

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 07 01 2009 through 07 31 2009

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 Haskell

Signature of Treasurer Electronically Filed by Robert Haskell Date 08 14 2009

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		37163.63
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	26465.47									
(c) Total Receipts (from Line 19)	17073.14	133374.98								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	43538.61	170538.61								
7. Total Disbursements (from Line 31)	10500.00	137500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	33038.61	33038.61								
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	14650.31	87767.19
(ii) Unitemized	2422.83	45607.79
(iii) TOTAL (add Lines 11(a)(i) and (ii)	17073.14	133374.98
(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)	17073.14	133374.98
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))	17073.14	133374.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17073.14	133374.98

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	10500.00	137500.00
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))..	10500.00	137500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10500.00	137500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	17073.14	133374.98
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17073.14	133374.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 66
	<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) MS. JUNE G ARCE	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 20050 EMERALD MEADOW DR	Transaction ID: PR10362103150
	City State Zip Code WALNUT CA 91789	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Monthly)
	Name of Employer Pacific Life Occupation DIR MKTG COMPL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) MS. JULIE E TRASK	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 181 S CRAIG DR	Transaction ID: PR10362123150
	City State Zip Code ORANGE CA 92869	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Monthly)
	Name of Employer Pacific Life Occupation DIR CUSTOMER SERVICE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00	

C.	Full Name (Last, First, Middle Initial) MR. ANTHONY J BONNO	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 61 VERNAL SPG	Transaction ID: PR10362233150
	City State Zip Code IRVINE CA 92603	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$400.00 Monthly)
	Name of Employer Pacific Life Occupation SR VP HR, FAC & CORP TECH Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2800.00	

SUBTOTAL of Receipts This Page (optional)	490.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 66
	<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. ALAN H BROWN	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 505 13TH ST	Transaction ID: PR10362253150
	City State Zip Code HUNTINGTON BEACH CA 92648	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$70.00 Monthly)
Name of Employer Pacific Life	Occupation AVP ITS STRATEGIC SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	

B.	Full Name (Last, First, Middle Initial) MS. KATHLEEN N WILSON	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 2525 JUANITA WAY	Transaction ID: PR10362273150
	City State Zip Code LAGUNA BEACH CA 92651	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Monthly)
Name of Employer Pacific Life	Occupation SR PROJECT ANALYST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) MR. DEWEY P BUSHAW	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 29132 ALFIERI ST	Transaction ID: PR10362303150
	City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period 167.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$167.00 Monthly)
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 ▼ 1169.00	

SUBTOTAL of Receipts This Page (optional)	267.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 66
	<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. EDWARD R BYRD	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 17520 PAGE CT	Transaction ID: PR10362323150
	City State Zip Code YORBA LINDA CA 92886	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$90.00 Monthly)
Name of Employer Pacific Life	Occupation SR VP & CHF ACTG OFCR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

B.	Full Name (Last, First, Middle Initial) MR. JOSEPH E CELENTANO	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 26661 CAMPESINO	Transaction ID: PR10362383150
	City State Zip Code MISSION VIEJO CA 92691	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life	Occupation SVP PROD, RISK, FIN&INFO MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

C.	Full Name (Last, First, Middle Initial) MS. SHARON A CHEEVER	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 33512 VALLE RD	Transaction ID: PR10362403150
	City State Zip Code SN JUAN CAPISTRANO CA 92675	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life	Occupation SR VP & GEN COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4500.00	

SUBTOTAL of Receipts This Page (optional)	▶	290.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 9 / 66
(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. LAURIE A CHURCH

Mailing Address 21851 NEWLAND ST SPC 246

City State Zip Code
HUNTINGTON BEACH CA 92646

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

Name of Employer Pacific Life Occupation MGR STRUCT STTLMNTS OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10362423150

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 31558 WEST NINE DR

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation VP CLIENT SERVICES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10362483150

Amount of Each Receipt this Period 60.00

P/R Deduction (\$60.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. CHRISTINE L KELLERMAN

Mailing Address 26571 VIA CALIFORNIA

City State Zip Code
CAPISTRANO BEACH CA 92624

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

Name of Employer Pacific Life Occupation APPLIC DEV MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 233.31

Date of Receipt M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10362493150

Amount of Each Receipt this Period 33.33

P/R Deduction (\$33.33 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **133.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 66
	<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. DENNIS M CORBETT	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 15136 TOURAIN WAY	Transaction ID: PR10362513150
	City State Zip Code IRVINE CA 92604	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation VP TAX COMPLIANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 700.00	P/R Deduction (\$100.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. DANIEL C CRAIN	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 36 WINTERGREEN	Transaction ID: PR10362543150
	City State Zip Code IRVINE CA 92604	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	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 210.00	P/R Deduction (\$30.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. PAUL J CROXTON	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 30132 HILLSIDE TER	Transaction ID: PR10362553150
	City State Zip Code SN JUAN CAPISTRANO CA 92675	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	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 350.00	P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	180.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 11 / 66
(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. DEBRA CUNNINGHAM HONERKAMP

Mailing Address 2712 LIGHTHOUSE LN

City State Zip Code
CORONA DEL MAR CA 92625

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

Name of Employer Pacific Life Occupation AVP RE ASSET MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 07 / 31 / 2009
Transaction ID: PR10362563150
Amount of Each Receipt this Period: 75.00
P/R Deduction (\$75.00 Monthly)

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

Mailing Address 12162 WICKLOW LN

City State Zip Code
NAPLES FL 34120

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

Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 07 / 31 / 2009
Transaction ID: PR10362573150
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$100.00 Monthly)

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

Mailing Address PO BOX 15358

City State Zip Code
IRVINE CA 92623

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

Name of Employer Pacific Life Occupation AVP ADVANCED SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt: 07 / 31 / 2009
Transaction ID: PR10362593150
Amount of Each Receipt this Period: 90.00
P/R Deduction (\$90.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **265.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 66
	<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. DIANE W DALES	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 28 CLERMONT	Transaction ID: PR10362603150
	City State Zip Code NEWPORT COAST CA 92657	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Monthly)
	Name of Employer Pacific Life Occupation AVP CREDIT ANALYSIS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) MS. LINDA D LARSON	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 8315 ROAD R NW	Transaction ID: PR10362623150
	City State Zip Code QUINCY WA 98848	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Monthly)
	Name of Employer Pacific Life Occupation AVP IND COMPLIANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00	

