

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 2011 through 07 31 2011

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

Type or Print Name of Treasurer Patricia Douglass

Signature of Treasurer Electronically Filed by Patricia Douglass Date 08 12 2011

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		34626.87
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	68637.71									
(c) Total Receipts (from Line 19)	23553.97	144064.81								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	92191.68	178691.68								
7. Total Disbursements (from Line 31)	0.00	86500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	92191.68	92191.68								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

Report Covering the Period: From: 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)	20990.64	96642.50
(ii) Unitemized	2563.33	47422.31
(iii) TOTAL (add Lines 11(a)(i) and (ii)	23553.97	144064.81
(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)	23553.97	144064.81
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))	23553.97	144064.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	23553.97	144064.81

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.....	0.00	86500.00
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))..	0.00	86500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	86500.00

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	23553.97	144064.81
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23553.97	144064.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 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. SHARON A CHEEVER

Mailing Address 33512 VALLE RD

City State Zip Code
SAN JUAN CAPISTRAN CA 92675-4838

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

Name of Employer Pacific Life Occupation SR VP & GEN COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 07 / 11 / 2011
Transaction ID: 10179120
Amount of Each Receipt this Period: 5000.00
Check

B. Full Name (Last, First, Middle Initial)
MS. JUNE G ARCE

Mailing Address 20050 EMERALD MEADOW DR

City State Zip Code
WALNUT CA 91789

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

Name of Employer Pacific Life Occupation DIR MKTG COMPL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR10362105046
Amount of Each Receipt this Period: 60.00
P/R Deduction (\$60.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. JULIE E TRASK

Mailing Address 181 S CRAIG DR

City State Zip Code
ORANGE CA 92869

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

Name of Employer Pacific Life Occupation DIR CUSTOMER SERVICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR10362125046
Amount of Each Receipt this Period: 40.00
P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **5100.00**

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 7 / 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. ALAN H BROWN

Mailing Address 505 13TH ST

City State Zip Code
HUNTINGTON BEACH CA 92648

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

Name of Employer Pacific Life Occupation AVP ITS STRATEGIC SVCS

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 / 2011

Transaction ID: PR10362255046

Amount of Each Receipt this Period 0.00

P/R Deduction (\$0.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. KATHLEEN N WILSON

Mailing Address 2525 JUANITA WAY

City State Zip Code
LAGUNA BEACH CA 92651

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

Name of Employer Pacific Life Occupation SR BUS ANA

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 / 2011

Transaction ID: PR10362275046

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 29132 ALFIERI ST

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation EXEC VP RSD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1169.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10362305046

Amount of Each Receipt this Period 167.00

P/R Deduction (\$167.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 197.00

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 8 / 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. EDWARD R BYRD

Mailing Address 17520 PAGE CT

City State Zip Code
YORBA LINDA CA 92886

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

Name of Employer Pacific Life Occupation SR VP & CHF ACTG OFCR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: MM / DD / YYYY
07 / 31 / 2011

Transaction ID: PR10362325046

Amount of Each Receipt this Period: 125.00

P/R Deduction (\$125.00 Monthly)

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

Mailing Address 26661 CAMPESINO

City State Zip Code
MISSION VIEJO CA 92691

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

Name of Employer Pacific Life Occupation SR VP ERM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: MM / DD / YYYY
07 / 31 / 2011

Transaction ID: PR10362385046

Amount of Each Receipt this Period: 100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 21851 NEWLAND ST SPC 246

City State Zip Code
HUNTINGTON BEACH CA 92646

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: MM / DD / YYYY
07 / 31 / 2011

Transaction ID: PR10362425046

Amount of Each Receipt this Period: 40.00

P/R Deduction (\$40.00 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 9 / 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. GAIL C MOSCOSO		Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 31558 WEST NINE DR		Transaction ID: PR10362485046
	City LAGUNA NIGUEL	State CA	Zip Code 92677
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
	Name of Employer Pacific Life	Occupation VP CLIENT SERVICES	P/R Deduction (\$60.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		

B.	Full Name (Last, First, Middle Initial) MR. DENNIS M CORBETT		Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 15136 TOURAIN WAY		Transaction ID: PR10362515046
	City IRVINE	State CA	Zip Code 92604
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Pacific Life	Occupation VP TAX COMPLIANCE	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		

C.	Full Name (Last, First, Middle Initial) MR. PAUL J CROXTON		Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 30132 HILLSIDE TER		Transaction ID: PR10362555046
	City SN JUAN CAPISTRANO	State CA	Zip Code 92675
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Pacific Life	Occupation FVP FIELD WHOLESALING	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)	▶	210.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 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. 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 ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10362565046

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 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
M M / D D / Y Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10362575046

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
M M / D D / Y Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10362595046

Amount of Each Receipt this Period
90.00

P/R Deduction (\$90.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **290.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 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. DIANE W DALES		Date of Receipt
	Mailing Address 28 CLERMONT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 31 / 2011
	City	State	Zip Code
	NEWPORT COAST	CA	92657
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10362605046
Name of Employer Pacific Life		Occupation AVP CREDIT ANALYSIS	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 ▼ 350.00	<input type="text"/> 50.00
			P/R Deduction (\$50.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MS. LINDA D LARSON		Date of Receipt
	Mailing Address 8315 ROAD R NW		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 31 / 2011
	City	State	Zip Code
	QUINCY	WA	98848
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10362625046
Name of Employer Pacific Life		Occupation AVP IND COMPLIANCE	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 ▼ 840.00	<input type="text"/> 120.00
			P/R Deduction (\$120.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. MARK R FALK		Date of Receipt
	Mailing Address 64 SUMMERSTONE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 31 / 2011
	City	State	Zip Code
	IRVINE	CA	92614
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10362715046
Name of Employer Pacific Life		Occupation AVP STRATEGIC PROGRAMS	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 ▼ 875.00	<input type="text"/> 125.00
			P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 295.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 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 R FINEAR

