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REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
Pacific Life Insurance Company

ADDRESS (number and street) ☐ Check if different than previously reported
700 Newport Center Drive

CITY, STATE and ZIP CODE
Newport Beach, CA 92660

2. FEC IDENTIFICATION NUMBER
C00068528

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

4. TYPE OF REPORT

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

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

☐ 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election
on _____ in the State of _____.

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 06/01/2000 through 06/30/2000		
6. (a) Cash on Hand January 1, 2000		$ 65,443.86
(b) Cash on Hand at Beginning of Reporting Period	$ 84,786.93	
(c) Total Receipts (from Line 19)	$ 11,043.80	$ 70,549.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 95,830.73	$ 135,993.14
7. Total Disbursements (from Line 30)	$ 18,500.00	$ 58,662.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 77,330.73	$ 77,330.73
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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

Type or Print Name of Treasurer: Robert G. Baskell

Signature of Treasurer: [signature] Date: 7/20/00

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

FEC FORM 3X
(revised 9/93)

FEBAN121

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE

REPORT COVERING PERIOD
FROM TO:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	7496.83	34370.80	11(a)(i)
i. Itemized (use Schedule A)	3546.97	36099.97	11(a)(ii)
ii. Unitemized	11043.80	70470.77	11(a)(iii)
iii. Total (add i and ii) ➤	0.00	0.00	11(b)
b. Political Party Committees	0.00	0.00	11(c)
c. Other Political Committees (such as PACs)	11043.80	70470.77	11(d)
d. Total Contributions (add a iii, b and c) ➤	0.00	0.00	12
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	13
13. All Loans Received	0.00	0.00	14
14. Loan Repayments Received	0.00	0.00	15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	78.51	17
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	18
18. Transfers from Nonfederal Account for Joint Activity	11043.80	70549.28	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	11043.80	70549.28	20
20. Total Federal Receipts (subtract line 18 from line 19) ➤			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00	21(a)(i)
i. Federal Share	0.00	0.00	21(a)(ii)
ii. Non-Federal Share	0.00	162.41	21(b)
b. Other Federal Operating Expenditures	0.00	162.41	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0.00	0.00	22
22. Transfers to Affiliated/Other Party Committees	18500.00	58500.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00	24
24. Independent Expenditures (use Schedule E)	0.00	0.00	25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	26
26. Loan Repayments Made	0.00	0.00	27
27. Loans Made			
28. Refunds of Contributions To:	0.00	0.00	28(a)
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(b)
b. Political Party Committees	0.00	0.00	28(c)
c. Other Political Committees (such as PACs)	0.00	0.00	28(d)
d. Total Contribution Refunds (add a, b and c) ➤	0.00	0.00	29
29. Other Disbursements	18500.00	58662.41	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	18500.00	58662.41	31
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	11043.80	70470.77	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	11043.80	70470.77	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	162.41	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0.00	162.41	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 14

FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code WENDY B. BALDEN 1018 CORTE PORTOFINO NEWPORT BEACH, CA 92660- ($35 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 210.00	06/28/2000	$35.00
B. Full Name, Mailing Address and ZIP Code DANIEL F. BASS 18 CLERMONT NEWPORT COAST, CA 92657- ($60 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: ASSISTANT VICE PRESIDENT Aggregate Year-to-Date $ 360.00	06/28/2000	$60.00
C. Full Name, Mailing Address and ZIP Code ROBERT M. BEARDSLEE 27612 ESCUNA MISSION VIEJO, CA 92692- ($60 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 360.00	06/28/2000	$60.00
D. Full Name, Mailing Address and ZIP Code MARIANNE BEAS 1720 OCEAN BLVD. NEWPORT BEACH, CA 92661- ($40 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 240.00	06/28/2000	$40.00
E. Full Name, Mailing Address and ZIP Code PAMELA K BERGER 1633 BOULDER CREEK RD. OCEANSIDE, CA 92056- ($60 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 360.00	06/28/2000	$60.00
F. Full Name, Mailing Address and ZIP Code TRUDI E. BLAKESLEE 58 NAVARRE IRVINE, CA 92612- ($50 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	06/28/2000	$50.00
F. Full Name, Mailing Address and ZIP Code JUDITH L. BROWN 26031 BLASCOS MISSION VIEJO, CA 92691- ($75 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 405.00	06/28/2000	$75.00