C.	Full Name (Last, First, Middle Initial) MR. MARK R FALK	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 64 SUMMERSTONE	Transaction ID: PR10362713150
	City State Zip Code IRVINE CA 92614	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$125.00 Monthly)
	Name of Employer Pacific Life Occupation AVP STRATEGIC PROGRAMS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 875.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 66
	<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. DAVID R FINEAR	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 718 K THANGA DR	Transaction ID: PR10362783150
	City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	
	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 245.00	P/R Deduction (\$35.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MS. MARTHA A GATES	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 31411 MONTEREY ST	Transaction ID: PR10362863150
	City State Zip Code LAGUNA BEACH CA 92651	Amount of Each Receipt this Period 170.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation SR VP OPERATIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1190.00	P/R Deduction (\$170.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. FRANK J GOETZ	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 7 SOVENTE	Transaction ID: PR10362903150
	City State Zip Code IRVINE CA 92606	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. C	
	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 490.00	P/R Deduction (\$70.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 66
(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. KEVIN P GOODMAN

Mailing Address 310 ALISO AVE

City State Zip Code
NEWPORT BEACH CA 92663

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

Name of Employer Pacific Life Occupation ACCUM PROD CONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10362913150

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

B.

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

Mailing Address 310 ALISO AVE

City State Zip Code
NEWPORT BEACH CA 92663

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

Name of Employer Pacific Life Occupation AVP ADV & PUB RLTNS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10362923150

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MS. C MARLA GRAHAM

Mailing Address 23672 BRASILIA ST

City State Zip Code
MISSION VIEJO CA 92691

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

Name of Employer Pacific Life Occupation MGR PROJECT ANA & QA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10362943150

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 140.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 66
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. ADRIAN S GRIGGS
Mailing Address 8766 CANARY AVE
City State Zip Code
FOUNTAIN VALLEY CA 92708
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation SVP FINANCE & COMPL
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00
Date of Receipt 07 / 31 / 2009
Transaction ID: PR10362963150
Amount of Each Receipt this Period 100.00
P/R Deduction (\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. IRENE L JACOBSEN
Mailing Address 6052 SAN YSIDRO CIR
City State Zip Code
BUENA PARK CA 90620
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation NATL ACCOUNTS SUPR
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 31 / 2009
Transaction ID: PR10362993150
Amount of Each Receipt this Period 30.00
P/R Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. BRENDA K HARDWIG
Mailing Address 13112 EARLHAM ST
City State Zip Code
SANTA ANA CA 92705
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation COMMUNITY RELTNS COORD
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00
Date of Receipt 07 / 31 / 2009
Transaction ID: PR10363033150
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 180.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 16 / 66
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1880 N EL CAMINO REAL

City State Zip Code
SAN CLEMENTE CA 92672

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

Name of Employer Pacific Life Occupation SR VP PUBLIC AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2916.62

Date of Receipt M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10363063150

Amount of Each Receipt this Period 416.66

P/R Deduction (\$416.66 Monthly)

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

Mailing Address 1137 SUNSET CLIFFS BLVD

City State Zip Code
SAN DIEGO CA 92107

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

Name of Employer Pacific Life Occupation AVP INVEST CNSL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 518.00

Date of Receipt M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10363073150

Amount of Each Receipt this Period 74.00

P/R Deduction (\$74.00 Monthly)

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

Mailing Address 310 E MCCOY LN

City State Zip Code
SANTA MARIA CA 93455

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

Name of Employer Pacific Life Occupation AVP & VALUATION ACTUARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10363103150

Amount of Each Receipt this Period 85.00

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **575.66**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 66
	<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 A HENDRA	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 58 VIAGGIO LN	Transaction ID: PR10363113150
	City State Zip Code FOOTHILL RANCH CA 92610	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Monthly)
	Name of Employer Pacific Life Occupation CORP TAX DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 350.00	

B.	Full Name (Last, First, Middle Initial) MR. HOWARD T HIRAKAWA	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 23972 GOLDENEYE DR	Transaction ID: PR10363163150
	City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Monthly)
	Name of Employer Pacific Life Occupation VP INV ADVISOR OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 700.00	

C.	Full Name (Last, First, Middle Initial) MS. MARYBETH HUGHES	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 2283 WATERMAN WAY	Transaction ID: PR10363203150
	City State Zip Code COSTA MESA CA 92627	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Monthly)
	Name of Employer Pacific Life Occupation DIR CORPORATE RISK Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 280.00	

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 66
(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. CHRIS M JANOWIAK

Mailing Address 1260 CLEVELAND AVE APT C227

City State Zip Code
SAN DIEGO CA 92103

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

Name of Employer Pacific Life Occupation DIR CORP INTERNET STRATEGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10363233150

Amount of Each Receipt this Period 60.00

P/R Deduction (\$60.00 Monthly)

B.

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

Mailing Address 8554 202ND STREET SW

City State Zip Code
EDMONDS WA 98026

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

Name of Employer Pacific Life Occupation DIVISION VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10363243150

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Monthly)

C.

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

Mailing Address 1 SAND OAKS RD.

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation AVP TREASURER PAF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10363253150

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **360.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 66

(check only one)

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

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

A.

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

Mailing Address 25621 DEL NORTE

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Occupation
Pacific Life VP ACTUARIAL & REINS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10363263150

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

B.

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

Mailing Address 1812 LEADBURN RD

City State Zip Code
TOWSON MD 21204

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

Name of Employer Occupation
Pacific Life FVP FIELD WHOLESALING

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 875.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10363273150

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

C.

