

# 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 2008 through 07 31 2008

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

Type or Print Name of Treasurer Robert Haskell

Signature of Treasurer Electronically Filed by Robert Haskell Date 08 13 2008

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		92228.41
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	102653.79									
(c) Total Receipts (from Line 19) .....	17949.14	141374.52								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	120602.93	233602.93								
7. Total Disbursements (from Line 31) .....	32000.00	145000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	88602.93	88602.93								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	15695.31	94840.55
(i) Itemized (use Schedule A) .....	2253.83	46533.97
(ii) Unitemized .....	17949.14	141374.52
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	17949.14	141374.52
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)) .....	17949.14	141374.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17949.14	141374.52

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	32000.00	145000.00
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))..	32000.00	145000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32000.00	145000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	17949.14	141374.52
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17949.14	141374.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. THERESA A TRIPLETT	Date of Receipt MM / DD / YYYY 07 / 14 / 2008
	Mailing Address 23 CRYSTALAIRE	<b>Transaction ID:</b> 7032647
	City State Zip Code RANCHO SANTA MARGA CA 92688-8717	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	Check
	Name of Employer Pacific Life Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. JUNE G ARCE	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 20050 EMERALD MEADOW DR	<b>Transaction ID:</b> PR10362102152
	City State Zip Code WALNUT CA 91789	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Monthly)
	Name of Employer Pacific Life Occupation DIR MKTG COMPLIANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. JULIE E TRASK	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 181 S CRAIG DR	<b>Transaction ID:</b> PR10362122152
	City State Zip Code ORANGE CA 92869	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$40.00 Monthly)
	Name of Employer Pacific Life Occupation DIR CUSTOMER SERVICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>440.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 72  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) MR. ANTHONY J BONNO</p> <p>Mailing Address 61 VERNAL SPG</p> <p>City State Zip Code IRVINE CA 92603</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Pacific Life      Occupation SR VP HR, FAC &amp; CORP TECH</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2800.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">07 / 31 / 2008</span></p> <p><b>Transaction ID:</b> PR10362232152</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">400.00</span></p> <p>P/R Deduction (\$400.00 Monthly)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) MR. ALAN H BROWN</p> <p>Mailing Address 505 13TH ST</p> <p>City State Zip Code HUNTINGTON BEACH CA 92648</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Pacific Life      Occupation AVP INFO TECH OPS</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">490.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">07 / 31 / 2008</span></p> <p><b>Transaction ID:</b> PR10362252152</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">70.00</span></p> <p>P/R Deduction (\$70.00 Monthly)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) MS. KATHLEEN N WILSON</p> <p>Mailing Address 2525 JUANITA WAY</p> <p>City State Zip Code LAGUNA BEACH CA 92651</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Pacific Life      Occupation SR PROJECT ANALYST</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">210.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">07 / 31 / 2008</span></p> <p><b>Transaction ID:</b> PR10362272152</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">30.00</span></p> <p>P/R Deduction (\$30.00 Monthly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 8 / 72  
(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. 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 SR VP AMF CHF MKTG OFCR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1169.00

Date of Receipt MM / DD / YYYY  
07 / 31 / 2008

**Transaction ID:** PR10362302152

Amount of Each Receipt this Period 167.00

P/R Deduction (\$167.00 Monthly)

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

Mailing Address 5256 LYSANDER LN

City State Zip Code  
BRENTWOOD TN 37027

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 ▼ 500.04

Date of Receipt MM / DD / YYYY  
07 / 31 / 2008

**Transaction ID:** PR10362312152

Amount of Each Receipt this Period 0.00

P/R Deduction (\$0.00 Monthly)

**C.** 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 ▼ 690.00

Date of Receipt MM / DD / YYYY  
07 / 31 / 2008

**Transaction ID:** PR10362322152

Amount of Each Receipt this Period 90.00

P/R Deduction (\$90.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 257.00

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

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

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

FOR LINE NUMBER: PAGE 9 / 72  
(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. 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 SVP PROD & OPS

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

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10362382152  
Amount of Each Receipt this Period: 100.00  
P/R Deduction (\$100.00 Monthly)

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

Mailing Address 33512 VALLE RD

City State Zip Code  
SN JUAN CAPISTRANO CA 92675

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 ▼ 3100.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10362402152  
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 MGR STRUCT STTLMNTS OPS

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

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10362422152  
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: (check only one)	PAGE 10 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. GAIL C MOSCOSO		Date of Receipt
	Mailing Address 31558 WEST NINE DR		<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
	City	State	Zip Code
	LAGUNA NIGUEL	CA	92677
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR10362482152
Name of Employer Pacific Life		Occupation VP CLIENT SERVICES	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"/> 420.00	<input type="text"/> 60.00
			P/R Deduction (\$60.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. CHRISTINE L KELLERMAN		Date of Receipt
	Mailing Address 26571 VIA CALIFORNIA		<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
	City	State	Zip Code
	CAPISTRANO BEACH	CA	92624
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR10362492152
Name of Employer Pacific Life		Occupation APPLIC DEV MGR	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"/> 233.31	<input type="text"/> 33.33
			P/R Deduction (\$33.33 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. BRENDAN L COLLINS		Date of Receipt
	Mailing Address 25551 ORCHARD RIM LN		<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
	City	State	Zip Code
	LAKE FOREST	CA	92630
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR10362502152
Name of Employer Pacific Life		Occupation AVP PORTFOLIO 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"/> 245.00	<input type="text"/> 35.00
			P/R Deduction (\$35.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 128.33
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. DENNIS M CORBETT	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 15136 TOURAIN WAY	<b>Transaction ID:</b> PR10362512152
	City State Zip Code IRVINE CA 92604	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation VP TAX COMPLIANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00	P/R Deduction (\$100.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. DANIEL C CRAIN	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 36 WINTERGREEN	<b>Transaction ID:</b> PR10362542152
	City State Zip Code IRVINE CA 92604	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation MGR PROD COMPLIANCE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. PAUL J CROXTON	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 30132 HILLSIDE TER	<b>Transaction ID:</b> PR10362552152
	City State Zip Code SN JUAN CAPISTRANO CA 92675	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	180.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 12 / 72  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS. DEBRA CUNNINGHAM HONERKAMP  
Mailing Address 2712 LIGHTHOUSE LN  
City State Zip Code  
CORONA DEL MAR CA 92625  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation AVP RE ASSET MGMT  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00  
Date of Receipt 07 / 31 / 2008  
Transaction ID: PR10362562152  
Amount of Each Receipt this Period 75.00  
P/R Deduction (\$75.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL R CURRY  
Mailing Address 12162 WICKLOW LN  
City State Zip Code  
NAPLES FL 34120  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00  
Date of Receipt 07 / 31 / 2008  
Transaction ID: PR10362572152  
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 ▼ 615.00  
Date of Receipt 07 / 31 / 2008  
Transaction ID: PR10362592152  
Amount of Each Receipt this Period 90.00  
P/R Deduction (\$90.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. DIANE W DALES		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 28 CLERMONT		<b>Transaction ID:</b> PR10362602152
	City NEWPORT COAST	State CA	Zip Code 92657
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
	Name of Employer Pacific Life	Occupation AVP CREDIT ANALYSIS	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		

