRICH

Mailing Address 152 TROFELLO LN

City ALISO VIEJO State CA Zip Code 92656-6257

FEC ID number of contributing federal political committee. **C**

Name of Employer PACIFIC LIFE Occupation INTRNL WHLSLR SUPR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 6

Transaction ID: R20678

Amount of Each Receipt this Period
 25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. DOUGLAS J URATA

Mailing Address 28202 MILLWOOD RD

City TRABUCO CANYON State CA Zip Code 92679-1210

FEC ID number of contributing federal political committee. **C**

Name of Employer PACIFIC LIFE Occupation SR PROJECT COORD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 3 0 / 2 0 0 6

Transaction ID: R20400

Amount of Each Receipt this Period
 25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	75.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MR. DOUGLAS J URATA

Mailing Address 28202 MILLWOOD RD

City State Zip Code
TRABUCO CANYON CA 92679-1210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PACIFIC LIFE SR PROJECT COORD

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20679

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER VAN MIERLO

Mailing Address 400 EL VUELO

City State Zip Code
SAN CLEMENTE CA 92672-7513

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PACIFIC LIFE VP NATL ACCOUNTS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 585.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20401

Amount of Each Receipt this Period
50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER VAN MIERLO

Mailing Address 400 EL VUELO

City State Zip Code
SAN CLEMENTE CA 92672-7513

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PACIFIC LIFE VP NATL ACCOUNTS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 585.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20680

Amount of Each Receipt this Period
50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial) A. MS. CATHRYN L VAN WEY		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 41974 CARSON CT		Transaction ID: R20402	
City MURRIETA	State CA	Zip Code 92562-2254	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation DIR BROKER DEALER SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) B. MS. CATHRYN L VAN WEY		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 41974 CARSON CT		Transaction ID: R20681	
City MURRIETA	State CA	Zip Code 92562-2254	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation DIR BROKER DEALER SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) C. MR. WILLIAM K VINSON		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 4113 CAPOBELLA		Transaction ID: R20403	
City ALISO VIEJO	State CA	Zip Code 92656-1950	Amount of Each Receipt this Period 24.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation ACTUARIAL CONSULTANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00		

SUBTOTAL of Receipts This Page (optional) ▶	84.00
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial) A. MR. WILLIAM K VINSON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 4113 CAPOBELLA		Transaction ID: R20682	
City State Zip Code ALISO VIEJO CA 92656-1950	Amount of Each Receipt this Period 24.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE ACTUARIAL CONSULTANT	Aggregate Year-to-Date ▼ 288.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MS. MELANIE G WAGNER		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 1842 MOORPARK DR		Transaction ID: R20404	
City State Zip Code BREA CA 92821-6045	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE DIR HR & PR SVCS	Aggregate Year-to-Date ▼ 345.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MS. MELANIE G WAGNER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 1842 MOORPARK DR		Transaction ID: R20683	
City State Zip Code BREA CA 92821-6045	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Occupation PACIFIC LIFE DIR HR & PR SVCS	Aggregate Year-to-Date ▼ 345.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	84.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 / 171
	<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. Full Name (Last, First, Middle Initial)
MR. JOHN M WALDECK

Mailing Address 67 LAURELHURST DR

City State Zip Code
LADERA RANCH CA 92694-0204

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PACIFIC LIFE AVP RE UNDERWRITING

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 945.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20405

Amount of Each Receipt this Period
85.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. JOHN M WALDECK

Mailing Address 67 LAURELHURST DR

City State Zip Code
LADERA RANCH CA 92694-0204

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PACIFIC LIFE AVP RE UNDERWRITING

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 945.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20684

Amount of Each Receipt this Period
85.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MS. DARLENE A WALLACE

Mailing Address PO BOX 2462

City State Zip Code
NEWPORT BEACH CA 92659-1462

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PACIFIC LIFE SR APPLICATIONS ANA

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20407

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	195.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial) A. MS. DARLENE A WALLACE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address PO BOX 2462		Transaction ID: R20686
City NEWPORT BEACH	State CA	Zip Code 92659-1462
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer PACIFIC LIFE	Occupation SR APPLICATIONS ANA	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. MS. KAREN S WALL		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 1811 RIVERFORD RD		Transaction ID: R20406
City TUSTIN	State CA	Zip Code 92780-3949
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer PACIFIC LIFE	Occupation DIR DATA WHSE & DB ADMIN	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. MS. KAREN S WALL		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 1811 RIVERFORD RD		Transaction ID: R20685
City TUSTIN	State CA	Zip Code 92780-3949
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer PACIFIC LIFE	Occupation DIR DATA WHSE & DB ADMIN	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	125.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 / 171
	<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. Full Name (Last, First, Middle Initial)
MR. MICHAEL J WAUTERS