Mailing Address 718 K THANGA DR

City State Zip Code
CORONA DEL MAR CA 92625

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

Name of Employer Pacific Life Occupation AVP RE INVESTMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt MM / DD / YYYY
07 / 31 / 2011

Transaction ID: PR10362785046

Amount of Each Receipt this Period 35.00

P/R Deduction (\$35.00 Monthly)

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

Mailing Address 31411 MONTEREY ST

City State Zip Code
LAGUNA BEACH CA 92651

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

Name of Employer Pacific Life Occupation SR VP OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2266.64

Date of Receipt MM / DD / YYYY
07 / 31 / 2011

Transaction ID: PR10362865046

Amount of Each Receipt this Period 416.66

P/R Deduction (\$416.66 Monthly)

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

Mailing Address 7 SOVENTE

City State Zip Code
IRVINE CA 92606

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

Name of Employer Pacific Life Occupation AVP RISK SELECTION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt MM / DD / YYYY
07 / 31 / 2011

Transaction ID: PR10362905046

Amount of Each Receipt this Period 70.00

P/R Deduction (\$70.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **521.66**

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 13 / 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. 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: 07 / 31 / 2011
Transaction ID: PR10362925046
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

B. 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 APPLIC DEV MGR

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

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR10362945046
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

C. 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 SR VP FINANCE & RISK

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

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR10362965046
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 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)
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 Occupation
Pacific Life ACCOUNT MGMT SPEC

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10362995046

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

B.

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 Occupation
Pacific Life COMMUNITY RELTNS COORD

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10363035046

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

C.

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 Occupation
Pacific Life SVP BRAND MGMT & PA

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2916.62

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10363065046

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

SUBTOTAL of Receipts This Page (optional)

506.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 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. DALE E HAWLEY

Mailing Address 2702 SAN JOAQUIN HILLS RD

City State Zip Code
CORONA DEL MAR CA 92625

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

Name of Employer Pacific Life Occupation AVP COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 518.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR10363075046
Amount of Each Receipt this Period: 74.00
P/R Deduction (\$74.00 Monthly)

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

Mailing Address 5613 DAISY ST

City State Zip Code
SIMI VALLEY CA 93063

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 ▼ 640.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR10363105046
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$100.00 Monthly)

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

Mailing Address 58 VIAGGIO LN

City State Zip Code
FOOTHILL RANCH CA 92610

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

Name of Employer Pacific Life Occupation AVP TAX

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR10363115046
Amount of Each Receipt this Period: 75.00
P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **249.00**

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)

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

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

A.

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

Mailing Address 23972 GOLDENEYE DR

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Occupation
Pacific Life VP INV ADVISOR OPS

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10363165046

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MS. MARYBETH HUGHES

Mailing Address 2283 WATERMAN WAY

City State Zip Code
COSTA MESA CA 92627

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

Name of Employer Occupation
Pacific Life DIR CORPORATE RISK

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10363205046

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

C.

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 Occupation
Pacific Life NATL SLS MGR M CHANNEL

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10363245046

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 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: (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. JEFF R JOHNSON	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 1 SAND OAKS RD.	Transaction ID: PR10363255046
	City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$55.00 Monthly)
Name of Employer Pacific Life	Occupation AVP CORP FIN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

B.	Full Name (Last, First, Middle Initial) MR. KENT R JOHNSON	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 25621 DEL NORTE	Transaction ID: PR10363265046
	City State Zip Code LAGUNA NIGUEL CA 92677	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 VP ACTUARIAL & REINS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) MR. MARK J JOHNSON	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 1812 LEADBURN RD	Transaction ID: PR10363275046
	City State Zip Code TOWSON MD 21204	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$150.00 Monthly)
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 ▼ 975.00	

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 18 / 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. SCOTT E JOHNSON	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 906 NEWTON LN	Transaction ID: PR10363285046
	City State Zip Code PLACENTIA CA 92870	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Pacific Life	Occupation VP CORPORATE TECHNOLOGY	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) MS. LORI A JOHNSTONE	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 27 GRAY STONE WAY	Transaction ID: PR10363295046
	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	
Name of Employer Pacific Life	Occupation AVP SPECIALTY INVESTMENTS	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. SUZANNE T KAMPA	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 5531 STANFORD AVE	Transaction ID: PR10363325046
	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	
Name of Employer Pacific Life	Occupation IT AUDIT CONS	P/R Deduction (\$60.00 Monthly)
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)	▶	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 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. BRIAN D KLEMENS

Mailing Address 24611 BENJAMIN CIR

City State Zip Code
DANA POINT CA 92629

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

Name of Employer Pacific Life Occupation VP & CORPORATE CONTROLLER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10363375046

Amount of Each Receipt this Period 80.00

P/R Deduction (\$80.00 Monthly)

B.

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

Mailing Address 6307 CAMINO MARINERO

City State Zip Code
SAN CLEMENTE CA 92673

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

Name of Employer Pacific Life Occupation VP INSTITUTIONAL MARKETS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10363425046

Amount of Each Receipt this Period 150.00

P/R Deduction (\$150.00 Monthly)

C.