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. LINDA D LARSON		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 8315 ROAD R NW		<b>Transaction ID:</b> PR10362622152
	City QUINCY	State WA	Zip Code 98848
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
	Name of Employer Pacific Life	Occupation AVP IND 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 ▼ 670.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. NANCY E ENOMOTO		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 2001 BARRANCA		<b>Transaction ID:</b> PR10362692152
	City NEWPORT BEACH	State CA	Zip Code 92660
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.00
	Name of Employer Pacific Life	Occupation DIR IMD OPS RSK MGMT	P/R Deduction (\$35.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>185.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 72

(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. MARK R FALK

Mailing Address 64 SUMMERSTONE

City State Zip Code  
IRVINE CA 92614

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

Name of Employer Occupation  
Pacific Life AVP STRATEGIC PROGRAMS

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

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2008

Transaction ID: PR10362712152

Amount of Each Receipt this Period  
125.00

P/R Deduction (\$125.00 Monthly)

**B.**

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 Occupation  
Pacific Life AVP RE INVESTMENTS

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

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2008

Transaction ID: PR10362782152

Amount of Each Receipt this Period  
35.00

P/R Deduction (\$35.00 Monthly)

**C.**

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

Mailing Address 2915 CALLE GUADALAJARA

City State Zip Code  
SAN CLEMENTE CA 92673

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

Name of Employer Occupation  
Pacific Life AVP SEPARATE ACCTS

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

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2008

Transaction ID: PR10362792152

Amount of Each Receipt this Period  
35.00

P/R Deduction (\$35.00 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 15 / 72  
(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. 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 ▼ 1130.00

Date of Receipt MM / DD / YYYY  
07 / 31 / 2008

**Transaction ID:** PR10362862152

Amount of Each Receipt this Period 170.00

P/R Deduction (\$170.00 Monthly)

**B.**

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 NEW BUSINESS SVCS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt MM / DD / YYYY  
07 / 31 / 2008

**Transaction ID:** PR10362902152

Amount of Each Receipt this Period 70.00

P/R Deduction (\$70.00 Monthly)

**C.**

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

Mailing Address 310 ALISO AVE

City State Zip Code  
NEWPORT BEACH CA 92663

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

Name of Employer Pacific Life Occupation ACCUM PROD CONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt MM / DD / YYYY  
07 / 31 / 2008

**Transaction ID:** PR10362912152

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **280.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 72  
(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. 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 RLTN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10362922152  
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 MGR NEXT WAVE PMO/BA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10362942152  
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 SVP FINANCE & COMPL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10362962152  
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: (check only one)	PAGE 17 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. IRENE L HALLETT		Date of Receipt
	Mailing Address 6052 SAN YSIDRO CIR		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	BUENA PARK	CA	90620
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Pacific Life		Occupation NATL ACCOUNTS SUPR	Transaction ID: PR10362992152
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			P/R Deduction (\$30.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. BRENDA K HARDWIG		Date of Receipt
	Mailing Address 13112 EARLHAM ST		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	SANTA ANA	CA	92705
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Pacific Life		Occupation COMMUNITY RELTNS COORD	Transaction ID: PR10363032152
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="320.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
			P/R Deduction (\$50.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. ROBERT G HASKELL		Date of Receipt
	Mailing Address 31735 SEACLIFF DR		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	LAGUNA BEACH	CA	92651
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Pacific Life		Occupation SR VP PUBLIC AFFAIRS	Transaction ID: PR10363062152
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="2916.62"/>	Amount of Each Receipt this Period <input type="text" value="416.66"/>
			P/R Deduction (\$416.66 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="496.66"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 72  
(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. DALE E HAWLEY

Mailing Address 1137 SUNSET CLIFFS BLVD

City State Zip Code  
SAN DIEGO CA 92107

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

Name of Employer Pacific Life Occupation AVP INVEST CNSL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 518.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2008

**Transaction ID:** PR10363072152

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 310 E MCCOY LN

City State Zip Code  
SANTA MARIA CA 93455

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

Name of Employer Pacific Life Occupation AVP & VALUATION ACTUARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2008

**Transaction ID:** PR10363102152

Amount of Each Receipt this Period 85.00

P/R Deduction (\$85.00 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 CORP TAX DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2008

**Transaction ID:** PR10363112152

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 209.00

**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 / 72  
(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. 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 Pacific Life Occupation VP INV ADVISOR OPS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10363162152  
Amount of Each Receipt this Period: 100.00  
P/R Deduction (\$100.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. MARK W HOLMLUND

Mailing Address PO BOX 2108

City State Zip Code  
RANCHO SANTA FE CA 92067

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

Name of Employer Pacific Life Occupation EVP & CHIEF INVESTMENT OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10363182152  
Amount of Each Receipt this Period: 0.00  
P/R Deduction (\$0.00 Monthly)

**C.** 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 Pacific Life Occupation CORP RISK MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10363202152  
Amount of Each Receipt this Period: 40.00  
P/R Deduction (\$40.00 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 20 / 72  
(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. MARY K MCWARD

Mailing Address 2 GLASTONBURY PL

City State Zip Code  
LAGUNA NIGUEL CA 92677

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life Occupation VP MARKETING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 31 / 2008

**Transaction ID:** PR10363212152

Amount of Each Receipt this Period 60.00

P/R Deduction (\$60.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. CHRIS M JANOWIAK

Mailing Address 1260 CLEVELAND AVE APT C227

City State Zip Code  
SAN DIEGO CA 92103

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Life Occupation DIR CORP INTERNET STRATEGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 31 / 2008

**Transaction ID:** PR10363232152

Amount of Each Receipt this Period 60.00

P/R Deduction (\$60.00 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 Pacific Life Occupation DIVISION VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 31 / 2008

**Transaction ID:** PR10363242152

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... 370.00

**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 / 72  
(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. JEFF R JOHNSON

Mailing Address 1 SAND OAKS RD.