Mailing Address 2942 COPA DE ORO DR

City State Zip Code
LOS ALAMITOS CA 90720-5207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PACIFIC LIFE AVP FIN REPTG & PLNG

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20410

Amount of Each Receipt this Period
30.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL J WAUTERS

Mailing Address 2942 COPA DE ORO DR

City State Zip Code
LOS ALAMITOS CA 90720-5207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PACIFIC LIFE AVP FIN REPTG & PLNG

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20689

Amount of Each Receipt this Period
30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MS. NANCY A WEBB

Mailing Address 36 BLACK HAWK

City State Zip Code
IRVINE CA 92603-0311

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PACIFIC LIFE VP FINANCE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20411

Amount of Each Receipt this Period
100.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	160.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MS. NANCY A WEBB

Mailing Address 36 BLACK HAWK

City IRVINE State CA Zip Code 92603-0311

FEC ID number of contributing federal political committee. **C**

Name of Employer PACIFIC LIFE Occupation VP FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20690

Amount of Each Receipt this Period
100.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. KEITH C WERSCHKE

Mailing Address 25252 NORTHRUP DR

City LAGUNA HILLS State CA Zip Code 92653-5223

FEC ID number of contributing federal political committee. **C**

Name of Employer PACIFIC LIFE Occupation AVP ACTUARIAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20412

Amount of Each Receipt this Period
50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. KEITH C WERSCHKE

Mailing Address 25252 NORTHRUP DR

City LAGUNA HILLS State CA Zip Code 92653-5223

FEC ID number of contributing federal political committee. **C**

Name of Employer PACIFIC LIFE Occupation AVP ACTUARIAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20691

Amount of Each Receipt this Period
50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 164 / 171 (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) MR. JOHN WHITE Mailing Address 32122 VIA CARLOS City State Zip Code SN JUAN CAPISTRANO CA 92675-3927 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6 Transaction ID: R20414 Amount of Each Receipt this Period 65.00 Payroll Deduction
Name of Employer Occupation PACIFIC LIFE VP INTERNAL WHLSLNG Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 735.00	

B. Full Name (Last, First, Middle Initial) MR. JOHN WHITE Mailing Address 32122 VIA CARLOS City State Zip Code SN JUAN CAPISTRANO CA 92675-3927 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6 Transaction ID: R20693 Amount of Each Receipt this Period 65.00 Payroll Deduction
Name of Employer Occupation PACIFIC LIFE VP INTERNAL WHLSLNG Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 735.00	

C. Full Name (Last, First, Middle Initial) MR. RICHARD M WILKES Mailing Address 7124 HAWKSBEARD DR City State Zip Code WESTERVILLE OH 43082-9577 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6 Transaction ID: R20415 Amount of Each Receipt this Period 100.00 Payroll Deduction
Name of Employer Occupation PACIFIC LIFE SR WHOLESALER Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional) ▶	230.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) MR. RICHARD M WILKES		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 7124 HAWKSBEARD DR		Transaction ID: R20694	
City WESTERVILLE State OH Zip Code 43082-9577	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer PACIFIC LIFE Occupation SR WHOLESALER	Aggregate Year-to-Date ▼ 1200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) MS. KATHLEEN N WILSON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 2525 JUANITA WAY		Transaction ID: R20416	
City LAGUNA BEACH State CA Zip Code 92651-4018	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer PACIFIC LIFE Occupation SR PROJECT ANALYST	Aggregate Year-to-Date ▼ 345.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) MS. KATHLEEN N WILSON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 2525 JUANITA WAY		Transaction ID: R20695	
City LAGUNA BEACH State CA Zip Code 92651-4018	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer PACIFIC LIFE Occupation SR PROJECT ANALYST	Aggregate Year-to-Date ▼ 345.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	160.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 / 171
	<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. Full Name (Last, First, Middle Initial)
MR. JEFFREY R WILT

Mailing Address 1 BAILEY DRIVE

City State Zip Code
SUSSEX NJ 07418-1024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PACIFIC LIFE FIELD VICE PRES

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 640.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 30 / 2006

Transaction ID: R20417

Amount of Each Receipt this Period
55.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. JEFFREY R WILT

Mailing Address 1 BAILEY DRIVE

City State Zip Code
SUSSEX NJ 07418-1024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PACIFIC LIFE FIELD VICE PRES

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 640.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2006

Transaction ID: R20696

Amount of Each Receipt this Period
55.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MS. JANE K WONG-HSU