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

Mailing Address 262 S FAIRFIELD LN

City State Zip Code
ORANGE CA 92869

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

Name of Employer Pacific Life Occupation AVP COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10363455046

Amount of Each Receipt this Period 0.00

P/R Deduction (\$0.00 Monthly)

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: PAGE 20 / 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. FLETCHER C LARSON

Mailing Address 709 AVENIDA MIROLA

City State Zip Code
PALOS VERDES EST CA 90274

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10363475046

Amount of Each Receipt this Period 400.00

P/R Deduction (\$400.00 Monthly)

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

Mailing Address 16432 CAMINO CANADA LN

City State Zip Code
HUNTINGTON BEACH CA 92649

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

Name of Employer Pacific Life Occupation SR SYSTEMS ANALYST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10363545046

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 1033 SECRETARIAT CIR

City State Zip Code
COSTA MESA CA 92626

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

Name of Employer Pacific Life Occupation VP FUND COMPLIANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10363565046

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 540.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 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. DESMOND G MARSH

Mailing Address 74 SETON RD

City State Zip Code
IRVINE CA 92612

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

Name of Employer Pacific Life Occupation AVP ANNUITY APPS ADMIN

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

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR10363595046
Amount of Each Receipt this Period: 150.00
P/R Deduction (\$150.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. THOMAS J MAYS

Mailing Address 7406 PALOMA DR

City State Zip Code
HUNTINGTON BEACH CA 92648

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

Name of Employer Pacific Life Occupation VP GOVT RELNS

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

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR10363605046
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

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

Mailing Address 622 18TH ST

City State Zip Code
HUNTINGTON BEACH CA 92648

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

Name of Employer Pacific Life Occupation AVP COUNSEL

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

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR10363615046
Amount of Each Receipt this Period: 40.00
P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 240.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 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. JULIA C MC KINNEY

Mailing Address 3615 PASEO DEL CAMPO

City State Zip Code
PALOS VERDES EST CA 90274

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

Name of Employer Pacific Life Occupation AVP COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR10363635046
Amount of Each Receipt this Period: 75.00
P/R Deduction (\$75.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. MORGAN C MC KNIGHT

Mailing Address 1217 HIGHCREST DR

City State Zip Code
BURLESON TX 76028

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

Name of Employer Pacific Life Occupation APPLIC DEV CONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR10363645046
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

C. 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 Pacific Life Occupation SR VP & CHIEF RISK OFCR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR10363665046
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **225.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 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. 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: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10363715046

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

B.

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10363755046

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Monthly)

C.

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10363765046

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

110.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 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

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

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

A.

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

Mailing Address 32141 COOK LN

City State Zip Code
SN JUAN CAPISTRANO CA 92675

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

Name of Employer Pacific Life Occupation CHAIRMAN, PRESIDENT & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2912.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10363795046

Amount of Each Receipt this Period 416.00

P/R Deduction (\$416.00 Monthly)

B.

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

Mailing Address 27382 VIA PRIORATO

City State Zip Code
SN JUAN CAPISTRANO CA 92675

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

Name of Employer Pacific Life Occupation VP RE ASSET MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1225.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10363805046

Amount of Each Receipt this Period 175.00

P/R Deduction (\$175.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. RICHARD P OLSON

Mailing Address 24902 SUNSET PL E

City State Zip Code
LAGUNA HILLS CA 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
M M / D D / Y Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10363935046

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **641.00**

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)
 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. 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 TALENT ACQ & DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 31 / 2011

Transaction ID: PR10364005046

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

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

Mailing Address 10033 WINESAP AVE

City CHERRY VALLEY State CA Zip Code 92223

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 ▼ 560.00

Date of Receipt 07 / 31 / 2011

Transaction ID: PR10364025046

Amount of Each Receipt this Period 80.00

P/R Deduction (\$80.00 Monthly)

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

Mailing Address 915 STOKE RD

City VILLANOVA State PA Zip Code 19085

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 ▼ 280.00

Date of Receipt 07 / 31 / 2011

Transaction ID: PR10364045046

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

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 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)
MR. YVES F PINKOWITZ

Mailing Address 20541 VIA EL TAJO

City State Zip Code
YORBA LINDA CA 92887

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

Name of Employer Occupation
Pacific Life VP CORP AUDIT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 302.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10364055046

Amount of Each Receipt this Period

44.00

P/R Deduction (\$44.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. THEODORE A PREMIER

Mailing Address 20 MOLINO

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Occupation
Pacific Life VP REAL ESTATE FINANCE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1575.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10364085046

Amount of Each Receipt this Period

225.00

P/R Deduction (\$225.00 Monthly)

C.

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

Mailing Address 33 BOLERO

City State Zip Code
MISSION VIEJO CA 92692

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

Name of Employer Occupation
Pacific Life INTERNAL AUDIT DIR

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10364095046

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

344.00

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. JAMES R RICE

Mailing Address 11 STILLWATER

City State Zip Code
IRVINE CA 92603

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

Name of Employer Pacific Life Occupation VP M FINANCIAL DISTRIBUTION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR10364145046
Amount of Each Receipt this Period: 125.00
P/R Deduction (\$125.00 Monthly)

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

Mailing Address 19 GLEN ELLEN

City State Zip Code
IRVINE CA 92602

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

Name of Employer Pacific Life Occupation VP & TAX COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR10364205046
Amount of Each Receipt this Period: 30.00
P/R Deduction (\$30.00 Monthly)

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

Mailing Address 28472 AVENIDA PLACIDA

City State Zip Code
SN JUAN CAPISTRANO CA 92675

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR10364265046
Amount of Each Receipt this Period: 325.00
P/R Deduction (\$325.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 480.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 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. 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: 07 / 31 / 2011
Transaction ID: PR10364315046
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$100.00 Monthly)

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

Mailing Address 30 CANYONWOOD

City State Zip Code
IRVINE CA 92620

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

Name of Employer Pacific Life Occupation AVP COMPENSATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR10364335046
Amount of Each Receipt this Period: 45.00
P/R Deduction (\$45.00 Monthly)

C. 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 / 2011
Transaction ID: PR10364355046
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

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 29 / 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. CAROL R SUDBECK

Mailing Address 11 SOMMET

City State Zip Code
NEWPORT COAST CA 92657

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

Name of Employer Occupation
Pacific Life SR VP HR & FACILITIES

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2264.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10364505046

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

B.