City State Zip Code  
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation AVP TREASURER PAF

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10363252152  
Amount of Each Receipt this Period: 50.00  
P/R Deduction (\$50.00 Monthly)

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

Mailing Address 25621 DEL NORTE

City State Zip Code  
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation VP ACTUARIAL & REINS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10363262152  
Amount of Each Receipt this Period: 50.00  
P/R Deduction (\$50.00 Monthly)

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

Mailing Address 1812 LEADBURN RD

City State Zip Code  
TOWSON MD 21204

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

Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10363272152  
Amount of Each Receipt this Period: 125.00  
P/R Deduction (\$125.00 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 22 / 72  
(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. SCOTT E JOHNSON

Mailing Address 906 NEWTON LN

City State Zip Code  
PLACENTIA CA 92870

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

Name of Employer Pacific Life Occupation VP CORP APPL SYSTEMS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 545.00

Date of Receipt: 07 / 31 / 2008

Transaction ID: PR10363282152

Amount of Each Receipt this Period: 80.00

P/R Deduction (\$80.00 Monthly)

**B.**

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

Mailing Address 27 GRAY STONE WAY

City State Zip Code  
LAGUNA NIGUEL CA 92677

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 ▼ 210.00

Date of Receipt: 07 / 31 / 2008

Transaction ID: PR10363292152

Amount of Each Receipt this Period: 30.00

P/R Deduction (\$30.00 Monthly)

**C.**

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

Mailing Address 5531 STANFORD AVE

City State Zip Code  
GARDEN GROVE CA 92845

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

Name of Employer Pacific Life Occupation IT AUDIT CONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 07 / 31 / 2008

Transaction ID: PR10363322152

Amount of Each Receipt this Period: 60.00

P/R Deduction (\$60.00 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: (check only one)	PAGE 23 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. ANITA KARANJIA		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 9 MONTECILO		<b>Transaction ID:</b> PR10363332152
	City FOOTHILL RANCH	State CA	Zip Code 92610
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
	Name of Employer Pacific Life	Occupation BUS ANALYST CONS	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 ▼ 395.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. BRIAN D KLEMENS		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 24611 BENJAMIN CIR		<b>Transaction ID:</b> PR10363372152
	City DANA POINT	State CA	Zip Code 92629
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
	Name of Employer Pacific Life	Occupation VP CORPORATE CONTROLLER	P/R Deduction (\$80.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. JUNE E KNUTH		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 30862 PASEO DEL NIGUEL		<b>Transaction ID:</b> PR10363382152
	City LAGUNA NIGUEL	State CA	Zip Code 92677
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
	Name of Employer Pacific Life	Occupation VP & INVEST COUNSEL	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		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>160.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 24 / 72  
(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)  
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 KEY ACCOUNT MKTG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 830.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10363422152  
Amount of Each Receipt this Period: 125.00  
P/R Deduction (\$125.00 Monthly)

**B.** 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 INVEST CNSL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10363452152  
Amount of Each Receipt this Period: 75.00  
P/R Deduction (\$75.00 Monthly)

**C.** 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 ▼ 2050.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10363472152  
Amount of Each Receipt this Period: 400.00  
P/R Deduction (\$400.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 72  
(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. DAVID LAWS

Mailing Address 10935 E BERRY AVE

City State Zip Code  
ENGLEWOOD CO 80111

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  
MM / DD / YYYY  
07 / 31 / 2008

**Transaction ID:** PR10363482152

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 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 ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2008

**Transaction ID:** PR10363542152

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$30.00 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 AVP VARIABLE REG COMPL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2008

**Transaction ID:** PR10363562152

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 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 26 / 72  
(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. 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 ▼ 840.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2008

**Transaction ID:** PR10363592152

Amount of Each Receipt this Period 120.00

P/R Deduction (\$120.00 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  
M M / D D / Y Y Y Y Y  
07 / 31 / 2008

**Transaction ID:** PR10363602152

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 INS CNSL

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 / 2008

**Transaction ID:** PR10363612152

Amount of Each Receipt this Period 80.00

P/R Deduction (\$80.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **250.00**

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

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

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

FOR LINE NUMBER: PAGE 27 / 72  
(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 207 N ELLERY DR

City State Zip Code  
SAN PEDRO CA 90732

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

Name of Employer Pacific Life Occupation AVP INS CNSL

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 / 2008

**Transaction ID:** PR10363632152

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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2008

**Transaction ID:** PR10363642152

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  
M M / D D / Y Y Y Y Y  
07 / 31 / 2008

**Transaction ID:** PR10363662152

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 28 / 72  
(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 ▼ 1750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2008

Transaction ID: PR10363712152

Amount of Each Receipt this Period  
250.00

P/R Deduction (\$250.00 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 Y  
07 / 31 / 2008

Transaction ID: PR10363752152

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 Y  
07 / 31 / 2008

Transaction ID: PR10363762152

Amount of Each Receipt this Period  
45.00

P/R Deduction (\$45.00 Monthly)

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

360.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JAMES T MORRIS		Date of Receipt
	Mailing Address 29022 PINTAIL CIR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2008
	City	State	Zip Code
	LAGUNA NIGUEL	CA	92677
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR10363792152
Name of Employer Pacific Life		Occupation CHAIRMAN, PRESIDENT & CEO	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 ▼ 2912.00	416.00
			P/R Deduction (\$416.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. JOHN C MULVIHILL		Date of Receipt
	Mailing Address 27822 HOMESTEAD RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2008
	City	State	Zip Code
	LAGUNA NIGUEL	CA	92677
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR10363802152
Name of Employer Pacific Life		Occupation VP RE ASSET 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 ▼ 1225.00	175.00
			P/R Deduction (\$175.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. DARAGH M O'SULLIVAN		Date of Receipt
	Mailing Address 267 COMMONWEALTH AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2008
	City	State	Zip Code
	BOSTON	MA	02116
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR10363902152
Name of Employer Pacific Life		Occupation VP PRODUCT DESIGN	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 ▼ 850.00	0.00
			P/R Deduction (\$0.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>591.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 72  
(check only one)

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

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

**A.**

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

Mailing Address 24852 CAMBERWELL ST

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 / 2008

**Transaction ID:** PR10363932152

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MS. HEATHER A PAIGE

Mailing Address 29352 BOBOLINK DR

City State Zip Code  
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation VP IMD OPS & COMPL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2008

**Transaction ID:** PR10363962152

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

**C.**

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

Mailing Address 25 SUNRISE

City State Zip Code  
IRVINE CA 92603

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

Name of Employer Pacific Life Occupation AVP HR CONSULTING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2008

**Transaction ID:** PR10364002152

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 31 / 72  
(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. ALYCE PETERSON

Mailing Address 2908 VIA HIDALGO

City State Zip Code  
SAN CLEMENTE CA 92673

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

Name of Employer Pacific Life Occupation VP MARKETING SVCS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10364022152  
Amount of Each Receipt this Period: 75.00  
P/R Deduction (\$75.00 Monthly)

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

Mailing Address 915 STROKE RD

City State Zip Code  
VILLANOVA PA 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 / 2008  
Transaction ID: PR10364042152  
Amount of Each Receipt this Period: 40.00  
P/R Deduction (\$40.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. YVES F PINKOWITZ