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

Mailing Address 906 NEWTON LN

City State Zip Code
PLACENTIA CA 92870

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

Name of Employer Occupation
Pacific Life VP CORP APPL SYSTEMS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 560.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10363283150

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

255.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 66
	<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. LORI A JOHNSTONE	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 27 GRAY STONE WAY	Transaction ID: PR10363293150
	City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Monthly)
	Name of Employer Pacific Life Occupation AVP CREDIT ANALYSIS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 210.00	

B.	Full Name (Last, First, Middle Initial) MS. SUZANNE T KAMPA	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 5531 STANFORD AVE	Transaction ID: PR10363323150
	City State Zip Code GARDEN GROVE CA 92845	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$60.00 Monthly)
	Name of Employer Pacific Life Occupation IT AUDIT CONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 420.00	

C.	Full Name (Last, First, Middle Initial) MR. BRIAN D KLEMENS	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 24611 BENJAMIN CIR	Transaction ID: PR10363373150
	City State Zip Code DANA POINT CA 92629	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$80.00 Monthly)
	Name of Employer Pacific Life Occupation VP CORPORATE CONTROLLER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 560.00	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 66		
	<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) MS. JUNE E KNUTH		Date of Receipt MM / DD / YYYY 07 / 31 / 2009		
	Mailing Address 30862 PASEO DEL NIGUEL		Transaction ID: PR10363383150		
	City LAGUNA NIGUEL	State CA	Zip Code 92677	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$30.00 Monthly)		
	Name of Employer Pacific Life	Occupation VP & INVEST COUNSEL	Aggregate Year-to-Date 210.00		

B.	Full Name (Last, First, Middle Initial) MR. JOHN P KONTOS		Date of Receipt MM / DD / YYYY 07 / 31 / 2009		
	Mailing Address 6307 CAMINO MARINERO		Transaction ID: PR10363423150		
	City SAN CLEMENTE	State CA	Zip Code 92673	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$125.00 Monthly)		
	Name of Employer Pacific Life	Occupation VP KEY ACCOUNT MKTG	Aggregate Year-to-Date 875.00		

C.	Full Name (Last, First, Middle Initial) MS. JODY L LINNEMAN		Date of Receipt MM / DD / YYYY 07 / 31 / 2009		
	Mailing Address 262 S FAIRFIELD LN		Transaction ID: PR10363453150		
	City ORANGE	State CA	Zip Code 92869	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$75.00 Monthly)		
	Name of Employer Pacific Life	Occupation AVP INVEST CNSL	Aggregate Year-to-Date 525.00		

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 66
	<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		Date of Receipt
	Mailing Address 709 AVENIDA MIROLA		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	PALOS VERDES EST	CA	90274
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10363473150
Name of Employer Pacific Life		Occupation REGIONAL VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="2800.00"/>	<input type="text" value="400.00"/>
			P/R Deduction (\$400.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. DAVID LAWS		Date of Receipt
	Mailing Address 10935 E BERRY AVE		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	ENGLEWOOD	CO	80111
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10363483150
Name of Employer Pacific Life		Occupation REGIONAL VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="700.00"/>	<input type="text" value="100.00"/>
			P/R Deduction (\$100.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MS. TERESA M LORD		Date of Receipt
	Mailing Address 16432 CAMINO CANADA LN		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	HUNTINGTON BEACH	CA	92649
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10363543150
Name of Employer Pacific Life		Occupation SR SYSTEMS ANALYST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	<input type="text" value="30.00"/>
			P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="530.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 66
	<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	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 1033 SECRETARIAT CIR	Transaction ID: PR10363563150
	City State Zip Code COSTA MESA CA 92626	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pacific Life AVP VARIABLE REG COMPL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	P/R Deduction (\$100.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. DESMOND G MARSH	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 74 SETON RD	Transaction ID: PR10363593150
	City State Zip Code IRVINE CA 92612	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pacific Life AVP ANNUITY APPS ADMIN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	P/R Deduction (\$120.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. THOMAS J MAYS	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 7406 PALOMA DR	Transaction ID: PR10363603150
	City State Zip Code HUNTINGTON BEACH CA 92648	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pacific Life VP GOVT RELNS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Monthly)

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 66
	<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) MS. GAIL H MC INTOSH		Date of Receipt MM / DD / YYYY 07 / 31 / 2009		
	Mailing Address 622 18TH ST		Transaction ID: PR10363613150		
	City HUNTINGTON BEACH	State CA	Zip Code 92648	Amount of Each Receipt this Period 80.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$80.00 Monthly)		
	Name of Employer Pacific Life	Occupation AVP INS CNSL	Aggregate Year-to-Date 560.00		

B.	Full Name (Last, First, Middle Initial) MS. JULIA C MC KINNEY		Date of Receipt MM / DD / YYYY 07 / 31 / 2009		
	Mailing Address 3615 PASEO DEL CAMPO		Transaction ID: PR10363633150		
	City PALOS VERDES EST	State CA	Zip Code 90274	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$75.00 Monthly)		
	Name of Employer Pacific Life	Occupation AVP INS CNSL	Aggregate Year-to-Date 525.00		

C.	Full Name (Last, First, Middle Initial) MR. MORGAN C MC KNIGHT		Date of Receipt MM / DD / YYYY 07 / 31 / 2009		
	Mailing Address 1217 HIGHCREST DR		Transaction ID: PR10363643150		
	City BURLESON	State TX	Zip Code 76028	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Monthly)		
	Name of Employer Pacific Life	Occupation APPLIC DEV CONS	Aggregate Year-to-Date 350.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 66

(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. HENRY M MC MILLAN

Mailing Address 4006 INLET ISLE DR

City State Zip Code
CORONA DEL MAR CA 92625

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) ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10363663150

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

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

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) ▼ 1750.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10363713150

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. JOSE T MISCOLTA

Mailing Address 20 BRYCE CYN

City State Zip Code
ALISO VIEJO CA 92656

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

Name of Employer Occupation
Pacific Life AVP PROD & PORT MKTG

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 455.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10363753150

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

415.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 66

(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. ELIZABETH A MOORE

Mailing Address 6412 N 159TH ST

City State Zip Code
OMAHA NE 68116

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

Name of Employer Occupation
Pacific Life SYSTEMS ANALYSIS CONS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 315.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10363763150

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

B.

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

Mailing Address 29022 PINTAIL CIR

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Occupation
Pacific Life CHAIRMAN, PRESIDENT & CEO

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2912.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10363793150

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

C.