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

Mailing Address 355 S LORETTA DR

City State Zip Code
ORANGE CA 92869

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

Name of Employer Occupation
Pacific Life VP ACCTG & RPTG

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 630.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10364585046

Amount of Each Receipt this Period

90.00

P/R Deduction (\$90.00 Monthly)

C.

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

Mailing Address 22862 ORENSE

City State Zip Code
MISSION VIEJO CA 92691

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

Name of Employer Occupation
Pacific Life VP COUNSEL

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 405.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10364595046

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

566.00

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 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. KHANH T TRAN

Mailing Address 47 VERNAL SPG

City IRVINE State CA Zip Code 92603

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2916.62

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR10364605046
 Amount of Each Receipt this Period: 416.66
 P/R Deduction (\$416.66 Monthly)

B.

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

Mailing Address PO BOX 10386

City NEWPORT BEACH State CA Zip Code 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 ▼ 510.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR10364625046
 Amount of Each Receipt this Period: 75.00
 P/R Deduction (\$75.00 Monthly)

C.

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

Mailing Address 41974 CARSON CT

City MURRIETA State CA Zip Code 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: 07 / 31 / 2011
Transaction ID: PR10364635046
 Amount of Each Receipt this Period: 50.00
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **541.66**

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 31 / 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 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 ▼ 1150.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10364655046

Amount of Each Receipt this Period 175.00

P/R Deduction (\$175.00 Monthly)

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

Mailing Address 28532 VIA PRIMAVERA

City State Zip Code
SN JUAN CAPISTRANO CA 92675

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

Name of Employer Pacific Life Occupation VP SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10364745046

Amount of Each Receipt this Period 120.00

P/R Deduction (\$120.00 Monthly)

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

Mailing Address 32 COLORIDO

City State Zip Code
RCHO STA MARGARITA CA 92688

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

Name of Employer Pacific Life Occupation AVP OPERATIONS SUPPORT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10364805046

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 335.00

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)

MS. ROBIN S YONIS

Mailing Address 8 CASTLEBAR

City State Zip Code
IRVINE CA 92618

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

Name of Employer Occupation
Pacific Life VP VAR REGULATORY COMPL

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 / 2011

Transaction ID: PR10364825046

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

B.

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 ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10364835046

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

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 ▼ 2450.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10365145046

Amount of Each Receipt this Period

350.00

P/R Deduction (\$350.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 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)
MR. REED J LLOYD

Mailing Address 6 SANDERLING LN

City State Zip Code
ALISO VIEJO CA 92656

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

Name of Employer Pacific Life Occupation AVP ADVANCED MKTG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt MM / DD / YYYY
07 / 31 / 2011

Transaction ID: PR10365215046

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. REX A OLSON

Mailing Address 1963 PORT LAURENT PL

City State Zip Code
NEWPORT BEACH CA 92660

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt MM / DD / YYYY
07 / 31 / 2011

Transaction ID: PR10365225046

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. SAMUEL TANG

Mailing Address PO BOX 4586

City State Zip Code
MISSION VIEJO CA 92690

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

Name of Employer Pacific Life Occupation PRINCIPAL PAC TRIGUARD COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt MM / DD / YYYY
07 / 31 / 2011

Transaction ID: PR10365235046

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 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 34 / 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. CAROLYN DEAN		Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address PO BOX 3051		Transaction ID: PR10365345046
	City DANA POINT	State CA	Zip Code 92629
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Pacific Life	Occupation ACCOUNTING DIR	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. PHILIP A TEETER		Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 376 MYRTLE ST		Transaction ID: PR10365475046
	City LAGUNA BEACH	State CA	Zip Code 92651
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 175.00
	Name of Employer Pacific Life	Occupation SR VP TECH & OPS	P/R Deduction (\$175.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1180.00		

C.	Full Name (Last, First, Middle Initial) MR. TENNYSON S OYLER		Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 52 PEONY		Transaction ID: PR10365615046
	City IRVINE	State CA	Zip Code 92618
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
	Name of Employer Pacific Life	Occupation AVP PUBLIC AFFAIRS	P/R Deduction (\$75.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

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 35 / 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

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. VALERIE MORRIS

Mailing Address 48 W YALE LOOP

City State Zip Code
IRVINE CA 92604

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

Name of Employer Occupation
Pacific Life VP HR PRGMS & SVCS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 670.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10365685046

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

B.

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

Mailing Address 640 SAINT JAMES RD

City State Zip Code
NEWPORT BEACH CA 92663

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

Name of Employer Occupation
Pacific Life VP GOVT RELNS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1850.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10365735046

Amount of Each Receipt this Period

275.00

P/R Deduction (\$275.00 Monthly)

C.