Mailing Address 20541 VIA EL TAJO

City State Zip Code  
YORBA LINDA CA 92887

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

Name of Employer Pacific Life Occupation VP CORP AUDIT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 271.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10364052152  
Amount of Each Receipt this Period: 40.00  
P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 155.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 72  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. THEODORE A PREMIER		Date of Receipt MM / DD / YYYY 07 / 31 / 2008		
	Mailing Address 20 MOLINO		Transaction ID: PR10364082152		
	City NEWPORT BEACH	State CA	Zip Code 92660	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 VP COMM MORT PROD		Aggregate Year-to-Date 1050.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. JOSEPH A PUM		Date of Receipt MM / DD / YYYY 07 / 31 / 2008		
	Mailing Address 33 BOLERO		Transaction ID: PR10364092152		
	City MISSION VIEJO	State CA	Zip Code 92692	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 INTERNAL AUDIT DIR		Aggregate Year-to-Date 265.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. JAMES R RICE		Date of Receipt MM / DD / YYYY 07 / 31 / 2008		
	Mailing Address 11 STILLWATER		Transaction ID: PR10364142152		
	City IRVINE	State CA	Zip Code 92603	Amount of Each Receipt this Period 110.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$110.00 Monthly)		
	Name of Employer Pacific Life	Occupation VP M FINANCIAL DISTRIBUTION		Aggregate Year-to-Date 770.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	300.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 33 / 72  
(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. GERALD W ROBINSON

Mailing Address 38347 N 104TH PL

City State Zip Code  
SCOTTSDALE AZ 85262

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

Name of Employer Pacific Life Occupation EXEC VP ANNUITIES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt M M / D D / Y Y Y Y Y  
07 / 31 / 2008

**Transaction ID:** PR10364182152

Amount of Each Receipt this Period 325.00

P/R Deduction (\$325.00 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 M M / D D / Y Y Y Y Y  
07 / 31 / 2008

**Transaction ID:** PR10364202152

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. ROBERT D RUSSELL

Mailing Address 51202 EASTCHURCH

City State Zip Code  
CHAPEL HILL NC 27517

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 ▼ 525.00

Date of Receipt M M / D D / Y Y Y Y Y  
07 / 31 / 2008

**Transaction ID:** PR10364232152

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 430.00

**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 / 72  
(check only one)

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

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

**A.**

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

Mailing Address 28792 APPLETREE

City State Zip Code  
MISSION VIEJO CA 92692

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2008

**Transaction ID:** PR10364262152

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Monthly)

**B.**

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

Mailing Address 87 PELICAN CT

City State Zip Code  
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation AVP CREDIT ANALYSIS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2008

**Transaction ID:** PR10364312152

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

**C.**

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

Mailing Address 30 CANYONWOOD

City State Zip Code  
IRVINE CA 92620

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

Name of Employer Pacific Life Occupation AVP COMPENSATION

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2008

**Transaction ID:** PR10364332152

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **390.00**

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

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

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

FOR LINE NUMBER: PAGE 35 / 72  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 2315 VIA ZAFIRO

City State Zip Code  
SAN CLEMENTE CA 92673

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

Name of Employer Pacific Life Occupation AVP APPLIC DEV

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

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10364352152  
Amount of Each Receipt this Period: 50.00  
P/R Deduction (\$50.00 Monthly)

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

Mailing Address 1661 UTAH CIR

City State Zip Code  
COSTA MESA CA 92626

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

Name of Employer Pacific Life Occupation DIR PORTFOLIO OPS

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10364442152  
Amount of Each Receipt this Period: 50.00  
P/R Deduction (\$50.00 Monthly)

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

Mailing Address 11 SOMMET

City State Zip Code  
NEWPORT COAST CA 92657

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

Name of Employer Pacific Life Occupation VP TALENT ACQ & DEV

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10364502152  
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 36 / 72

(check only one)

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

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

**A.**

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

Mailing Address 355 S LORETTA DR

City 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 ▼ 565.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 31 / 2008

Transaction ID: PR10364582152

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

**B.**

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

Mailing Address 22862 ORENSE

City State Zip Code  
MISSION VIEJO CA 92691

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

Name of Employer Occupation  
Pacific Life VP & INSURANCE COUNSEL

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 385.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 31 / 2008

Transaction ID: PR10364592152

Amount of Each Receipt this Period

55.00

P/R Deduction (\$55.00 Monthly)

**C.**

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

Mailing Address 47 VERNAL SPG

City State Zip Code  
IRVINE CA 92603

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

Name of Employer Occupation  
Pacific Life EXEC VP CFO

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 / 2008

Transaction ID: PR10364602152

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

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

556.66

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

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

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

FOR LINE NUMBER: PAGE 37 / 72  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS. SUSAN L TULLY  
 Mailing Address 6929 N HAYDEN RD PMB 157  
 City State Zip Code  
 SCOTTSDALE AZ 85250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation SR WHOLESALER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00  
 Date of Receipt 07 / 31 / 2008  
**Transaction ID:** PR10364612152  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$60.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. EDDIE D TUNG  
 Mailing Address PO BOX 10386  
 City State Zip Code  
 NEWPORT BEACH CA 92658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation AVP REGULATORY PROD ACCTG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00  
 Date of Receipt 07 / 31 / 2008  
**Transaction ID:** PR10364622152  
 Amount of Each Receipt this Period 70.00  
 P/R Deduction (\$70.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. CATHRYN L VAN WEY  
 Mailing Address 41974 CARSON CT  
 City State Zip Code  
 MURRIETA CA 92562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Life Occupation AVP NATL ACCTS & BD SVCS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00  
 Date of Receipt 07 / 31 / 2008  
**Transaction ID:** PR10364632152  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$50.00 Monthly)

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 72  
(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. MELANIE G WAGNER

Mailing Address 1842 MOORPARK DR

City State Zip Code  
BREA CA 92821

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

Name of Employer Pacific Life Occupation DIR HR & PR SERVICES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt MM / DD / YYYY  
07 / 31 / 2008

Transaction ID: PR10364642152

Amount of Each Receipt this Period 35.00

P/R Deduction (\$35.00 Monthly)

**B.**

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

Mailing Address 67 LAURELHURST DR

City State Zip Code  
LADERA RANCH CA 92694

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt MM / DD / YYYY  
07 / 31 / 2008

Transaction ID: PR10364652152

Amount of Each Receipt this Period 125.00

P/R Deduction (\$125.00 Monthly)

**C.**

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

Mailing Address 36 BLACK HAWK

City State Zip Code  
IRVINE CA 92603

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

Name of Employer Pacific Life Occupation VP FINANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt MM / DD / YYYY  
07 / 31 / 2008