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

Mailing Address 27822 HOMESTEAD RD

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Occupation
Pacific Life VP RE ASSET MGMT

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1225.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10363803150

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

636.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 66
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. RICHARD P OLSON
Mailing Address 24852 CAMBERWELL ST
City LAGUNA HILLS State CA Zip Code 92653
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation DIR SECURITY SVCS
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00
Date of Receipt 07 / 31 / 2009
Transaction ID: PR10363933150
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. JOYCE J PEAD
Mailing Address 25 SUNRISE
City IRVINE State CA Zip Code 92603
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation AVP HR CONSULTING
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00
Date of Receipt 07 / 31 / 2009
Transaction ID: PR10364003150
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. ALYCE PETERSON
Mailing Address 2908 VIA HIDALGO
City SAN CLEMENTE State CA Zip Code 92673
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation VP MARKETING SVCS
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00
Date of Receipt 07 / 31 / 2009
Transaction ID: PR10364023150
Amount of Each Receipt this Period 75.00
P/R Deduction (\$75.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 66
	<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. B P PILLION		Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 915 STOKE RD		Transaction ID: PR10364043150
	City VILLANOVA	State PA	Zip Code 19085
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Pacific Life	Occupation REGIONAL VP	P/R Deduction (\$40.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

B.	Full Name (Last, First, Middle Initial) MR. YVES F PINKOWITZ		Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 20541 VIA EL TAJO		Transaction ID: PR10364053150
	City YORBA LINDA	State CA	Zip Code 92887
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Pacific Life	Occupation VP CORP AUDIT	P/R Deduction (\$40.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

C.	Full Name (Last, First, Middle Initial) MR. THEODORE A PREMIER		Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 20 MOLINO		Transaction ID: PR10364083150
	City NEWPORT BEACH	State CA	Zip Code 92660
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
	Name of Employer Pacific Life	Occupation VP REAL ESTATE FINANCE	P/R Deduction (\$150.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00		

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 66
	<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		Date of Receipt
	Mailing Address 33 BOLERO		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	MISSION VIEJO	CA	92692
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10364093150
Name of Employer Pacific Life		Occupation INTERNAL AUDIT DIR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00	<input type="text"/> 40.00
			P/R Deduction (\$40.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. JAMES R RICE		Date of Receipt
	Mailing Address 11 STILLWATER		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	IRVINE	CA	92603
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10364143150
Name of Employer Pacific Life		Occupation VP M FINANCIAL DISTRIBUTION	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 770.00	<input type="text"/> 110.00
			P/R Deduction (\$110.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. THOMAS M RONCE		Date of Receipt
	Mailing Address 19 GLEN ELLEN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	IRVINE	CA	92602
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10364203150
Name of Employer Pacific Life		Occupation VP & TAX COUNSEL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 30.00
			P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 180.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 66
(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. RICHARD J SCHINDLER

Mailing Address 28792 APPLETREE

City State Zip Code
MISSION VIEJO CA 92692

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10364263150

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Monthly)

B.

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

Mailing Address 87 PELICAN CT

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation AVP CREDIT ANALYSIS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10364313150

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

C.

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 Pacific Life Occupation AVP COMPENSATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10364333150

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 390.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 66
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2315 VIA ZAFIRO

City State Zip Code
SAN CLEMENTE CA 92673

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

Name of Employer Pacific Life Occupation AVP TECH OFFICE

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 31 / 2009
Transaction ID: PR10364353150
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. PENNY S SPARKS

Mailing Address 1661 UTAH CIR

City State Zip Code
COSTA MESA CA 92626

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

Name of Employer Pacific Life Occupation DIR PORTFOLIO OPS

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 31 / 2009
Transaction ID: PR10364443150
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

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

Mailing Address 11 SOMMET

City State Zip Code
NEWPORT COAST CA 92657

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

Name of Employer Pacific Life Occupation VP TALENT ACQ & DEV

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 07 / 31 / 2009
Transaction ID: PR10364503150
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 66
(check only one)

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

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

A.

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

Mailing Address 355 S LORETTA DR

City ORANGE State CA Zip Code 92869

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

Name of Employer Pacific Life Occupation VP ACCTG & RPTG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt: 07 / 31 / 2009
Transaction ID: PR10364583150
 Amount of Each Receipt this Period: 85.00
 P/R Deduction (\$85.00 Monthly)

B.

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

Mailing Address 22862 ORENSE

City MISSION VIEJO State CA Zip Code 92691

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

Name of Employer Pacific Life Occupation VP & INSURANCE COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt: 07 / 31 / 2009
Transaction ID: PR10364593150
 Amount of Each Receipt this Period: 55.00
 P/R Deduction (\$55.00 Monthly)

C.

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

Mailing Address 47 VERNAL SPG

City IRVINE State CA Zip Code 92603

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

Name of Employer Pacific Life Occupation EXEC VP CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2916.62

Date of Receipt: 07 / 31 / 2009
Transaction ID: PR10364603150
 Amount of Each Receipt this Period: 416.66
 P/R Deduction (\$416.66 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 556.66

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 66
(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. SUSAN L TULLY

Mailing Address 6929 N HAYDEN RD PMB 157

City State Zip Code
SCOTTSDALE AZ 85250

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 ▼ 360.00

Date of Receipt: MM / DD / YYYY
07 / 31 / 2009

Transaction ID: PR10364613150

Amount of Each Receipt this Period: 0.00

P/R Deduction (\$0.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. EDDIE D TUNG

Mailing Address PO BOX 10386

City State Zip Code
NEWPORT BEACH CA 92658

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

Name of Employer Pacific Life Occupation AVP REGULATORY PROD ACCTG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt: MM / DD / YYYY
07 / 31 / 2009

Transaction ID: PR10364623150

Amount of Each Receipt this Period: 70.00

P/R Deduction (\$70.00 Monthly)

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

Mailing Address 41974 CARSON CT

City State Zip Code
MURRIETA CA 92562

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: MM / DD / YYYY
07 / 31 / 2009

Transaction ID: PR10364633150

Amount of Each Receipt this Period: 50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 120.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 66
(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. MELANIE G WAGNER

Mailing Address 1842 MOORPARK DR

City State Zip Code
BREA CA 92821

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

Name of Employer Pacific Life Occupation DIR HR & PR SERVICES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10364643150

Amount of Each Receipt this Period 35.00

P/R Deduction (\$35.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. JOHN M WALDECK

Mailing Address 67 LAURELHURST DR

City State Zip Code
LADERA RANCH CA 92694

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

Name of Employer Pacific Life Occupation VP RE UWG & CONST SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10364653150