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

Mailing Address 2216 NELDA WAY

City State Zip Code
ALAMO CA 94507

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

Name of Employer Occupation
Pacific Life REGIONAL VP

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10365785046

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

475.00

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)
MR. SILAS K DUNN

Mailing Address 14 ELDERWOOD

City State Zip Code
IRVINE CA 92614

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

Name of Employer Occupation
Pacific Life AVP PSD COMPLIANCE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10365845046

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 DRIVE

City State Zip Code
BOCA RATON FL 33428

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

Name of Employer Occupation
Pacific Life REGIONAL VP

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10365855046

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 Occupation
Pacific Life VP INVESTMENT MGMT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10365875046

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: PAGE 37 / 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 F O'DONNELL		Date of Receipt
	Mailing Address 30 BRIAN RD		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	BRIDGEWATER	MA	02324
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10365965046
Name of Employer Pacific Life		Occupation NATL SLS MGR KEY ACCT MKTG	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)

B.	Full Name (Last, First, Middle Initial) MS. JULIET A PINKERTON		Date of Receipt
	Mailing Address 301 DEMONBREUN ST		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	NASHVILLE	TN	37201
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10365995046
Name of Employer Pacific Life		Occupation DIVISIONAL 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="1750.00"/>	<input type="text" value="250.00"/>
			P/R Deduction (\$250.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. RICHARD A TAUBE		Date of Receipt
	Mailing Address 24081 NUTHATCH LN		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	LAGUNA NIGUEL	CA	92677
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10366045046
Name of Employer Pacific Life		Occupation VP PRODUCT MGMT	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="565.00"/>	<input type="text" value="85.00"/>
			P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="435.00"/>
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 38 / 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. TRAVIS R MC KAY

Mailing Address 210 OXFORD AVE

City State Zip Code
CLARENDON HILLS IL 60514

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

Name of Employer Pacific Life Occupation SR WHOLESALER

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

Date of Receipt: MM / DD / YYYY 07 / 31 / 2011
Transaction ID: PR10366065046
Amount of Each Receipt this Period 100.00
P/R Deduction (\$100.00 Monthly)

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

Mailing Address 18647 SANTA ISADORA ST

City State Zip Code
FOUNTAIN VALLEY CA 92708

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

Name of Employer Pacific Life Occupation VP VALUATION & RISK MGMT

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 660.00

Date of Receipt: MM / DD / YYYY 07 / 31 / 2011
Transaction ID: PR10366105046
Amount of Each Receipt this Period 100.00
P/R Deduction (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER VAN MIERLO

Mailing Address 400 EL VUELO

City State Zip Code
SAN CLEMENTE CA 92672

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

Name of Employer Pacific Life Occupation SVP RSD SALES CHF MKTG OFCR

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

Date of Receipt: MM / DD / YYYY 07 / 31 / 2011
Transaction ID: PR10366155046
Amount of Each Receipt this Period 75.00
P/R Deduction (\$75.00 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 39 / 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. MICHAEL S ROBB

Mailing Address 34 CLIFFHOUSE BLF

City State Zip Code
NEWPORT COAST CA 92657

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

Name of Employer Occupation
Pacific Life EXEC VP RE INVEST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10366195046

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

B.

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

Mailing Address 7124 HAWKSBEARD DR

City State Zip Code
WESTERVILLE OH 43082

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

Name of Employer Occupation
Pacific Life SR WHOLESALER

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10366275046

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

C.

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

Mailing Address 26666 WHITE OAKS DR

City State Zip Code
LAGUNA HILLS CA 92653

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

Name of Employer Occupation
Pacific Life AVP CAPITAL MKTS

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10366285046

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 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. STEPHEN M BOLLINGER	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 17345 FLAME TREE CIR	Transaction ID: PR10366305046
	City State Zip Code FOUNTAIN VALLEY CA 92708	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pacific Life AVP E-COMMERCE	
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. MARY ANN BROWN	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 304 WEYMOUTH PL	Transaction ID: PR10366315046
	City State Zip Code LAGUNA BEACH CA 92651	Amount of Each Receipt this Period 416.66
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pacific Life EVP CORP DEVELPMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2916.62	P/R Deduction (\$416.66 Monthly)

C.	Full Name (Last, First, Middle Initial) MS. LORI K CARRASCO	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 2742 PORTOLA DR	Transaction ID: PR10366325046
	City State Zip Code COSTA MESA CA 92626	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pacific Life CORP SECRETARIAL CONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	P/R Deduction (\$40.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 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. 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 ▼ 1400.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR10366355046
Amount of Each Receipt this Period: 200.00
P/R Deduction (\$200.00 Monthly)

B.

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

Mailing Address 1970 PARK NEWPORT

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation SVP TAX

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2160.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR10366365046
Amount of Each Receipt this Period: 315.00
P/R Deduction (\$315.00 Monthly)

C.

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

Mailing Address 6182 S 177TH ST

City State Zip Code
OMAHA NE 68135

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

Name of Employer Pacific Life Occupation AVP OPS BUS SOLUTNS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR10366395046
Amount of Each Receipt this Period: 45.00
P/R Deduction (\$45.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **560.00**

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

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

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

FOR LINE NUMBER: PAGE 42 / 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. JAMES KARAFI
Mailing Address 105 PALO ALTO PL
City APTOS State CA Zip Code 95003
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Life Occupation DIVISIONAL VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 875.00
Date of Receipt 07 / 31 / 2011
Transaction ID: PR10366405046
Amount of Each Receipt this Period 125.00
P/R Deduction (\$125.00 Monthly)

B. 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 / 2011
Transaction ID: PR10366415046
Amount of Each Receipt this Period 30.00
P/R Deduction (\$30.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. GREGORY L KEELING
Mailing Address 406 1/2 HELIOTROPE AVE
City CORONA DEL MAR State CA Zip Code 92625
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 ▼ 280.00
Date of Receipt 07 / 31 / 2011
Transaction ID: PR10366425046
Amount of Each Receipt this Period 40.00
P/R Deduction (\$40.00 Monthly)