Transaction ID: PR10364702152

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 260.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JOHN WHITE		Date of Receipt
	Mailing Address 32122 VIA CARLOS		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	SN JUAN CAPISTRANO	CA	92675
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Pacific Life		Occupation VP INTERNAL WHLSLNG	<b>Transaction ID:</b> PR10364742152
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	Amount of Each Receipt this Period <input type="text" value="100.00"/>
			P/R Deduction (\$100.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. ROBIN S YONIS		Date of Receipt
	Mailing Address 8 CASTLEBAR		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	IRVINE	CA	92618
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Pacific Life		Occupation VP VAR REGULATORY COMPL	<b>Transaction ID:</b> PR10364822152
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
			P/R Deduction (\$50.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. MARIA ZAMBELLI-DOUGHERTY		Date of Receipt
	Mailing Address 525 LOMBARDY RD		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	DREXEL HILL	PA	19026
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Pacific Life		Occupation SUPR OPERATIONS	<b>Transaction ID:</b> PR10364832152
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="315.00"/>	Amount of Each Receipt this Period <input type="text" value="60.00"/>
			P/R Deduction (\$60.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="210.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 40 / 72  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL J WAUTERS  
Mailing Address 2942 COPA DE ORO DR  
City LOS ALAMITOS State CA Zip Code 90720  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation AVP FINANCIAL OPS  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 385.00  
Date of Receipt 07 / 31 / 2008  
Transaction ID: PR10365122152  
Amount of Each Receipt this Period 55.00  
P/R Deduction (\$55.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL A BELL  
Mailing Address 2 PRECIPICE  
City LAGUNA NIGUEL State CA Zip Code 92677  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation EVP LIFE INSURANCE  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1950.00  
Date of Receipt 07 / 31 / 2008  
Transaction ID: PR10365142152  
Amount of Each Receipt this Period 300.00  
P/R Deduction (\$300.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. PAUL V LIGEROS  
Mailing Address 44 RABANO  
City RCHO STA MARGARITA State CA Zip Code 92688  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation PROD & COMPETITION CONS  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 265.00  
Date of Receipt 07 / 31 / 2008  
Transaction ID: PR10365202152  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 395.00  
**TOTAL** This Period (last page this line number only) ..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. REED J LLOYD	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 6 SANDERLING LN	<b>Transaction ID:</b> PR10365212152
	City State Zip Code ALISO VIEJO CA 92656	Amount of Each Receipt this Period 65.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$65.00 Monthly)
Name of Employer Pacific Life	Occupation AVP ADVANCED MKTG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. SAMUEL TANG	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 9 KEMPTON LN	<b>Transaction ID:</b> PR10365232152
	City State Zip Code LADERA RANCH CA 92694	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$30.00 Monthly)
Name of Employer Pacific Life	Occupation PRINCIPAL PAC TRIGUARD COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. CAROLYN DEAN	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address PO BOX 3051	<b>Transaction ID:</b> PR10365342152
	City State Zip Code DANA POINT CA 92629	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$40.00 Monthly)
Name of Employer Pacific Life	Occupation ACCOUNTING DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>135.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 / 72
<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. PHILIP A TEETER		Date of Receipt
	Mailing Address 376 MYRTLE ST		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	LAGUNA BEACH	CA	92651
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Pacific Life		Occupation VP ANN TECHNOLOGY	<b>Transaction ID:</b> PR10365472152
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="975.00"/>	Amount of Each Receipt this Period <input type="text" value="150.00"/>
			P/R Deduction (\$150.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. RICHARD BAUDOIN		Date of Receipt
	Mailing Address 12 INDIAN SPRING RD		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	NORWALK	CT	06853
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Pacific Life		Occupation MNG DIR & CPTL MKTS PRTFL MGMT	<b>Transaction ID:</b> PR10365492152
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="215.00"/>	Amount of Each Receipt this Period <input type="text" value="35.00"/>
			P/R Deduction (\$35.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. RICHARD G CHERNEY		Date of Receipt
	Mailing Address 27835 HOMESTEAD RD		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	LAGUNA NIGUEL	CA	92677
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Pacific Life		Occupation EXEC VP GLOBAL MARKETING	<b>Transaction ID:</b> PR10365542152
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
			P/R Deduction (\$50.00 Monthly)

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

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

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

FOR LINE NUMBER: PAGE 43 / 72  
(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. KAREN S WALL

Mailing Address 1811 RIVERFORD RD

City State Zip Code  
TUSTIN CA 92780

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

Name of Employer Pacific Life Occupation APPLIC DEV DIR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10365582152  
Amount of Each Receipt this Period: 50.00  
P/R Deduction (\$50.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. TENNYSON S OYLER

Mailing Address 112 CLEARBROOK

City State Zip Code  
IRVINE CA 92614

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

Name of Employer Pacific Life Occupation DIR PUBLIC AFFAIRS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10365612152  
Amount of Each Receipt this Period: 50.00  
P/R Deduction (\$50.00 Monthly)

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

Mailing Address 703 KAHN PL

City State Zip Code  
ALEXANDRIA VA 22314

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10365622152  
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 44 / 72  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. ROBERT C HSU

Mailing Address 1121 EBBTIDE RD

City State Zip Code  
CORONA DEL MAR CA 92625

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

Name of Employer Pacific Life Occupation SR VP ANN ADMIN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10365662152  
Amount of Each Receipt this Period: 130.00  
P/R Deduction (\$130.00 Monthly)

**B.** 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 Pacific Life Occupation VP HR PRGMS & SVCS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 615.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10365682152  
Amount of Each Receipt this Period: 90.00  
P/R Deduction (\$90.00 Monthly)

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

Mailing Address 640 SAINT JAMES RD

City State Zip Code  
NEWPORT BEACH CA 92663

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 ▼ 1545.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10365732152  
Amount of Each Receipt this Period: 225.00  
P/R Deduction (\$225.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 445.00

**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 / 72  
(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. WILLIAM D BURKE

Mailing Address 2216 NELDA WAY

City ALAMO State CA Zip Code 94507

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 / 2008  
**Transaction ID:** PR10365782152  
 Amount of Each Receipt this Period: 100.00  
 P/R Deduction (\$100.00 Monthly)

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

Mailing Address 14 ELDERWOOD

City IRVINE State CA Zip Code 92614

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

Name of Employer Pacific Life Occupation AVP PSD COMPLIANCE

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt: 07 / 31 / 2008  
**Transaction ID:** PR10365842152  
 Amount of Each Receipt this Period: 40.00  
 P/R Deduction (\$40.00 Monthly)