Amount of Each Receipt this Period 125.00

P/R Deduction (\$125.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. NANCY A WEBB

Mailing Address 36 BLACK HAWK

City State Zip Code
IRVINE CA 92603

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 ▼ 700.00

Date of Receipt M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10364703150

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 66
	<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		Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 32122 VIA CARLOS		Transaction ID: PR10364743150
	City SN JUAN CAPISTRANO	State CA	Zip Code 92675
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Pacific Life	Occupation VP SALES	P/R Deduction (\$100.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

B.	Full Name (Last, First, Middle Initial) MR. ALAN D WUEST		Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 32 COLORIDO		Transaction ID: PR10364803150
	City RCHO STA MARGARITA	State CA	Zip Code 92688
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Pacific Life	Occupation AVP OPERATIONS SUPPORT	P/R Deduction (\$30.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

C.	Full Name (Last, First, Middle Initial) MS. ROBIN S YONIS		Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 8 CASTLEBAR		Transaction ID: PR10364823150
	City IRVINE	State CA	Zip Code 92618
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Pacific Life	Occupation VP VAR REGULATORY COMPL	P/R Deduction (\$50.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 66

(check only one)

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

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

A.

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

Mailing Address 525 LOMBARDY RD

City State Zip Code
DREXEL HILL PA 19026

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

Name of Employer Occupation
Pacific Life SUPR OPERATIONS

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10364833150

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

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 FINANCIAL OPS

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10365123150

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00)

C.

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

Mailing Address 2 PRECIPICE

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Occupation
Pacific Life EVP LIFE INSURANCE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10365143150

Amount of Each Receipt this Period

300.00

P/R Deduction (\$300.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 66
	<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. REED J LLOYD	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 6 SANDERLING LN	Transaction ID: PR10365213150
	City State Zip Code ALISO VIEJO CA 92656	Amount of Each Receipt this Period 65.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$65.00 Monthly)
	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 455.00		

B.	Full Name (Last, First, Middle Initial) MR. SAMUEL TANG	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 9 KEMPTON LN	Transaction ID: PR10365233150
	City State Zip Code LADERA RANCH CA 92694	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Monthly)
	Name of Employer Pacific Life Occupation PRINCIPAL PAC TRIGUARD COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 210.00		

C.	Full Name (Last, First, Middle Initial) MS. CAROLYN DEAN	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address PO BOX 3051	Transaction ID: PR10365343150
	City State Zip Code DANA POINT CA 92629	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Monthly)
	Name of Employer Pacific Life Occupation ACCOUNTING DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 280.00		

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 66

(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. PHILIP A TEETER

Mailing Address 376 MYRTLE ST

City State Zip Code
LAGUNA BEACH CA 92651

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

Name of Employer Occupation
Pacific Life VP ANN TECHNOLOGY

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10365473150

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. RICHARD BAUDOIN

Mailing Address 12 INDIAN SPRING RD

City State Zip Code
NORWALK CT 06853

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

Name of Employer Occupation
Pacific Life MNG DIR & CPTL MKTS PRTFL MGMT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 245.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10365493150

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. RICHARD G CHERNEY

Mailing Address 27835 HOMESTEAD RD

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Occupation
Pacific Life EXEC VP GLOBAL MARKETING

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10365543150

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

235.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 66
	<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 S WALL	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 1811 RIVERFORD RD	Transaction ID: PR10365583150
	City State Zip Code TUSTIN CA 92780	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation SYS ANALYSIS DIR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. TENNYSON S OYLER	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 112 CLEARBROOK	Transaction ID: PR10365613150
	City State Zip Code IRVINE CA 92614	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation AVP PUBLIC AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. WILLIAM D COTTON	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 703 KAHN PL	Transaction ID: PR10365623150
	City State Zip Code ALEXANDRIA VA 22314	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation SR WHOLESALER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 66
	<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. VALERIE MORRIS	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 48 W YALE LOOP	Transaction ID: PR10365683150
	City State Zip Code IRVINE CA 92604	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pacific Life VP HR PRGMS & SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 630.00	P/R Deduction (\$90.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MS. PATRICIA S DOUGLASS	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 640 SAINT JAMES RD	Transaction ID: PR10365733150
	City State Zip Code NEWPORT BEACH CA 92663	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pacific Life VP GOVT RELNS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1575.00	P/R Deduction (\$225.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. WILLIAM D BURKE	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 2216 NELDA WAY	Transaction ID: PR10365783150
	City State Zip Code ALAMO CA 94507	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pacific Life REGIONAL VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00	P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	415.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 41 / 66
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 14 ELDERWOOD

City State Zip Code
IRVINE CA 92614

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

Name of Employer Pacific Life Occupation AVP PSD COMPLIANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10365843150

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 21612 MARIGOT DR

City State Zip Code
BOCA RATON FL 33428

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10365853150

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. CHRISTINA Q HE

Mailing Address 16625 SONORA STREET

City State Zip Code
TUSTIN CA 92782

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

Name of Employer Pacific Life Occupation AVP PORTFOLIO MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10365873150

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 180.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 66
	<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 F O'DONNELL	Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2009
	Mailing Address 30 BRIAN RD	Transaction ID: PR10365963150
	City State Zip Code BRIDGEWATER MA 02324	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life	Occupation DIVISION VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

B.	Full Name (Last, First, Middle Initial) MS. JULIET A PINKERTON	Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2009
	Mailing Address 30 HISTORY ROW	Transaction ID: PR10365993150
	City State Zip Code THE WOODLANDS TX 77380	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$250.00 Monthly)
Name of Employer Pacific Life	Occupation REGIONAL VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

C.	Full Name (Last, First, Middle Initial) MR. RICHARD A TAUBE	Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2009
	Mailing Address 24081 NUTHATCH LN	Transaction ID: PR10366043150
	City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$75.00 Monthly)
Name of Employer Pacific Life	Occupation VP PRODUCT MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

SUBTOTAL of Receipts This Page (optional)	425.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 66
	<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. TRAVIS R MC KAY	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 15222 LINCOLNWAY CIR	Transaction ID: PR10366063150
	City State Zip Code PLAINFIELD IL 60544	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life	Occupation SR WHOLESALER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