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 43 / 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. STEPHAN P MITCHELL

Mailing Address 18111 THEODORA DR

City State Zip Code
TUSTIN CA 92780

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

Name of Employer Pacific Life Occupation PRODUCT SPEC DIR

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 / 2011

Transaction ID: PR10366465046

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 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 MGR BROKER DEALER SVCS

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 / 2011

Transaction ID: PR10366495046

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 REGIONAL VP

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 / 2011

Transaction ID: PR10366505046

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

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

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

FOR LINE NUMBER: PAGE 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. DENNIS L BAHLMANN

Mailing Address 6052 MEADOW VIEW CT

City JOHNSTON State IA Zip Code 50131

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

Name of Employer Pacific Life Occupation AVP RISK SELECTION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2011

Transaction ID: PR10366625046

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 22081 OAK GRV

City MISSION VIEJO State CA Zip Code 92692

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

Name of Employer Pacific Life Occupation VP BUSINESS DEV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2011

Transaction ID: PR10366675046

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 / 2011

Transaction ID: PR10366685046

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 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. KAREN M BROWN

Mailing Address 11 FOREST HILLS CT

City State Zip Code
DANA POINT CA 92629

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

Name of Employer Occupation
Pacific Life AVP MODEL OFC ANN TECH

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 280.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR1036695046

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

B.

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

Mailing Address 4291 AVOCADO AVE

City State Zip Code
YORBA LINDA CA 92886

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

Name of Employer Occupation
Pacific Life IT DELIVERY MGR

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 / 2011

Transaction ID: PR10366705046

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C.

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

Mailing Address 385 25TH AVE

City State Zip Code
MILTON WA 98354

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

Name of Employer Occupation
Pacific Life SR WHOLESALER

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 / 2011

Transaction ID: PR10366725046

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 46 / 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. STEPHEN K ENG

Mailing Address 324 TURTLE CREST DR

City State Zip Code
IRVINE CA 92603

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

Name of Employer Pacific Life Occupation DIR RISK MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt

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

Transaction ID: PR10366735046

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. CHARLENE A GRANT

Mailing Address 3311 SEAVIEW 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 COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt

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

Transaction ID: PR10366755046

Amount of Each Receipt this Period 35.00

P/R Deduction (\$35.00 Monthly)

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: PR10366765046

Amount of Each Receipt this Period 50.00

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: (check only one)	PAGE 47 / 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. LINDA L KOTOWICZ	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 795 TREPANNY LN	Transaction ID: PR10366795046
	City State Zip Code WAYNE PA 19087	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 FVP M MKTG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

B.	Full Name (Last, First, Middle Initial) MS. SHARON E PACHECO	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 21611 BLUEJAY ST	Transaction ID: PR10366825046
	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	P/R Deduction (\$40.00 Monthly)
Name of Employer Pacific Life	Occupation VP CHIEF COMPLIANCE	
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) MS. DAWN M TRAUTMAN	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 7424 CITY LIGHTS DR	Transaction ID: PR10366865046
	City State Zip Code ALISO VIEJO CA 92656	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$105.00 Monthly)
Name of Employer Pacific Life	Occupation SR VP IT & STRATEGIC PLNG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 735.00	

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 48 / 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. JEFFREY R WILT

Mailing Address 1 BAILEY DR

City State Zip Code
GLENWOOD NJ 07418

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10366885046

Amount of Each Receipt this Period 55.00

P/R Deduction (\$55.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. STUART A HOLLAND

Mailing Address 4931 CAREFREE TRAIL

City State Zip Code
PARKER CO 80134

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

Name of Employer Pacific Life Occupation SR FVP-NCM IP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10366915046

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

C.

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

Mailing Address 27 SKYWOOD ST

City State Zip Code
LADERA RANCH CA 92694

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

Name of Employer Pacific Life Occupation AVP COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10366955046

Amount of Each Receipt this Period 40.00

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 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)
MS. ADRIANNE M GEORGANTAS

Mailing Address 28373 BOULDER DR

City State Zip Code
TRABUCO CANYON CA 92679

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

Name of Employer Pacific Life Occupation SR FLD SVCS PROJ ANA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR10367005046
Amount of Each Receipt this Period: 40.00
P/R Deduction (\$40.00 Monthly)

B. 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 / 2011
Transaction ID: PR10367015046
Amount of Each Receipt this Period: 30.00
P/R Deduction (\$30.00 Monthly)

C. 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 ▼ 380.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR10367025046
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: PAGE 50 / 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. KEITH C WERSCHKE

Mailing Address 25252 NORTHRUP DR

City State Zip Code
LAGUNA HILLS CA 92653

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

Name of Employer Occupation
Pacific Life AVP EC & AGG RISK

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 / 2011

Transaction ID: PR10367125046

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. JIM Y CHU

Mailing Address 22931 GALAXY LN

City State Zip Code
LAKE FOREST CA 92630

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

Name of Employer Occupation
Pacific Life AVP PRICING & DESIGN

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10367145046

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

C.