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

Mailing Address 21612 MARIGOT DR

City BOCA RATON State FL Zip Code 33428

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 07 / 31 / 2008  
**Transaction ID:** PR10365852152  
 Amount of Each Receipt this Period: 100.00  
 P/R Deduction (\$100.00 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: (check only one)	PAGE 46 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. CHRISTINA Q HE		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 16625 SONORA STREET		<b>Transaction ID:</b> PR10365872152
	City TUSTIN	State CA	Zip Code 92782
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
	Name of Employer Pacific Life	Occupation AVP PORTFOLIO MGMT	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>B.</b>	Full Name (Last, First, Middle Initial) MR. JOHN F O'DONNELL		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 30 BRIAN RD		<b>Transaction ID:</b> PR10365962152
	City BRIDGEWATER	State MA	Zip Code 02324
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
	Name of Employer Pacific Life	Occupation DIVISION VP	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>C.</b>	Full Name (Last, First, Middle Initial) MS. JULIET A PINKERTON		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 22 N PALMIERA CIR		<b>Transaction ID:</b> PR10365992152
	City THE WOODLANDS	State TX	Zip Code 77382
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer Pacific Life	Occupation REGIONAL VP	P/R Deduction (\$250.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	390.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. RICHARD A TAUBE	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 24081 NUTHATCH LN	<b>Transaction ID:</b> PR10366042152
	City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$75.00 Monthly)
Name of Employer Pacific Life	Occupation VP PRODUCT MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. TRAVIS R MC KAY	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 24719 JOLEE CT	<b>Transaction ID:</b> PR10366062152
	City State Zip Code PLAINFIELD IL 60544	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life	Occupation SR WHOLESALER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. KATHARINE B YOUNG	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 18647 SANTA ISADORA ST	<b>Transaction ID:</b> PR10366102152
	City State Zip Code FOUNTAIN VALLEY CA 92708	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$80.00 Monthly)
Name of Employer Pacific Life	Occupation AVP VAL & RISK MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 545.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>255.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 48 / 72  
(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. CHRISTOPHER VAN MIERLO  
Mailing Address 400 EL VUELO  
City SAN CLEMENTE State CA Zip Code 92672  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation VP NATL ACCOUNTS  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 405.00  
Date of Receipt 07 / 31 / 2008  
Transaction ID: PR10366152152  
Amount of Each Receipt this Period 60.00  
P/R Deduction (\$60.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL S ROBB  
Mailing Address 27481 VANTAGE CIRCLE  
City SN JUAN CAPISTRANO State CA Zip Code 92675  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation EXEC VP RE INVEST  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1750.00  
Date of Receipt 07 / 31 / 2008  
Transaction ID: PR10366192152  
Amount of Each Receipt this Period 250.00  
P/R Deduction (\$250.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. JANE K WONG-HSU  
Mailing Address 1121 EBBTIDE RD  
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 MKT & CREDIT RISK  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00  
Date of Receipt 07 / 31 / 2008  
Transaction ID: PR10366212152  
Amount of Each Receipt this Period 50.00  
P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 360.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 72

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. MICHAEL P BORGATTI		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 978 BALD CYPRESS DR		<b>Transaction ID:</b> PR10366242152
	City MANDEVILLE	State LA	Zip Code 70448
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
	Name of Employer Pacific Life	Occupation SR WHOLESALER	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		

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. RICHARD M WILKES		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 7124 HAWKSBEARD DR		<b>Transaction ID:</b> PR10366272152
	City WESTERVILLE	State OH	Zip Code 43082
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
	Name of Employer Pacific Life	Occupation SR WHOLESALER	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>C.</b>	Full Name (Last, First, Middle Initial) MR. RICHARD S BANNO		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 26666 WHITE OAKS DR		<b>Transaction ID:</b> PR10366282152
	City LAGUNA HILLS	State CA	Zip Code 92653
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
	Name of Employer Pacific Life	Occupation AVP CAPITAL MKTS	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 ▼ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	225.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 72  
(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. STEPHEN M BOLLINGER

Mailing Address 17345 FLAME TREE CIR

City State Zip Code  
FOUNTAIN VALLEY CA 92708

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

Name of Employer Pacific Life Occupation AVP E-COMMERCE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2008

**Transaction ID:** PR10366302152

Amount of Each Receipt this Period 40.00

P/R Deduction (\$40.00 Monthly)

**B.**

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

Mailing Address 304 WEYMOUTH PL

City State Zip Code  
LAGUNA BEACH CA 92651

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

Name of Employer Pacific Life Occupation SR VP CORP DEVELOPMT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2916.62

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2008

**Transaction ID:** PR10366312152

Amount of Each Receipt this Period 416.66

P/R Deduction (\$416.66 Monthly)

**C.**

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 VP INFO TECH

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 / 2008

**Transaction ID:** PR10366352152

Amount of Each Receipt this Period 150.00

P/R Deduction (\$150.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **606.66**

**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 51 / 72  
(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. THOMAS GIBBONS

Mailing Address 3010 PARK NEWPORT

City State Zip Code  
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation VP TAX

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10366362152  
Amount of Each Receipt this Period: 180.00  
P/R Deduction (\$180.00 Monthly)

**B.** 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 NEB OPS CENTER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10366392152  
Amount of Each Receipt this Period: 45.00  
P/R Deduction (\$45.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MR. JAMES KARAFI

Mailing Address 182 STANHOPE RD

City State Zip Code  
SPARTA NJ 07871

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10366402152  
Amount of Each Receipt this Period: 100.00  
P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 325.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 72  
(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. MARK A KARPE

Mailing Address 16 AUTUMNLEAF

City State Zip Code  
IRVINE CA 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  
M M / D D / Y Y Y Y  
07 / 31 / 2008

**Transaction ID:** PR10366412152

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 406 1/2 HELIOTROPE AVE

City State Zip Code  
CORONA DEL MAR CA 92625

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

Name of Employer Pacific Life Occupation AVP FINANCE

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2008

**Transaction ID:** PR10366422152

Amount of Each Receipt this Period 35.00

P/R Deduction (\$35.00 Monthly)

**C.** 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 SR PROD & COMPETITION ANA

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2008

**Transaction ID:** PR10366462152

Amount of Each Receipt this Period 60.00

P/R Deduction (\$60.00 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 53 / 72						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. TERRY R PERKINS		Date of Receipt
	Mailing Address 25522 SAWMILL LN		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	LAKE FOREST	CA	92630
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR10366472152
Name of Employer Pacific Life		Occupation VP ADVANCE DESIGN	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="300.00"/>	<input type="text" value="0.00"/>
			P/R Deduction (\$0.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. CHAD A ROSS		Date of Receipt
	Mailing Address 851 VIA BARQUERO		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	SAN MARCOS	CA	92069
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR10366492152
Name of Employer Pacific Life		Occupation KEY ACCOUNT SUPR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	<input type="text" value="30.00"/>
			P/R Deduction (\$30.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. DAVID K ROSUCK		Date of Receipt
	Mailing Address 20 SAINT JOHN DR		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	HAWTHORN WOODS	IL	60047
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR10366502152
Name of Employer Pacific Life		Occupation FIELD VICE PRES	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	<input type="text" value="30.00"/>
			P/R Deduction (\$30.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="60.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 72  
(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. CARRIE A SALVINO

Mailing Address 2394 WESTMINSTER AVE

City State Zip Code  
COSTA MESA CA 92627

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

Name of Employer Pacific Life Occupation PROJECT MANAGER

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 / 2008

**Transaction ID:** PR10366512152

Amount of Each Receipt this Period 30.00

P/R Deduction (\$30.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MR. KYLE R WOODDELL

Mailing Address 2500 CHRISTOPHER OAKS CT

City State Zip Code  
SAINT LOUIS MO 63129

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 ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2008

**Transaction ID:** PR10366592152

Amount of Each Receipt this Period 0.00

P/R Deduction (\$0.00 Monthly)

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

Mailing Address 6052 MEADOW VIEW CT

City State Zip Code  
JOHNSTON IA 50131

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

Name of Employer Pacific Life Occupation AVP NEW BUSINESS SVCS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2008

