REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than an Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) PACIFIC LIFE INSURANCE COMPANY PAC	
ADDRESS (number and street) ☐ Check if different than previously reported. 700 NEWPORT CENTER DR.	2. FEC IDENTIFICATION NUMBER C00068528
CITY, STATE and ZIP CODE NEWPORT BEACH, CA 92660	3. ☑ This committee has qualified as a multicandidate committee (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due on:
☐ February 20 ☑ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceeding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☑ NO

SUMMARY 5. Covering Period 05/01/99 through 05/31/99	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1999		27,016.91
(b) Cash on Hand at Beginning of Reporting Period	36,395.93	
(c) Total Receipts (from Line 19)	10,266.20	50,436.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	46,662.13	77,453.13
7. Total Disbursements (from Line 30)	4,500.00	35,291.00
8. Cash on Hand at Close of Reporting Period (subtract Line7 from Line 6(d))	42,162.13	42,162.13
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	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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

Type or Print Name of Treasurer
ROBERT G. HASKELL

Signature of Treasurer: Robert G. Haskell

Date: 6/16/99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. p437g.

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

NAME OF COMMITTEE
PACIFIC LIFE INSURANCE COMPANY PAC

REPORT COVERING PERIOD
FROM: 05/01/99 TO: 05/31/99

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	6,476.33	22,289.97	11(a)(i)
ii. Unitemized	3,789.87	27,909.29	11(a)(ii)
iii. Total	10,266.20	50,199.26	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions	10,266.20	50,199.26	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets to Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	236.96	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	10,266.20	50,436.22	19
20. Total Federal Receipts (subtract line 18 from line 19)	10,266.20	50,436.22	20
II. Disbursements			
21. Operating Expenditures			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	291.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	0.00	291.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Party Committees	4,500.00	35,000.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees(2 U.S.C.441a(d))(use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			28
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c)	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	4,500.00	35,291.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	4,500.00	35,291.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	10,266.20	50,199.26	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	10,266.20	50,199.26	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	0.00	291.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35)	0.00	291.00	37

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (05/01/98 - 06/31/98)

PAGE 1 OF 10

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. DANIEL F. BASS 35 CLERMONT NEWPORT COAST, CA 92657 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: ASSISTANT VICE PRESIDENT Aggregate Year-to-Date > $ 270.00	payroll deduction	60.00 ($60 Monthly)
B. ROBERT H. BEARDSLEE 27612 ESCUNA MISSION VIEJO, CA 92692 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 300.00	payroll deduction	60.00 ($60 Monthly)
C. PAMELA M BERGER 1633 BOULDER CREEK RD. OCEANSIDE, CA 92056 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 300.00	payroll deduction	60.00 ($60 Monthly)
D. TRUDI E. BLAKESLEE 98 NAVARRE IRVINE, CA 92612 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 250.00	payroll deduction	50.00 ($50 Monthly)
E. JUDITH L. BROWN 26001 BLASCOS MISSION VIEJO, CA 92691 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 300.00	payroll deduction	60.00 ($60 Monthly)
F. ROBERT A BRUNO 11108 ST. MICHAELS DRIVE DALLAS, TX 75230 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: NATIONAL SALES MANAGER, AVP Aggregate Year-to-Date > $ 500.00	05/28/99	500.00
G. EDWARD R. BYRD 17530 PAGE COURT YORBA LINDA, CA 92886-3865 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 250.00	payroll deduction	50.00 ($50 Monthly)