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 Occupation
Pacific Life SR WHOLESALER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10367165046

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

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: (check only one)	PAGE 51 / 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. STEVEN H GOLDBERG		Date of Receipt
	Mailing Address 11 TWIN FLOWER ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2011
	City	State	Zip Code
	LADERA RANCH	CA	92694
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10367185046
Name of Employer Pacific Life		Occupation DIR ANNUITIES PRODUCT DEVELOPMT	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 ▼ 525.00	75.00
			P/R Deduction (\$75.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. JASON T TODD		Date of Receipt
	Mailing Address 59 LAURELHURST DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2011
	City	State	Zip Code
	LADERA RANCH	CA	92694
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10371995046
Name of Employer Pacific Life		Occupation AVP CREDIT ANALYSIS	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 ▼ 275.00	50.00
			P/R Deduction (\$50.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. CARLETON J MUENCH		Date of Receipt
	Mailing Address 111 NORTHERN PINE LOOP		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2011
	City	State	Zip Code
	ALISO VIEJO	CA	92656
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10614835046
Name of Employer Pacific Life		Occupation AVP INVESTMENT OVERSIGHT	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 ▼ 315.00	45.00
			P/R Deduction (\$45.00 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 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)
MR. PATRICK J O'BRIEN

Mailing Address 1112 LAS POSAS

City State Zip Code
SAN CLEMENTE CA 92673

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

Name of Employer Occupation
Pacific Life AVP SPECIALIZED MRKTS

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 / 2011

Transaction ID: PR10614845046

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Monthly)

B.

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

Mailing Address 27621 HOMESTEAD RD

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Occupation
Pacific Life AVP SLS & MKTG OPS

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 / 2011

Transaction ID: PR10614875046

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C.

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10614925046

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 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: PAGE 53 / 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. 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: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR10668015046

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

B.

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

Mailing Address 9584 ROBIN AVE

City State Zip Code
FOUNTAIN VALLEY CA 92708

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

Name of Employer Occupation
Pacific Life DIR ACG/AIRCRAFT SVCS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR11084695046

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 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: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR11106895046

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

115.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 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. ANN E FARLEY

Mailing Address 4014 ALADDIN DR

City State Zip Code
HUNTINGTON BEACH CA 92649

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

Name of Employer Occupation
Pacific Life AVP PRODUCT DEV

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR11323355046

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MS. ANN M DELANEY

Mailing Address 9 GRENADA ST

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Occupation
Pacific Life PROJECT MANAGER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 235.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR12361935046

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. ROGER D BOND

Mailing Address 225 SAN TROPEZ CT.

City State Zip Code
LAGUNA BEACH CA 92651

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

Name of Employer Occupation
Pacific Life INTERNAL AUDIT CONS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 280.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR15598895046

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 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 55 / 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. 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
 M M / D D / Y Y Y Y Y
 07 / 31 / 2011

Transaction ID: PR15598905046

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 25842 DANA BLF W

City State Zip Code
CAPISTRANO BEACH CA 92624

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

Name of Employer Pacific Life Occupation AVP LEGAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 31 / 2011

Transaction ID: PR22130715046

Amount of Each Receipt this Period 70.00

P/R Deduction (\$70.00 Monthly)

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

Mailing Address 34 CASTLEROCK

City State Zip Code
IRVINE CA 92603

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

Name of Employer Pacific Life Occupation VP 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 / 2011

Transaction ID: PR22130755046

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 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)
MS. JENNIFER L KRUMM

Mailing Address 22 AMBROISE

City State Zip Code
NEWPORT COAST CA 92657

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

Name of Employer Pacific Life Occupation AVP FIN & DERIVATIVE RPTG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR22130805046
Amount of Each Receipt this Period: 65.00
P/R Deduction (\$65.00 Monthly)

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

Mailing Address 406 1/2 HELIOTROPE AVE

City State Zip Code
CORONA DEL MAR CA 92625

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR22130825046
Amount of Each Receipt this Period: 70.00
P/R Deduction (\$70.00 Monthly)

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

Mailing Address 23819 CLAYMORE WAY

City State Zip Code
VALENCIA CA 91354

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

Name of Employer Pacific Life Occupation CORP TAX DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR22130865046
Amount of Each Receipt this Period: 90.00
P/R Deduction (\$90.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 225.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 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. JAY C HAMILTON		Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 14 ARGOS		Transaction ID: PR22336355046
	City LAGUNA NIGUEL	State CA	Zip Code 92677
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
	Name of Employer Pacific Life	Occupation VP CONTRACTS	P/R Deduction (\$60.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

B.	Full Name (Last, First, Middle Initial) MR. RICHARD J MILLER		Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 22501 CHASE APT 9112		Transaction ID: PR31736845046
	City ALISO VIEJO	State CA	Zip Code 92656
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Pacific Life	Occupation VP IND PROD CHANNEL	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		

C.	Full Name (Last, First, Middle Initial) MR. DOUGLAS P JACKSON		Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 59 AUGUSTA		Transaction ID: PR32777125046
	City COTO DE CAZA	State CA	Zip Code 92679
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Pacific Life	Occupation FVP SALES DEVELOPMENT	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 ▼ 625.00		

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

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

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

FOR LINE NUMBER: PAGE 58 / 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. MARIAN C BLACKSHEAR

Mailing Address 5528 BELLFLOWER BLVD

City State Zip Code
LAKEWOOD CA 90713

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

Name of Employer Pacific Life Occupation SYSTEMS ANALYST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR33677855046
Amount of Each Receipt this Period: 35.00
P/R Deduction (\$35.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. DANIEL E KOMOROSKE

Mailing Address 8 OSPREY AVE

City State Zip Code
ALISO VIEJO CA 92656

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

Name of Employer Pacific Life Occupation AVP LIFE REINSURANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR33677885046
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. ADRIENNE MOUCH

Mailing Address 2524 W WATROUS AVE

City State Zip Code
TAMPA FL 33629

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR33677905046
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$100.00 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: PAGE 59 / 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. BRIAN D PEAD

Mailing Address 25 SUNRISE

City State Zip Code
IRVINE CA 92603

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

Name of Employer Occupation
Pacific Life AVP APPL ARCH & INTEG.