**Transaction ID:** PR10366622152

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 80.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JEFF J BRADSHAW	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 27302 MONDANO DR	<b>Transaction ID:</b> PR10366672152
	City State Zip Code MISSION VIEJO CA 92692	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Pacific Life Occupation AVP BUSINESS DEV 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>B.</b>	Full Name (Last, First, Middle Initial) MS. DEBORAH K JOHNSON	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 3019 SAN ANSELIN AVE	<b>Transaction ID:</b> PR10366682152
	City State Zip Code LONG BEACH CA 90808	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Pacific Life Occupation SYSTEMS ANALYSIS SUPR 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>C.</b>	Full Name (Last, First, Middle Initial) MS. KAREN M BROWN	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 11 FOREST HILLS CT	<b>Transaction ID:</b> PR10366692152
	City State Zip Code DANA POINT CA 92629	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Pacific Life Occupation AVP MODEL OFC ANN TECH Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 280.00	P/R Deduction (\$40.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>140.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 / 72
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. KENNETH W COX		Date of Receipt
	Mailing Address 570 EBBCREEK DR APT P		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	CORONA	CA	92880
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Pacific Life		Occupation APPLIC DEV CONS	<b>Transaction ID:</b> PR10366702152
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
			P/R Deduction (\$50.00 Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. STEVEN R ELDER		Date of Receipt
	Mailing Address 37936 19TH AVE S		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	FEDERAL WAY	WA	98003
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Pacific Life		Occupation SR WHOLESALER	<b>Transaction ID:</b> PR10366722152
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
			P/R Deduction (\$50.00 Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. STEPHEN K ENG		Date of Receipt
	Mailing Address 2311 BAYPOINTE DR		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	NEWPORT BEACH	CA	92660
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Pacific Life		Occupation DIR RISK MGMT (IMD)	<b>Transaction ID:</b> PR10366732152
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="280.00"/>	Amount of Each Receipt this Period <input type="text" value="40.00"/>
			P/R Deduction (\$40.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="140.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 72

(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. 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 VAR REG COMPL
----------------------------------	---------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00
---	------------------------------------

Date of Receipt

MM / DD / YYYY  
07 / 31 / 2008

Transaction ID: PR10366752152

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID C HONERKAMP

Mailing Address 2712 LIGHTHOUSE LN

City	State	Zip Code
CORONA DEL MAR	CA	92625

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

Name of Employer Pacific Life	Occupation AVP RE ACQUISITIONS
----------------------------------	-----------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00
---	------------------------------------

Date of Receipt

MM / DD / YYYY  
07 / 31 / 2008

Transaction ID: PR10366762152

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. LINDA L KOTOWICZ

Mailing Address 795 TREPANNY LN

City	State	Zip Code
WAYNE	PA	19087

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

Name of Employer Pacific Life	Occupation FVP M MKTG
----------------------------------	--------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00
---	------------------------------------

Date of Receipt

MM / DD / YYYY  
07 / 31 / 2008

Transaction ID: PR10366792152

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

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

145.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 72

(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. ROBERT C O'BRIEN

Mailing Address 35 HERITAGE AVE

City State Zip Code  
ASHLAND MA 01721

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 / 2008

Transaction ID: PR10366812152

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

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

Mailing Address 21611 BLUEJAY ST

City State Zip Code  
TRABUCO CANYON CA 92679

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

Name of Employer Occupation  
Pacific Life VP CHIEF COMPLIANCE

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 / 2008

Transaction ID: PR10366822152

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

**C.**

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

Mailing Address 3201 COLONY PLZ

City State Zip Code  
NEWPORT BEACH CA 92660

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 31 / 2008

Transaction ID: PR10366862152

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 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 59 / 72

(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 DRIVE

City State Zip Code  
GLENWOOD NJ 07418

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

Name of Employer Occupation  
Pacific Life FIELD VICE PRES

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 385.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2008

Transaction ID: PR10366882152

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 Occupation  
Pacific Life SR FVP-NCM IP

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

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2008

Transaction ID: PR10366912152

Amount of Each Receipt this Period  
75.00

P/R Deduction (\$75.00 Monthly)

**C.**

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 Occupation  
Pacific Life SR FLD SVCS PROJ ANA

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 / 2008

Transaction ID: PR10367002152

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 60 / 72  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 12324 CANTURA ST

City State Zip Code  
STUDIO CITY CA 91604

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

Name of Employer Pacific Life Occupation FVP COLI UNIT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10367012152  
Amount of Each Receipt this Period: 30.00  
P/R Deduction (\$30.00 Monthly)

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

Mailing Address 24 TAOS

City State Zip Code  
RCHO STA MARGARITA CA 92688

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

Name of Employer Pacific Life Occupation DIR ADV D MKTG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10367022152  
Amount of Each Receipt this Period: 40.00  
P/R Deduction (\$40.00 Monthly)

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

Mailing Address 449 SAINT ANNES DR

City State Zip Code  
BIRMINGHAM AL 35244

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10367082152  
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 61 / 72  
(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. 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 Pacific Life Occupation AVP AGG & INS RISK MGT

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 / 2008

**Transaction ID:** PR10367122152

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 120 ALBERT PL APT 10

City State Zip Code  
COSTA MESA CA 92627

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

Name of Employer Pacific Life Occupation AVP PROD DESIGN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 515.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2008

**Transaction ID:** PR10367142152

Amount of Each Receipt this Period 80.00

P/R Deduction (\$80.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
MS. TIFFANY L GREGATH

Mailing Address 2820 CAMINO CAPISTRANO APT D

City State Zip Code  
SAN CLEMENTE CA 92672

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

Name of Employer Pacific Life Occupation MEDIA MGR

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 / 2008

**Transaction ID:** PR10367152152

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 62 / 72

(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. ROBERT J HUNT

Mailing Address 20130 NE 28TH PL

City State Zip Code  
SAMMAMISH WA 98074

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2008

Transaction ID: PR10367162152

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$40.00 Monthly)

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

Mailing Address 18 THREE VINES CT

City State Zip Code  
LADERA RANCH CA 92694

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

Name of Employer Pacific Life Occupation DIR ANNUITIES PRODUCT DEVELOPM

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 / 2008

Transaction ID: PR10367182152

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

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

Mailing Address 3 PHEASANT DR.