B.	Full Name (Last, First, Middle Initial) MS. KATHARINE B YOUNG	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 18647 SANTA ISADORA ST	Transaction ID: PR10366103150
	City State Zip Code FOUNTAIN VALLEY CA 92708	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$80.00 Monthly)
Name of Employer Pacific Life	Occupation AVP VAL & RISK MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

C.	Full Name (Last, First, Middle Initial) MR. CHRISTOPHER VAN MIERLO	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 400 EL VUELO	Transaction ID: PR10366153150
	City State Zip Code SAN CLEMENTE CA 92672	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$60.00 Monthly)
Name of Employer Pacific Life	Occupation SR VP AMF CHF MKTG OFCR	
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)	240.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 44 / 66
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 27481 VANTAGE CIRCLE

City State Zip Code
SN JUAN CAPISTRANO CA 92675

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 ▼ 1750.00

Date of Receipt: 07 / 31 / 2009
Transaction ID: PR10366193150
Amount of Each Receipt this Period: 250.00
P/R Deduction (\$250.00 Monthly)

B. 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

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

Name of Employer Pacific Life Occupation VP MKT & CREDIT RISK

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 31 / 2009
Transaction ID: PR10366213150
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

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

Mailing Address 978 BALD CYPRESS DR

City State Zip Code
MANDEVILLE LA 70448

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 31 / 2009
Transaction ID: PR10366243150
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 350.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 66
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 7124 HAWKSBEARD DR

City WESTERVILLE State OH Zip Code 43082

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 07 / 31 / 2009
Transaction ID: PR10366273150
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$100.00 Monthly)

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

Mailing Address 26666 WHITE OAKS DR

City LAGUNA HILLS State CA Zip Code 92653

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

Name of Employer Pacific Life Occupation AVP CAPITAL MKTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 07 / 31 / 2009
Transaction ID: PR10366283150
Amount of Each Receipt this Period: 75.00
P/R Deduction (\$75.00 Monthly)

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

Mailing Address 17345 FLAME TREE CIR

City FOUNTAIN VALLEY State CA Zip Code 92708

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

Name of Employer Pacific Life Occupation AVP E-COMMERCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 07 / 31 / 2009
Transaction ID: PR10366303150
Amount of Each Receipt this Period: 40.00
P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 215.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 66
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 304 WEYMOUTH PL

City State Zip Code
LAGUNA BEACH CA 92651

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

Name of Employer Pacific Life Occupation SR VP CORP DEVELPMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2916.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	9

Transaction ID: PR10366313150

Amount of Each Receipt this Period 416.66

P/R Deduction (\$416.66 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. SIMON S FENG

Mailing Address 10 CANDELA

City State Zip Code
IRVINE CA 92620

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

Name of Employer Pacific Life Occupation AVP BUS & TECH INTEG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	9

Transaction ID: PR10366353150

Amount of Each Receipt this Period 150.00

P/R Deduction (\$150.00 Monthly)

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

Mailing Address 3010 PARK NEWPORT

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation VP TAX

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	9

Transaction ID: PR10366363150

Amount of Each Receipt this Period 180.00

P/R Deduction (\$180.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 746.66

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

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

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

FOR LINE NUMBER: PAGE 47 / 66
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
MS. MARY M HAWKINS
Mailing Address 6182 S 177TH ST
City OMAHA State NE Zip Code 68135
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation AVP OPS BUS SOLUTNS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 315.00
Date of Receipt 07 / 31 / 2009
Transaction ID: PR10366393150
Amount of Each Receipt this Period 45.00
P/R Deduction (\$45.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. JAMES KARAFI
Mailing Address 182 STANHOPE RD
City SPARTA State NJ Zip Code 07871
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation REGIONAL VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00
Date of Receipt 07 / 31 / 2009
Transaction ID: PR10366403150
Amount of Each Receipt this Period 100.00
P/R Deduction (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. MARK A KARPE
Mailing Address 16 AUTUMNLEAF
City IRVINE State CA Zip Code 92614
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation DIR COMPLIANCE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 07 / 31 / 2009
Transaction ID: PR10366413150
Amount of Each Receipt this Period 30.00
P/R Deduction (\$30.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 48 / 66
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 406 1/2 HELIOTROPE AVE

City State Zip Code
CORONA DEL MAR CA 92625

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

Name of Employer Pacific Life Occupation AVP FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10366423150

Amount of Each Receipt this Period 35.00

P/R Deduction (\$35.00 Monthly)

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

Mailing Address 851 VIA BARQUERO

City State Zip Code
SAN MARCOS CA 92069

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

Name of Employer Pacific Life Occupation KEY ACCOUNT SUPR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10366493150

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

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

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

Name of Employer Pacific Life Occupation FIELD VICE PRES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10366503150

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 95.00

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

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

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

FOR LINE NUMBER: PAGE 49 / 66
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 6052 MEADOW VIEW CT

City JOHNSTON State IA Zip Code 50131

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

Name of Employer Pacific Life Occupation AVP NEW BUSINESS SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2009
Transaction ID: PR10366623150
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

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

Mailing Address 27302 MONDANO DR

City MISSION VIEJO State CA Zip Code 92692

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

Name of Employer Pacific Life Occupation AVP BUSINESS DEV

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2009
Transaction ID: PR10366673150
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

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

Mailing Address 3019 SAN ANSELIN AVE

City LONG BEACH State CA Zip Code 90808

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

Name of Employer Pacific Life Occupation SYSTEMS ANALYSIS SUPR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2009
Transaction ID: PR10366683150
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 66
	<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. KAREN M BROWN	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 11 FOREST HILLS CT	Transaction ID: PR1036693150
	City State Zip Code DANA POINT CA 92629	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation AVP MODEL OFC ANN TECH Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$40.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. KENNETH W COX	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 570 EBBECREEK DR APT P	Transaction ID: PR10366703150
	City State Zip Code CORONA CA 92880	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation IT DELIVERY MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. STEVEN R ELDER	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 385 25TH AVE	Transaction ID: PR10366723150
	City State Zip Code MILTON WA 98354	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation SR WHOLESALER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 66
	<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 K ENG	Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2009
	Mailing Address 324 TURTLE CREST DR	Transaction ID: PR10366733150
	City State Zip Code IRVINE CA 92603	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation DIR RISK MGMT (IMD) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$40.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MS. CHARLENE A GRANT	Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2009
	Mailing Address 3311 SEAVIEW AVE	Transaction ID: PR10366753150
	City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation AVP VAR REG COMPL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 245.00	P/R Deduction (\$35.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. DAVID C HONERKAMP	Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2009
	Mailing Address 2712 LIGHTHOUSE LN	Transaction ID: PR10366763150
	City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation AVP RE ACQUISITIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 66
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
MS. LINDA L KOTOWICZ