SUBTOTAL of Receipts This Page (optional) $60.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 2 OF 11 | FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code ROBERT A. BRUNO 11106 ST. MICHAELS DRIVE DALLAS, TX 75230- ($100 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: NATIONAL SALES MANAGER, AVP Aggregate Year-to-Date $ 200.00	06/28/2000	$100.00
B. Full Name, Mailing Address and ZIP Code DEWEY P. BUSHAW 29132 ALPIERI STREET LAGUNA NIGUEL, CA 92677- ($40 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 240.00	06/28/2000	$40.00
C. Full Name, Mailing Address and ZIP Code EDWARD R. BYRD 27520 PAGE COURT YORBA LINDA, CA 92886-386 ($60 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 330.00	06/28/2000	$60.00
D. Full Name, Mailing Address and ZIP Code LARRY CARD 31735 SEAKLIFF DR. LAGUNA BEACH, CA 92677- ($300 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 1725.00	06/28/2000	$300.00
E. Full Name, Mailing Address and ZIP Code DAVID R. CARMICHAEL 1525 SERENADE TERRACE CORONA DEL MAR, CA 92605- ($200 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 1050.00	06/28/2000	$200.00
F. Full Name, Mailing Address and ZIP Code JOSEPH E. CELENTANO [illegible] CAMPESINO MISSION VIEJO, CA 92691- ($50 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	06/28/2000	$50.00
F. Full Name, Mailing Address and ZIP Code CHARON A. CHEEVER 28724 MIRA VISTA LAGUNA NIGUEL, CA 92677- ($50 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 270.00	06/28/2000	$50.00

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 24

FOR LINE NUMBER 11 of (5)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code BERNADINE E. CHWALEK 31741 SHACKLETON ISLE DANA POINT, CA 92629- ($70 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 390.00	06/28/2000	$70.00
B. Full Name, Mailing Address and ZIP Code CYNTHIA C. COATES 1309 DELAWARE STREET HUNTINGTON BEACH, CA 92648- ($35 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 210.00	06/28/2000	$35.00
C. Full Name, Mailing Address and ZIP Code GAIL L. CORIN 31424 WEST NINE DRIVE LAGUNA NIGUEL, CA 92677- ($40 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 240.00	06/28/2000	$40.00
D. Full Name, Mailing Address and ZIP Code DENNIS M. CORBETT 15136 TOURAINE WAY IRVINE, CA 92604- ($50 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	06/28/2000	$50.00
E. Full Name, Mailing Address and ZIP Code CAMERON COSGROVE 27741 MOTHERLODE COURT LAGUNA NIGUEL, CA 92677- ($42 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 252.00	06/28/2000	$42.00
F. Full Name, Mailing Address and ZIP Code DANIEL C. CRAIG 36 WINTERGREEN IRVINE, CA 92604- ($40 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 225.00	06/28/2000	$40.00
F. Full Name, Mailing Address and ZIP Code PAUL J. CROTTON 30133 HILLSIDE TERRACE SAN JUAN CAPISTRAN, CA 92675-154 ($50 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	06/28/2000	$50.00

SUBTOTAL of Receipts This Page (optional)	327.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 5A(a)(1)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code MICHAEL R. CURRY 10673 RED BERRY CT. FISHERS, IN 46038- ($50 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	06/28/2000	$50.00
B. Full Name, Mailing Address and ZIP Code STEPHANIE J. CURRY 136 GREENFIELD IRVINE, CA 92614- ($50 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 374.00	06/28/2000	$50.00
C. Full Name, Mailing Address and ZIP Code LINDA K. DAVIS 38 A FOREST DRIVE SPRINGFIELD, NJ 07081- ($50 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 255.00	06/28/2000	$50.00
D. Full Name, Mailing Address and ZIP Code CYNTHIA S. DILLION 7 BODEGA BAY CORONA DEL MAR, CA 92625- ($120 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 573.00	06/28/2000	$120.00
E. Full Name, Mailing Address and ZIP Code WILLIAM J. DOONEY 8 PARADISE COVE LAGUNA NIGUEL, CA 92677-425 ($100 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 600.00	06/28/2000	$100.00
F. Full Name, Mailing Address and ZIP Code EMILE C. DUROCHER 23861 CORMORANT LANE LAGUNA NIGUEL, CA 92677- ($50 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	06/28/2000	$50.00
F. Full Name, Mailing Address and ZIP Code RICHARD S. EASTLYN 27556 VALLEY RIM CIRCLE SAN JUAN CAPISTRAN, CA 92672- ($50 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 360.00	06/28/2000	$60.00