SUBTOTAL of Receipts This Page (optional) >	840.00
TOTAL This Period (last page this line number only) >	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (06/01/99 - 06/31/99)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. LARRY CARD 31735 SEACLIFF DR. LAGUNA BEACH, CA 92677 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 1,300.00	payroll deduction	275.00 ($275 Monthly)
B. DAVID R. CARMICHAEL 1525 SERENADE TERRACE CORONA DEL MAR, CA 92625 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 500.00	payroll deduction	100.00 ($100 Monthly)
C. JOSEPH E. CELENTANO 26661 CAMPESINO MISSION VIEJO, CA 92691 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 220.00	payroll deduction	50.00 ($50 Monthly)
D. BERNADINE E. CHWALEK 25755 MAPLE VIEW DRIVE LAGUNA HILLS, CA 92653 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 300.00	payroll deduction	60.00 ($60 Monthly)
E. DENNIS M. CORBETT 15136 TOURAINE WAY IRVINE, CA 92604 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 250.00	payroll deduction	50.00 ($50 Monthly)
F. CAMERON COSGROVE 27741 MOTHERLODE COURT LAGUNA NIGUEL, CA 92677 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 210.00	payroll deduction	42.00 ($42 Monthly)
G. CYNTHIA S. DILLION 7 BODEGA BAY CORONA DEL MAR, CA 92625 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 510.00	payroll deduction	105.00 ($105 Monthly)

SUBTOTAL of Receipts This Page (optional)	682.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. JOHN L DIXON 250 AUSTRALIAN AVE., S. STE. 1800 WEST PALM BEACH, FL 33401 Receipt For: Primary General Other (specify):	MUTUAL SERVICE CORPORATION Occupation: PRESIDENT & CEO Aggregate Year-to-Date $ 500.00	05/28/99	500.00
B. RICHARD S. EASTLYN 27556 VALLEY RIM CIRCLE SAN JUAN CAPISTRANO, CA 92675 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	payroll deduction	60.00 ($60 Monthly)
C. MARK R. FALK 64 SUMMERSTONE IRVINE, CA 92614 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 375.00	payroll deduction	75.00 ($75 Monthly)
D. MICHAEL P. FENTON 4 CEDARLAKE IRVINE, CA 92614 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	payroll deduction	50.00 ($50 Monthly)
E. WILLIAM L. FERRIS 1990 PORT EDWARDS CIRCLE NEWPORT BEACH, CA 92660 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 1,300.00	payroll deduction	275.00 ($275 Monthly)
F. MARC S. FRANKLIN 1942 PORT ALBANS PLACE NEWPORT BEACH, CA 92660 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 205.00	payroll deduction	41.00 ($41 Monthly)
G. BRIAN F. GOEBEL 818 SAN NICOLAS CIRCLE HUNTINGTON BEACH, CA 92648 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	payroll deduction	60.00 ($60 Monthly)

SUBTOTAL of Receipts This Page (optional)	1,061.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (05/01/99 - 05/31/99)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STANLEY D HANSEN 8959 A. HARPERS FT. DRIVE CINCINNATI, OH 45249	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	100.00 ($100 Monthly)
Receipt For: Primary / General / Other (specify):	Occupation: EXECUTIVES		
	Aggregate Year-to-Date > $ 500.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT G. HASKELL 115 VIA WAZIERS NEWPORT BEACH, CA 92663	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	110.00 ($110 Monthly)
Receipt For: Primary / General / Other (specify):	Occupation: SENIOR VICE PRESIDENT		
	Aggregate Year-to-Date > $ 535.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALBERT B. HEILES 408 AVONLEA COURT GIBSONIA, PA 15044	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	63.00 ($63 Monthly)
Receipt For: Primary / General / Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 315.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT J. HEMSTEAD 2335 RANCHO DEL ORO RD. 4 OCEANSIDE, CA 92056	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	50.00 ($50 Monthly)
Receipt For: Primary / General / Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 205.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM L. HEZZELWOOD 23961 CATBIRD COURT LAGUNA NIGUEL, CA 92677	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	50.00 ($50 Monthly)
Receipt For: Primary / General / Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 250.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN A. JARBOE 4210 PARK NEWPORT, APR. #410 NEWPORT BEACH, CA 92660	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	150.00 ($150 Monthly)
Receipt For: Primary / General / Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 750.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DARYLE G. JOHNSON 5 ALTAIR IRVINE, CA 92612	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	150.00 ($150 Monthly)
Receipt For: Primary / General / Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 675.00		

SUBTOTAL of Receipts This Page (optional)	673.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons.