Mailing Address 1121 EBBTIDE RD

City State Zip Code
CORONA DEL MAR CA 92625-1402

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PACIFIC LIFE VP QUANTITATIVE STRAT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 30 / 2006

Transaction ID: R20418

Amount of Each Receipt this Period
50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	160.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MS. JANE K WONG-HSU

Mailing Address 1121 EBBTIDE RD

City State Zip Code
CORONA DEL MAR CA 92625-1402

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PACIFIC LIFE VP QUANTITATIVE STRAT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20697

Amount of Each Receipt this Period
50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MR. KYLE R WOODDELL

Mailing Address 137 KNIPPENBERG DR

City State Zip Code
SAINT LOUIS MO 63129-5013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PACIFIC LIFE SR WHOLESALER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20419

Amount of Each Receipt this Period
75.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
MR. KYLE R WOODDELL

Mailing Address 137 KNIPPENBERG DR

City State Zip Code
SAINT LOUIS MO 63129-5013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PACIFIC LIFE SR WHOLESALER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20698

Amount of Each Receipt this Period
75.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial) A. MR. ALAN D WUEST		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 32 COLORIDO		Transaction ID: R20420	
City RCHO STA MARGARITA	State CA	Zip Code 92688-3413	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation DIR OPS SUPPORT SERVICES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. MR. ALAN D WUEST		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 32 COLORIDO		Transaction ID: R20699	
City RCHO STA MARGARITA	State CA	Zip Code 92688-3413	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation DIR OPS SUPPORT SERVICES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. MS. ROBIN S YONIS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 8 CASTLEBAR		Transaction ID: R20421	
City IRVINE	State CA	Zip Code 92618-4043	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer PACIFIC LIFE	Occupation VP VAR REGULATORY COMPL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional) ▶	100.00
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) MS. ROBIN S YONIS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 8 CASTLEBAR		Transaction ID: R20700	
City State Zip Code IRVINE CA 92618-4043		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Occupation PACIFIC LIFE VP VAR REGULATORY COMPL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

B. Full Name (Last, First, Middle Initial) MS. KATHARINE B YOUNG		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 18647 SANTA ISADORA ST		Transaction ID: R20422	
City State Zip Code FOUNTAIN VALLEY CA 92708-6232		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Occupation PACIFIC LIFE AVP STMT & VALTN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 885.00	

C. Full Name (Last, First, Middle Initial) MS. KATHARINE B YOUNG		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 18647 SANTA ISADORA ST		Transaction ID: R20701	
City State Zip Code FOUNTAIN VALLEY CA 92708-6232		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Occupation PACIFIC LIFE AVP STMT & VALTN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 885.00	

SUBTOTAL of Receipts This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 170 / 171
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
MS. MARIA ZAMBELLI-DOUGHERTY

Mailing Address 525 LOMBARDY RD

City State Zip Code
DREXEL HILL PA 19026-1330

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PACIFIC LIFE SUPR OPERATIONS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: R20423

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
MS. MARIA ZAMBELLI-DOUGHERTY

Mailing Address 525 LOMBARDY RD

City State Zip Code
DREXEL HILL PA 19026-1330

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PACIFIC LIFE SUPR OPERATIONS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: R20702

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	50.00
TOTAL This Period (last page this line number only)	31773.62

**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)

PAGE 171 / 171

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial) A. Friends of Sherrod Brown		Transaction ID: D1624 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 2280 Kresge Drive, Suite 800		Amount of Each Disbursement this Period 5000.00
City Amherst State OH Zip Code 44001	Category/ Type	
Purpose of Disbursement Cntr:		
Candidate Name Sherrod Brown		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Sherrod Brown (OH-D) - 20-06 Gen Election Debt Ret.

Full Name (Last, First, Middle Initial) B. McCaskill for Missouri		Transaction ID: D1622 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 6771		Amount of Each Disbursement this Period 5000.00
City St. Louis State MO Zip Code 63144	Category/ Type	
Purpose of Disbursement Ctrb:		
Candidate Name Claire McCaskill		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Claire McCaskill (MO-D) - 2006 Gen Election Debt Ret.

Full Name (Last, First, Middle Initial) C. Whitehouse '06		Transaction ID: D1623 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 10 G Street, NE, Suite 470		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement Ctrb:		
Candidate Name Sheldon Whitehouse		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Sheldon Whitehouse (RI-D) - 2006 Gen Election Debt Ret.

SUBTOTAL of Disbursements This Page (optional) ▶	15000.00
TOTAL This Period (last page this line number only) ▶	15000.00