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 / 2011

Transaction ID: PR33677945046

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. JEFFREY S PHILLIPS

Mailing Address 14932 PENFIELD CIR

City State Zip Code
HUNTINGTON BEACH CA 92647

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

Name of Employer Occupation
Pacific Life PROJECT MANAGER

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR33677955046

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER L RATCHFORD

Mailing Address 2807 FOUNDERS BRIDGE RD

City State Zip Code
MIDLOTHIAN VA 23113

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) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR33677965046

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 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. PARAG S SHAH

Mailing Address 24972 FOOTPATH LN

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Occupation
Pacific Life VP PRODUCT DESIGN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR33677985046

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

B.

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

Mailing Address 253 NIETO AVE

City State Zip Code
LONG BEACH CA 90803

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

Name of Employer Occupation
Pacific Life AVP COUNSEL

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR33677995046

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

C.

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

Mailing Address 5620 FOXTAIL LOOP

City State Zip Code
CARLSBAD CA 92010

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

Name of Employer Occupation
Pacific Life CHANNEL MKTG DIR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 415.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2011

Transaction ID: PR33678025046

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 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. MICHAEL F MIRANNE	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 153 SHUTE CIR	Transaction ID: PR34419155046
	City State Zip Code OLD HICKORY TN 37138	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 FVP FIELD WHOLESALING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) MR. KEVIN RODDY	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 23221 VIA DORADO	Transaction ID: PR38370895046
	City State Zip Code COTO DE CAZA CA 92679	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 VP FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

C.	Full Name (Last, First, Middle Initial) MR. DAVID A HENDERSON	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 20727 E MAPLEWOOD LN	Transaction ID: PR43582255046
	City State Zip Code CENTENNIAL CO 80016	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 FIELD VICE PRES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) 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. DANIEL J KUBICA	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 26362 YOLANDA ST	Transaction ID: PR43582265046
	City State Zip Code LAGUNA HILLS 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 DIR FLD FIN 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) MS. CARLA M MILLER	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 890 SHORES BLVD	Transaction ID: PR43582275046
	City State Zip Code ROCKWALL TX 75087	Amount of Each Receipt this Period 50.00
	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 ▼ 350.00	P/R Deduction (\$50.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. JOSEPH J NICOLOSI	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 5865 E ANDOVER DR	Transaction ID: PR43582295046
	City State Zip Code HANOVER PARK IL 60133	Amount of Each Receipt this Period 50.00
	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 ▼ 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: 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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MR. VINCENT E SAMA		Date of Receipt MM / DD / YYYY 07 / 31 / 2011		
	Mailing Address 39 SAMMIS ST		Transaction ID: PR43582335046		
	City HUNTINGTON	State NY	Zip Code 11743	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 SR WHOLESALER	Aggregate Year-to-Date 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) MR. VINCENT A SPERA		Date of Receipt MM / DD / YYYY 07 / 31 / 2011		
	Mailing Address 1616 LOOKOUT CIR		Transaction ID: PR43582355046		
	City WAXHAW	State NC	Zip Code 28173	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 FVP FIELD WHOLESALING	Aggregate Year-to-Date 525.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) MS. JOANNE T GAGNON		Date of Receipt MM / DD / YYYY 07 / 31 / 2011		
	Mailing Address 359 PEARL ST		Transaction ID: PR48232225046		
	City READING	State MA	Zip Code 01867	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$42.00 Monthly)		
	Name of Employer Pacific Life	Occupation FVP M MARKETING	Aggregate Year-to-Date 294.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional) ▶

167.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 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. GARY D PENCE	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 27691 BLOSSOM HILL RD	Transaction ID: PR48232265046
	City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation ADVD DESIGN CONS 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)

B.	Full Name (Last, First, Middle Initial) MR. CADE H CHERRY	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 20 ESTERO POINTE	Transaction ID: PR61125885046
	City State Zip Code ALISO VIEJO CA 92656	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation AVP STRATEGIC PLANNING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 525.00	P/R Deduction (\$75.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. GARY L FALDE	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 9212 SANTIAGO DR	Transaction ID: PR61125905046
	City State Zip Code HUNTINGTON BEACH CA 92646	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation VP & CHIEF ACTUARY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 525.00	P/R Deduction (\$75.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 65 / 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. BRIAN W REEVES

Mailing Address 20731 VISTA DEL SOL

City State Zip Code
YORBA LINDA CA 92886

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

Name of Employer Pacific Life Occupation AVP CORPORATE FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR61125955046
Amount of Each Receipt this Period: 30.00
P/R Deduction (\$30.00 Monthly)

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

Mailing Address 3443 CROOKED CREEK DR

City State Zip Code
DIAMOND BAR CA 91765

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

Name of Employer Pacific Life Occupation SR DATABASE ADMINR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR61125965046
Amount of Each Receipt this Period: 30.00
P/R Deduction (\$30.00 Monthly)

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

Mailing Address 196 S SAGEWOOD ST

City State Zip Code
ORANGE CA 92869

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

Name of Employer Pacific Life Occupation DIR OPEN SYSTEMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 07 / 31 / 2011
Transaction ID: PR61125975046
Amount of Each Receipt this Period: 40.00
P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 66 / 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)
MS. JILL PECKINGHAM

Mailing Address 50 COLONIAL WAY

City State Zip Code
ALISO VIEJO CA 92656

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

Name of Employer Occupation
Pacific Life ANNUITY PROJECT SVCS DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID: PR67885095046

Amount of Each Receipt this Period
75.00

P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	▶	75.00
TOTAL This Period (last page this line number only)	▶	20990.64