Use separate schedule(s) for each category of the Detailed Summary Page (05/01/98 - 06/30/99)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. ANDREW C. KARLINSKI 6 VENTURE AVE., #305 IRVINE, CA 92618	A.K. FINANCIAL GROUP	05/26/99	100.00
Receipt For: Primary / General / Other (specify):	Occupation: AGENT		
	Aggregate Year-to-Date > $	400.00	
B. ROBERT D. KEHRER 31 ENSUENO WEST IRVINE, CA 92620	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	50.00 ($50 Monthly)
Receipt For: Primary / General / Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $	250.00	
C. JAMES B. KUEHNERT 2770 MENDOZA DRIVE COSTA MESA, CA 92626	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	45.00 ($45 Monthly)
Receipt For: Primary / General / Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $	225.00	
D. FLETCHER C. LARSON 709 AVENIDA MIROLA PALOS VERDES ESTATE, CA 90274	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	75.00 ($75 Monthly)
Receipt For: Primary / General / Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $	375.00	
E. DIANE M LEDGER 46 WILDWOOD IRVINE, CA 92604	VAR. REG. COMPLIANCE	05/28/99	300.00
Receipt For: Primary / General / Other (specify):	Occupation: VICE PRESIDENT		
	Aggregate Year-to-Date > $	300.00	
F. DAVID LEVY 135 JASMINE CREEK DRIVE CORONA DEL MAR, CA 92625	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	70.00 ($70 Monthly)
Receipt For: Primary / General / Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $	335.00	
G. STEPHEN LI 879 PROSPECT PLACE COSTA MESA, CA 92626	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	70.00 ($70 Monthly)
Receipt For: Primary / General / Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $	335.00	

SUBTOTAL of Receipts This Page (optional) > 710.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (06/01/98 - 05/31/99)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. GEORGE Y. LONGYEAR 17992 ATHENS AVENUE VILLA PARK, CA 92861 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 235.00	payroll deduction	50.00 ($50 Monthly)
B. THOMAS J. LOSEE 145 CARIBE ISLE NOVATO, CA 94949 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 250.00	payroll deduction	50.00 ($50 Monthly)
C. GAIL H. MC INTOSH 622 18TH STREET HUNTINGTON BEACH, CA 92648 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 225.00	payroll deduction	45.00 ($45 Monthly)
D. HENRY M. MC MILLAN 4006 INLET ISLE CORONA DEL MAR, CA 92625 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 270.00	payroll deduction	60.00 ($60 Monthly)
E. JOHN E. MILBERG 33811 DONEGAL LANE S J CAPISTRANO, CA 92675 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 500.00	payroll deduction	100.00 ($100 Monthly)
F. AUDREY L. MILFS 26922 ROCKING HORSE LANE LAGUNA HILLS, CA 92653 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 385.00	payroll deduction	80.00 ($80 Monthly)
G. LYNN C. MILLER 8 DORCHESTER GREEN LAGUNA NIGUEL, CA 92677 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 420.00	payroll deduction	84.00 ($84 Monthly)

SUBTOTAL of Receipts This Page (optional)	469.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (05/01/99 - 06/31/99)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. MARY E. MORGAN 1 BETTONI AISLE IRVINE, CA 92606 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 270.00	payroll deduction	60.00 ($60 Monthly)
B. JAMES T. MORRIS 29022 PINTAIL CIRCLE LAGUNA NIGUEL, CA 92677 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 470.00	payroll deduction	100.00 ($100 Monthly)
C. JOHN D. MURRAY 918 SANDCASTLE DRIVE CORONA DEL MAR, CA 92625 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 250.00	payroll deduction	50.00 ($50 Monthly)
D. LAURA L. O'DEA 3100 N. ELM ST., #38C GREENSBORO, NC 27408 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: BRANCH MANAGER Aggregate Year-to-Date > $ 208.35	payroll deduction	41.67 ($42 Monthly)
E. DARAGH M. O'SULLIVAN 177 22ND ST., APT. 4 COSTA MESA, CA 92627-1764 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: ASSISTANT VICE PRESIDENT Aggregate Year-to-Date > $ 420.00	payroll deduction	84.00 ($84 Monthly)
F. ROBERT E. OLSEN 15082 HUMPHREY CIRCLE IRVINE, CA 92604 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 250.00	payroll deduction	50.00 ($50 Monthly)
G. LESTER F. REAGAN 1318 LAWRENCE ROAD MOLENA, GA 30258 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 250.00	payroll deduction	50.00 ($50 Monthly)