City State Zip Code  
MT. LAUREL NJ 08054

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2008

Transaction ID: PR10614782152

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$50.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	140.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 72  
(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. STEPHEN K BEST

Mailing Address 445 FLINT AVE

City State Zip Code  
LONG BEACH CA 90814

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 ▼ 500.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10614792152  
Amount of Each Receipt this Period: 0.00  
P/R Deduction (\$0.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. CARL B JACKSON

Mailing Address 22395 WOODGROVE RD

City State Zip Code  
LAKE FOREST CA 92630

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

Name of Employer Pacific Life Occupation BUS CONT PRGM DIR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10614812152  
Amount of Each Receipt this Period: 45.00  
P/R Deduction (\$45.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
MR. CARLETON J MUENCH

Mailing Address 510 SAN NICHOLAS CT

City State Zip Code  
LAGUNA BEACH CA 92651

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

Name of Employer Pacific Life Occupation AVP INVESTMENT OVERSIGHT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10614832152  
Amount of Each Receipt this Period: 45.00  
P/R Deduction (\$45.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **90.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. PATRICK J O'BRIEN		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 1112 LAS POSAS		<b>Transaction ID:</b> PR10614842152
	City SAN CLEMENTE	State CA	Zip Code 92673
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.00
	Name of Employer Pacific Life	Occupation AVP SPECIALIZED MRKTS	P/R Deduction (\$35.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. ALEX M RUIZ		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address PO BOX 7312		<b>Transaction ID:</b> PR10614862152
	City NEWPORT BEACH	State CA	Zip Code 92658
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.00
	Name of Employer Pacific Life	Occupation ACTUARIAL CONSULTANT	P/R Deduction (\$35.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. TIM N SHAHEEN		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 28 STONE PNE		<b>Transaction ID:</b> PR10614872152
	City ALISO VIEJO	State CA	Zip Code 92656
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
	Name of Employer Pacific Life	Occupation AVP SLS & MKTG OPS	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		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	120.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 65 / 72  
(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. 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 Pacific Life Occupation SR WHOLESALER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10614922152  
Amount of Each Receipt this Period: 100.00  
P/R Deduction (\$100.00 Monthly)

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

Mailing Address 2427 PORT WHITBY PL

City State Zip Code  
NEWPORT BEACH CA 92660

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR10668012152  
Amount of Each Receipt this Period: 30.00  
P/R Deduction (\$30.00 Monthly)

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

Mailing Address 2062 MOUNT SHASTA DR

City State Zip Code  
SAN PEDRO CA 90732

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

Name of Employer Pacific Life Occupation MARKETING CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 31 / 2008  
Transaction ID: PR11106892152  
Amount of Each Receipt this Period: 50.00  
P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 180.00

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

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

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

FOR LINE NUMBER: PAGE 66 / 72  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS. ANN E FARLEY  
Mailing Address 4014 ALADDIN DR  
City HUNTINGTON BEACH State CA Zip Code 92649  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation AVP PRODUCT DEV  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00  
Date of Receipt 07 / 31 / 2008  
Transaction ID: PR11323352152  
Amount of Each Receipt this Period 45.00  
P/R Deduction (\$45.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
MS. JENNIFER R JEWETT  
Mailing Address 31901 VIRGINIA WAY  
City LAGUNA BEACH State CA Zip Code 92651  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation AVP INVEST CNSL  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 455.00  
Date of Receipt 07 / 31 / 2008  
Transaction ID: PR12361942152  
Amount of Each Receipt this Period 65.00  
P/R Deduction (\$65.00 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
MS. RAE A CAPPS  
Mailing Address 25842 DANA BLF W  
City CAPISTRANO BEACH State CA Zip Code 92624  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Life Occupation ATTORNEY  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00  
Date of Receipt 07 / 31 / 2008  
Transaction ID: PR22130712152  
Amount of Each Receipt this Period 65.00  
P/R Deduction (\$65.00 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 67 / 72  
(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. 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 ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2008

**Transaction ID:** PR22130752152

Amount of Each Receipt this Period 85.00

P/R Deduction (\$85.00 Monthly)

**B.**

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

Mailing Address 23819 CLAYMORE WAY

City State Zip Code  
VALENCIA CA 91354

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

Name of Employer Pacific Life Occupation CORP TAX DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2008

**Transaction ID:** PR22130862152

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
MS. THERESA A TRIPLETT

Mailing Address 23 CRYSTALAIRES

City State Zip Code  
RANCHO SANTA MARGA CA 92688-8717

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

Name of Employer Pacific Life Occupation Director

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 / 2008

**Transaction ID:** PR23430892152

Amount of Each Receipt this Period 0.00

P/R Deduction (\$0.00)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>160.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>15695.31</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>CROWLEY FOR CONGRESS</b></p> <p>Mailing Address P.O. Box 75214</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Joseph Crowley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7008303 <b>Date of Disbursement</b> 07 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>Stephanie Tubbs Jones for US Congress</b></p> <p>Mailing Address 918 Beverly Drive</p> <p>City Alexandria State VA Zip Code 22302</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Stephanie Jones</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7008304 <b>Date of Disbursement</b> 07 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>SAMPAC</b></p> <p>Mailing Address 2501 Wisconsin Avenue, NW #304</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Contri: Secure America's Majority PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7008347 <b>Date of Disbursement</b> 07 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contri: Secure America's Majority PAC</p>

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

11000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kevin McCarthy for Congress	Transaction ID: 7008348 Date of Disbursement 07 / 21 / 2008
	Mailing Address P.O. Box 12667	
	City Bakersfield State CA Zip Code 93389	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution Candidate Name Kevin McCarthy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution 011 Category/ Type

B.	Full Name (Last, First, Middle Initial) Salazar for Senate	Transaction ID: 7008349 Date of Disbursement 07 / 21 / 2008
	Mailing Address 426 C Street, NE	
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Ken Salazar Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution 011 Category/ Type

C.	Full Name (Last, First, Middle Initial) ERICPAC	Transaction ID: 7008351 Date of Disbursement 07 / 21 / 2008
	Mailing Address 209 Pennsylvania Avenue, SE	
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contri: Every Republican is Crucial PAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contri: Every Republican is Crucial PAC 011 Category/ Type

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

5000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends of John Tanner	Transaction ID: 7008352 Date of Disbursement 07 / 21 / 2008
	Mailing Address 236 Massachusetts Ave., NE Suite 508	Amount of Each Disbursement this Period 1500.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Contribution Candidate Name John Tanner	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) Friends of John Tanner	Transaction ID: 7008354 Date of Disbursement 07 / 21 / 2008
	Mailing Address 236 Massachusetts Ave., NE Suite 508	Amount of Each Disbursement this Period 1500.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Contribution Candidate Name John Tanner	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

C.	Full Name (Last, First, Middle Initial) Devin Nunes Campaign Committee	Transaction ID: 7008355 Date of Disbursement 07 / 21 / 2008
	Mailing Address PO Box 6545	Amount of Each Disbursement this Period 1000.00
	City Visalia State CA Zip Code 93290	
	Purpose of Disbursement Contribution Candidate Name Devin Nunes	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 21	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

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

4000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bachus for Congress</p> <p>Mailing Address 217 Third Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Congressman Spencer Bachus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7008356 <b>Date of Disbursement</b> 07 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) The Reed Committee</p> <p>Mailing Address PO Box 8358</p> <p>City Cranston State RI Zip Code 02920</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Jack Reed</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7008357 <b>Date of Disbursement</b> 07 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Pomeroy for Congress</p> <p>Mailing Address PO Box 75214</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Earl Pomeroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7008358 <b>Date of Disbursement</b> 07 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