Mailing Address 795 TREPANNY LN

City State Zip Code
WAYNE PA 19087

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

Name of Employer Pacific Life Occupation FVP M MKTG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: PR10366793150

Amount of Each Receipt this Period 60.00

P/R Deduction (\$60.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MS. SHARON E PACHECO

Mailing Address 21611 BLUEJAY ST

City State Zip Code
TRABUCO CANYON CA 92679

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

Name of Employer Pacific Life Occupation VP CHIEF COMPLIANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: PR10366823150

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

C.

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

Mailing Address 7424 CITY LIGHTS DR

City State Zip Code
ALISO VIEJO CA 92656

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

Name of Employer Pacific Life Occupation VP INFO TCH & PRG MGT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: PR10366863150

Amount of Each Receipt this Period 85.00

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 185.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 66
	<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	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 1 BAILEY DRIVE	Transaction ID: PR10366883150
	City State Zip Code GLENWOOD NJ 07418	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation FIELD VICE PRES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 385.00	P/R Deduction (\$55.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. STUART A HOLLAND	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 4931 CAREFREE TRAIL	Transaction ID: PR10366913150
	City State Zip Code PARKER CO 80134	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation SR FVP-NCM IP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00	P/R Deduction (\$75.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MS. ADRIANNE M GEORGANTAS	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 28373 BOULDER DR	Transaction ID: PR10367003150
	City State Zip Code TRABUCO CANYON CA 92679	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation SR FLD SVCS PROJ ANA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$40.00 Monthly)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 66
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 12324 CANTURA ST

City State Zip Code
STUDIO CITY CA 91604

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

Name of Employer Pacific Life Occupation FVP COLI UNIT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 31 / 2009
Transaction ID: PR10367013150
Amount of Each Receipt this Period: 30.00
P/R Deduction (\$30.00 Monthly)

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

Mailing Address 24 TAOS

City State Zip Code
RCHO STA MARGARITA CA 92688

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

Name of Employer Pacific Life Occupation DIR ADVD MKTG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 07 / 31 / 2009
Transaction ID: PR10367023150
Amount of Each Receipt this Period: 40.00
P/R Deduction (\$40.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. JAMES M RUGGERIO

Mailing Address 449 SAINT ANNES DR

City State Zip Code
BIRMINGHAM AL 35244

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 ▼ 455.00

Date of Receipt: 07 / 31 / 2009
Transaction ID: PR10367083150
Amount of Each Receipt this Period: 65.00
P/R Deduction (\$65.00 Monthly)

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 66
	<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. KEITH C WERSCHKE	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 25252 NORTHRUP DR	Transaction ID: PR10367123150
	City State Zip Code LAGUNA HILLS CA 92653	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Monthly)
	Name of Employer Pacific Life Occupation AVP AGG & INS RISK MGT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 350.00	

B.	Full Name (Last, First, Middle Initial) MR. JIM Y CHU	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 120 ALBERT PL APT 10	Transaction ID: PR10367143150
	City State Zip Code COSTA MESA CA 92627	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$80.00 Monthly)
	Name of Employer Pacific Life Occupation AVP PROD DESIGN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 560.00	

C.	Full Name (Last, First, Middle Initial) MS. TIFFANY L GREGATH	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 2820 CAMINO CAPISTRANO APT D	Transaction ID: PR10367153150
	City State Zip Code SAN CLEMENTE CA 92672	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Monthly)
	Name of Employer Pacific Life Occupation MGR GRAPHIC DESIGN & MEDIA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 280.00	

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 66
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 20130 NE 28TH PL

City State Zip Code
SAMMAMISH WA 98074

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 ▼ 280.00

Date of Receipt: 07 / 31 / 2009
Transaction ID: PR10367163150
Amount of Each Receipt this Period: 40.00
P/R Deduction (\$40.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. STEVEN H GOLDBERG

Mailing Address 11 TWIN FLOWER ST

City State Zip Code
LADERA RANCH CA 92694

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

Name of Employer Pacific Life Occupation DIR ANNUITIES PRODUCT DEVELOPMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 31 / 2009
Transaction ID: PR10367183150
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

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

Mailing Address 3 PHEASANT DR.

City State Zip Code
MT. LAUREL NJ 08054

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 31 / 2009
Transaction ID: PR10614783150
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 140.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 66
	<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. CARLETON J MUENCH	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 510 SAN NICHOLAS CT	Transaction ID: PR10614833150
	City State Zip Code LAGUNA BEACH CA 92651	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation AVP INVESTMENT OVERSIGHT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 315.00	P/R Deduction (\$45.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. PATRICK J O'BRIEN	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 1112 LAS POSAS	Transaction ID: PR10614843150
	City State Zip Code SAN CLEMENTE CA 92673	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation AVP SPECIALIZED MRKTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 245.00	P/R Deduction (\$35.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. TIM N SHAHEEN	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 28 STONE PNE	Transaction ID: PR10614873150
	City State Zip Code ALISO VIEJO CA 92656	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation AVP SLS & MKTG OPS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 350.00	P/R Deduction (\$50.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 66

(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. MATTHEW WELLS

Mailing Address 120 BONITA DR

City State Zip Code
HOMEWOOD AL 35209

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

Name of Employer Occupation
Pacific Life SR WHOLESALER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10614923150

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

B.

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

Mailing Address 2427 PORT WHITBY PL

City State Zip Code
NEWPORT BEACH CA 92660

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR10668013150

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

C.