SUBTOTAL of Receipts This Page (optional)	435.67
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (06/01/98 - 06/31/98)

FOR LINE NUMBER 11(a)(i)

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 PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. JAMES R. RICE 11 STILLWATER IRVINE, CA 92612 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 275.00	payroll deduction	55.00 ($55 Monthly)
B. GERALD W. ROBINSON 22 CANYON RIDGE IRVINE, CA 92612 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 310.00	payroll deduction	65.00 ($65 Monthly)
C. GLENN S. SCHAFER 1318 COLONY PLAZA, #139 NEWPORT BEACH, CA 92660 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 1,750.00	payroll deduction	350.00 ($350 Monthly)
D. WILLIAM R. SCHMIDT 24772 RITTENHOUSE CIRCLE LAGUNA HILLS, CA 92653 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 415.00	payroll deduction	95.00 ($95 Monthly)
E. S. GENE SCHOFIELD 16 LEHIGH AISLE IRVINE, CA 92612 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 340.00	payroll deduction	80.00 ($80 Monthly)
F. WILLIAM J. SHARP 28256 COULTER MISSION VIEJO, CA 92692 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 220.00	payroll deduction	50.00 ($50 Monthly)
G. FRANK B. SIMON 21772 HERENCIA MISSION VIEJO, CA 92692 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 385.00	payroll deduction	80.00 ($80 Monthly)

SUBTOTAL of Receipts This Page (optional) 775.00

TOTAL This Period (last page this line number only)

Use separate schedule(s) for each category of the Detailed Summary Page (06/01/98 - 05/31/99)	PAGE 9 OF 10
	FOR LINE NUMBER 11(a)(i)

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. ARTHUR K. SOBCZAK, III 14718 CAMDEN DRIVE STRONGSVILLE, OH 44136	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	45.00 ($45 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 225.00		
B. CHRISTINA M. SUMPTER 10326 FALCON AVENUE FOUNTAIN VALLEY, CA 92708	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	50.00 ($50 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 250.00		
C. THOMAS C. SUTTON 111 SHORECLIFF ROAD CORONA DEL MAR, CA 92625	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	416.66 ($417 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 2,083.30		
D. EDWARD E. UCKER, JR. 16190 BIMINI LANE HUNTINGTON BEACH, CA 92649	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	84.00 ($84 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 420.00		
E. NANCY A. WEBB 12266 CIRCULA PANORAMA SANTA ANA, CA 92705	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	100.00 ($100 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 290.00		
F. LEE R. WIRTHLIN 16596 SUGARLOAF FOUNTAIN VALLEY, CA 92708	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	85.00 ($85 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 395.00		
G. CLAYTON M. YOKOTA 34602 CALLE LA PRIMAVERA DANA POINT, CA 92629	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	50.00 ($50 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 250.00		

SUBTOTAL of Receipts This Page (optional)	830.66
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**
Contribution to Federal Candidates/Committees and Other Party Committees

Use separate schedule(s) for each category of the Detailed Summary Page (revised - 05/31/99)

PAGE 1 OF 1
FOR LINE NUMBER 23

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 purposed, 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 PAC C00068528

A. Full Name, Mailing Address and ZIP Code HEALTH INSURANCE ASSOCIATION OF AMERICA (HIPAC) 555 13TH ST., N.W., STE. 600 EAST WASHINGTON, DC 20004-1109	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date(month, day, year) 05/19/99 05/31/99	Amount of Each Disbursement this Period 5,000.00 (2,500.00) Voided Check
B. Full Name, Mailing Address and ZIP Code ROGAN FOR CONGRESS P.O. BOX 2776 ARLINGTON, VA 22202	Purpose of Disbursement JAMES ROGAN HOUSE CA - 27 Disbursement For: [X] Primary [ ] General [ ] Other (specify):	Date(month, day, year) 05/06/99	Amount of Each Disbursement this Period 2,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	4,500.00
TOTAL This Period (last page this line number only)	4,500.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 6-17-99
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

AH	6-21-99
PREPARER	DATE PREPARED

(4/98)