SUBTOTAL of Receipts This Page (optional)	$80.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 5 OF 14

FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code MARK E. FALK 64 SUMMERSTONE IRVINE, CA 92614- ($75 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 455.00	06/28/2000	$75.00
B. Full Name, Mailing Address and ZIP Code MICHAEL F. FENTON 1 CEDARLAKE IRVINE, CA 92614- ($50 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 200.00	06/28/2000	$50.00
C. Full Name, Mailing Address and ZIP Code WILLIAM L. PERRIS 1990 PORT EDWARDS CIRCLE NEWPORT BEACH, CA 92660- ($300 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 1725.00	06/28/2000	$300.00
D. Full Name, Mailing Address and ZIP Code MARC S. FRANKLIN 1942 PORT ALBANS PLACE NEWPORT BEACH, CA 92660- ($42 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 252.00	06/28/2000	$42.00
E. Full Name, Mailing Address and ZIP Code MARTHA R. GATES 31411 MONTEREY LAGUNA, CA 92677- ($50 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 270.00	06/28/2000	$50.00
F. Full Name, Mailing Address and ZIP Code BRIAN F. GOUBEL 818 SAN NICOLAS CIRCLE HUNTINGTON BEACH, CA 92648- ($60 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 360.00	06/28/2000	$60.00
F. Full Name, Mailing Address and ZIP Code ADRIAN S. GRIGGS 8755 CANARY AVE. FOUNTAIN VALLEY, CA 92708 ($40 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 240.00	06/28/2000	$40.00

SUBTOTAL of Receipts This Page (optional)	$17.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 8 OF 14 | FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code STANLEY E HANSEN 8050 A. HARPERS PT. DRIVE CINCINNATI, OH 45249- ($125 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 675.00	06/28/2000	$125.00
B. Full Name, Mailing Address and ZIP Code JEAN R. HARRISON 59 BENNINGTON IRVINE, CA 92608 - ($35 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 210.00	06/28/2000	$35.00
C. Full Name, Mailing Address and ZIP Code ROBERT G. HASZELL 115 VIA FASIERS NEWPORT BEACH, CA 92663- ($110 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: SENIOR VICE PRESIDENT Aggregate Year-to-Date $ 660.00	06/28/2000	$110.00
D. Full Name, Mailing Address and ZIP Code DALE E. HANLEY 1117 ERNEST CLIFFS BLVD. SAN DIEGO, CA 92107- ($66 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 321.00	06/28/2000	$66.00
E. Full Name, Mailing Address and ZIP Code ALBERT E. HEILES 408 AVONLEA COURT GIBSONIA, PA 15044- ($25 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 340.00	06/28/2000	$25.00
F. Full Name, Mailing Address and ZIP Code ROBERT J. HENSTEAD 1338 RANCHO DEL ORO RD. # OCEANSIDE, CA 92058- ($50 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	06/28/2000	$50.00
F. Full Name, Mailing Address and ZIP Code ANTHONY P. HENSLER 862 ROLLINGWOOD DR. VILLA HILLS, KY 41017- ($47 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 282.00	06/28/2000	$47.00

SUBTOTAL of Receipts This Page (optional)	$60.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code WILLIAM L. HEZZELWOOD 21961 CATBIRD COURT LAGUNA NIGUEL, CA 92677- ($50 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	06/28/2000	$50.00
B. Full Name, Mailing Address and ZIP Code KENNETH E. JACK P. O. BOX 15193 NEWPORT BEACH, CA 92659- ($60 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	06/28/2000	$60.00
C. Full Name, Mailing Address and ZIP Code DARYLE G. JOHNSON 5 ALTAIR IRVINE, CA 92612- ($200 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 1050.00	06/28/2000	$200.00
D. Full Name, Mailing Address and ZIP Code MARK J. JOHNSON 1812 LEADBURN ROAD TOWSON, MD 21204- ($100 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 600.00	06/28/2000	$100.00
E. Full Name, Mailing Address and ZIP Code ANDREW C. KARLINSKI 6 VENTURE AVE., #305 IRVINE, CA 92618- ($100 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: A.I. FINANCIAL GROUP Occupation: AGENT Aggregate Year-to-Date $ 500.00	06/28/2000	$100.00
F. Full Name, Mailing Address and ZIP Code ROBERT D. KERRER 31 ENSUENO WEST IRVINE, CA 92620- ($50 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	06/28/2000	$50.00
F. Full Name, Mailing Address and ZIP Code BRIAN D. KLEMENS 24611 BENGHAMIS CIRCLE DANA POINT, CA 92629- ($40 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 250.00	06/28/2000	$40.00