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

Mailing Address 6433 PALOMINO WAY

City State Zip Code
WEST LINN OR 97068

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

Name of Employer Occupation
Pacific Life MARKETING CONSULTANT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR11106893150

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 66
(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. ANN E FARLEY

Mailing Address 4014 ALADDIN DR

City State Zip Code
HUNTINGTON BEACH CA 92649

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

Name of Employer Pacific Life Occupation AVP PRODUCT DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: 07 / 31 / 2009
Transaction ID: PR11323353150
Amount of Each Receipt this Period: 45.00
P/R Deduction (\$45.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. JENNIFER R JEWETT

Mailing Address 31901 VIRGINIA WAY

City State Zip Code
LAGUNA BEACH CA 92651

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

Name of Employer Pacific Life Occupation AVP INVEST CNSL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt: 07 / 31 / 2009
Transaction ID: PR12361943150
Amount of Each Receipt this Period: 65.00
P/R Deduction (\$65.00 Monthly)

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

Mailing Address 22 SKY RANCH RD

City State Zip Code
LADERA RANCH CA 92694

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

Name of Employer Pacific Life Occupation SVP BUSINESS DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 31 / 2009
Transaction ID: PR15598903150
Amount of Each Receipt this Period: 30.00
P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 140.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 66
	<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. RAE A CAPPS	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 25842 DANA BLF W	Transaction ID: PR22130713150
	City State Zip Code CAPISTRANO BEACH CA 92624	Amount of Each Receipt this Period 65.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$65.00 Monthly)
	Name of Employer Pacific Life Occupation AVP LEGAL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 455.00	

B.	Full Name (Last, First, Middle Initial) MR. EDWIN J FERRELL	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 34 CASTLEROCK	Transaction ID: PR22130753150
	City State Zip Code IRVINE CA 92603	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$85.00 Monthly)
	Name of Employer Pacific Life Occupation VP CREDIT ANALYSIS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 595.00	

C.	Full Name (Last, First, Middle Initial) MS. JENNIFER L KRUMM	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 1083 CAMPANILE	Transaction ID: PR22130803150
	City State Zip Code NEWPORT BEACH CA 92660	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$45.00 Monthly)
	Name of Employer Pacific Life Occupation DIR INV ACCTG & RPTG Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00	

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 66
(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. SUSAN MELEIKA

Mailing Address 233 ROBIN HOOD PLACE

City State Zip Code
COSTA MESA CA 92627

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

Name of Employer Pacific Life Occupation DIR INV ACCTG & RPTG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR22130823150

Amount of Each Receipt this Period 45.00

P/R Deduction (\$45.00 Monthly)

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

Mailing Address 23819 CLAYMORE WAY

City State Zip Code
VALENCIA CA 91354

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

Name of Employer Pacific Life Occupation CORP TAX DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR22130863150

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. JAY C HAMILTON

Mailing Address 14 ARGOS

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation VP CONTRACTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR22336353150

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 66
	<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 MILLER	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 2628 RYCROFT CT	Transaction ID: PR31736843150
	City State Zip Code CHESTERFIELD MO 63017	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Monthly)
	Name of Employer Pacific Life Occupation REGIONAL VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 350.00	

B.	Full Name (Last, First, Middle Initial) MR. DOUGLAS P JACKSON	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 59 AUGUSTA	Transaction ID: PR32777123150
	City State Zip Code COTA DE CAZA CA 92679	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$45.00 Monthly)
	Name of Employer Pacific Life Occupation FVP FIXD ANN SLS & DEV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 270.00	

C.	Full Name (Last, First, Middle Initial) MS. ADRIENNE MOUCH	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 2524 W WATROUS AVE	Transaction ID: PR33677903150
	City State Zip Code TAMPA FL 33629	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Monthly)
	Name of Employer Pacific Life Occupation REGIONAL VP 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)	195.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 63 / 66	
	(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"/> 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. DANIEL R MYTHEN		Date of Receipt																					
	Mailing Address 21307 NE 97TH PL		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		3	1		2	0	0	9														
	City State Zip Code REDMOND WA 98053		Transaction ID: PR33677923150																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00																						
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 ▼ 300.00																						
		P/R Deduction (\$100.00 Monthly)																						

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	14650.31

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Evan Bayh Committee	Transaction ID: 8091371 Date of Disbursement 07 / 24 / 2009
	Mailing Address 251 East Ohio Street #850	Amount of Each Disbursement this Period 1000.00
	City Indianapolis State IN Zip Code 46204	
	Purpose of Disbursement Contribution Candidate Name Evan Bayh Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District:	Contribution

B.	Full Name (Last, First, Middle Initial) Mike Crapo for US Senate	Transaction ID: 8091373 Date of Disbursement 07 / 24 / 2009
	Mailing Address PO Box 1948	Amount of Each Disbursement this Period 1500.00
	City Boise State ID Zip Code 83701	
	Purpose of Disbursement Contribution Candidate Name Michael Crapo Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District:	Contribution

C.	Full Name (Last, First, Middle Initial) Friends Of Farr	Transaction ID: 8091374 Date of Disbursement 07 / 24 / 2009
	Mailing Address 3422 Porter Street, NW	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20016	
	Purpose of Disbursement Contribution Candidate Name Rep. Sam Farr Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 17	Contribution

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Garamendi For Congress</p> <p>Mailing Address 3605 Long Beach Blvd., Ste. 426</p> <p>City Long Beach State CA Zip Code 90807</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name John Garamendi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 10</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General2009</p>	<p>Transaction ID: 8091375 Date of Disbursement 07 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Wally Herger for Congress</p> <p>Mailing Address P.O. Box 16021</p> <p>City Alexandria State VA Zip Code 22302</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Wally Herger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8091376 Date of Disbursement 07 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) The Committee to Re-Elect Loretta Sanchez</p> <p>Mailing Address 604 South Harbor Boulevard</p> <p>City Santa Ana State CA Zip Code 92704</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Loretta Sanchez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8091377 Date of Disbursement 07 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Sherman for Congress</p> <p>Mailing Address P.O. Box 75214</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Brad Sherman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 27</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8091378 Date of Disbursement 07 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Mike Thompson for Congress</p> <p>Mailing Address 236 Massachusetts Avenue, NE Suite 508</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mike Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8091379 Date of Disbursement 07 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Wyden For Senate</p> <p>Mailing Address 232 Ne 9th Avenue</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sen. Ron Wyden</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8091380 Date of Disbursement 07 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	10500.00