SUBTOTAL of Receipts This Page (optional)	$60.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

List separate schedule(s) for each category of the Detailed Summary Page | PAGE 8 OF 11 | FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES B. HUEGNERT 2770 MENDOZA DRIVE COSTA MESA, CA 92626- (545 Monthly)	PACIFIC LIFE INSURANCE COMPANY	06/26/2000	545.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date $ 270.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FLETCHER C. LARSON 700 AVENIDA MIROLA PALOS VERDES ESTAT, CA 90274- (375 Monthly)	PACIFIC LIFE INSURANCE COMPANY	06/28/2000	375.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date $ 455.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID LEVY 135 JASMINE CREEK DRIVE CORONA DEL MAR, CA 92625- (370 Monthly)	PACIFIC LIFE INSURANCE COMPANY	06/28/2000	370.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date $ 420.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEPHEN LI 379 PROSPECT PLACE COSTA MESA, CA 92626- (375 Monthly)	PACIFIC LIFE INSURANCE COMPANY	06/28/2000	375.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date $ 435.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GEORGE Y. LONGYEAR 17992 ATHENS AVENUE VILLA PARK, CA 92861- (850 Monthly)	PACIFIC LIFE INSURANCE COMPANY	06/28/2000	850.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date $ 999.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS J. DOBIE 145 CARIBE DRIB NOVATO, CA 94949- (550 Monthly)	PACIFIC LIFE INSURANCE COMPANY	06/28/2000	550.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DERMOND G. MARSH 74 ELTON RD. IRVINE, CA 92612- (550 Monthly)	PACIFIC LIFE INSURANCE COMPANY	06/28/2000	550.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00		

SUBTOTAL of Receipts This Page (optional) 415.00

TOTAL This Period (last page th e line number only) .....

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code GAIL B. MC INTOSH 822 18TH STREET HUNTINGTON BEACH, CA 92648- ($45 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 270.00	06/28/2000	$45.00
B. Full Name, Mailing Address and ZIP Code HENRY M. MC MILLAN 4006 INLET ISLE CORONA DEL MAR, CA 92625- ($65 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 375.00	06/28/2000	$65.00
C. Full Name, Mailing Address and ZIP Code IOANNIS K. MERAS 1820 GRACE AVENUE SAN JOSE, CA 95125- ($50 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	06/28/2000	$50.00
D. Full Name, Mailing Address and ZIP Code JOHN E. MILBERG 33811 DONEGAL LANE S J CAPISTRANO, CA 92675- ($100 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 600.00	06/28/2000	$100.00
E. Full Name, Mailing Address and ZIP Code AUDREY L. MILPS 26922 ROCKING HORSE LANE LAGUNA HILLS, CA 92653- ($90 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 510.00	06/28/2000	$90.00
F. Full Name, Mailing Address and ZIP Code LYNN C. MILLER 8 DORCHESTER GREEN LAGUNA NIGUEL, CA 92677- ($84 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 504.00	06/28/2000	$84.00
F. Full Name, Mailing Address and ZIP Code MARY B. MORGAN 1 BETTONI AISLE IRVINE, CA 92606- ($70 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 390.00	06/28/2000	$70.00

SUBTOTAL of Receipts This Page (optional) 504.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 20 OF 24 | FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code JAMES T. MORRIS 29022 PINTAIL CIRCLE LAGUNA NIGUEL, CA 92677- ($120 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 620.00	06/28/2000	$120.00
B. Full Name, Mailing Address and ZIP Code JOHN D. MURRAY 218 SANDCASTLE DRIVE CORONA DEL MAR, CA 92625- ($50 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	06/28/2000	$50.00
C. Full Name, Mailing Address and ZIP Code FRANK S BURTON II 18628 CITRONIA ST. NORTHRIDGE, CA 91524- ($40 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 233.60	06/28/2000	$40.00
D. Full Name, Mailing Address and ZIP Code LAURA L. O'HEA 3100 N. ELM ST., #35C GREENSBORO, NC 27408- ($41.67 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: BRANCH MANAGER Aggregate Year-to-Date $ 250.02	06/28/2000	$41.67
E. Full Name, Mailing Address and ZIP Code DARAGH M. O'SULLIVAN 177 22ND ST., APT. 4 COSTA MESA, CA 92627-176 ($84 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: ASSISTANT VICE PRESIDENT Aggregate Year-to-Date $ 504.00	06/28/2000	$84.00
F. Full Name, Mailing Address and ZIP Code ROBERT E. OLSEN 16082 HUMPHREY CIRCLE IRVINE, CA 92604- ($100 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 450.00	06/28/2000	$100.00
F. Full Name, Mailing Address and ZIP Code ELAINE E. OWENS 24262 LYSANDA DRIVE MISSION VIEJO, CA 92691- ($40 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 210.00	06/28/2000	$40.00

SUBTOTAL of Receipts This Page (optional)	465.67
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(B)(1)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code PETER R. PASTRE 1954 PORT ALBANY PLACE NEWPORT BEACH, CA 92660- ($45 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 240.00	06/28/2000	$45.00
B. Full Name, Mailing Address and ZIP Code ALICE PETERSON 2908 VIA HIDALGO SAN CLEMENTE, CA 92673- ($45 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: ASSISTANT VICE PRESIDENT Aggregate Year-to-Date $ 270.00	06/28/2000	$45.00
C. Full Name, Mailing Address and ZIP Code B.P. PILLION 915 STOKE RD VILLANOVA, PA 19085-203 ($40 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 240.00	06/28/2000	$40.00
D. Full Name, Mailing Address and ZIP Code YVES P. PINKOWITZ 5631 FURNACE CREEK YORBA LINDA, CA 92864- ($45 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 249.00	06/28/2000	$40.00
E. Full Name, Mailing Address and ZIP Code THEODORE A. PREMER 125 CHERRY TREE LANE NEWPORT BEACH, CA 92660- ($50 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 240.00	06/28/2000	$50.00
F. Full Name, Mailing Address and ZIP Code CATHLEEN H. PULFORD 33742 PEQUITO DRIVE DANA POINT, CA 92629-203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date $ 250.00	06/22/2000	$250.00
G. Full Name, Mailing Address and ZIP Code LESTER F. [illegible] 1318 LAWRENCE ROAD MOLENA, CA 90258- ($50 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	06/28/2000	$50.00

SUBTOTAL of Receipts This Page (optional)	$33.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a) (i)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. JAMES R. RICE 11 STILLWATER IRVINE, CA 92612- ($55 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 110.00	06/28/2000	$55.00
B. GERALD W. ROBINSON 22 CANYON RIDGE IRVINE, CA 92612- ($65 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 390.00	06/28/2000	$65.00
C. RASKELL B. ROSENBERG 12141 YARMOUTH ROAD SANTA ANA, CA 92705- ($60 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 240.00	06/28/2000	$60.00
D. ROBERT D. RUSSELL 51202 EASTCHURCH CHAPEL HILL, NC 27516- ($50 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 225.00	06/28/2000	$50.00
E. GLENN S. SCHAFER 1338 COLONY PLAZA, #133 NEWPORT BEACH, CA 92660- ($350 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 2100.00	06/28/2000	$350.00
F. RICHARD J. SCHINDLER 12130 SUMMIT KANSAS CITY, MO 64145-110 ($40 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 240.00	06/28/2000	$40.00
F. B. GENE SCHOFIELD 16 LEHIGH AISLE IRVINE, CA 92612- ($83.5 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 490.50	06/28/2000	$83.50

SUBTOTAL of Receipts This Page (optional) 883.50

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 13 (a) (1)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code WILLIAM J. SHARP 28238 COULIER MISSION VIEJO, CA 92692- (650 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	06/28/2000	$50.00
B. Full Name, Mailing Address and ZIP Code FRANK S. SIMON 21773 HERENCIA MISSION VIEJO, CA 92692- (205 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 495.00	06/28/2000	$98.00
C. Full Name, Mailing Address and ZIP Code III ARTHUR K. SOBCZAK 14718 CAMDEN DRIVE STRONGSVILLE, OH 44136- (345 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 270.00	06/28/2000	$65.00
D. Full Name, Mailing Address and ZIP Code CHRISTINA M. SUMPTER 10326 FALCON AVENUE FOUNTAIN VALLEY, CA 92708- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 480.00	06/28/2000	$90.00
E. Full Name, Mailing Address and ZIP Code THOMAS C. SUTTON 111 SHORECLIFF ROAD CORONA DEL MAR, CA 92625- ($410.96 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 2499.96	06/28/2000	$416.66
F. Full Name, Mailing Address and ZIP Code RICHARD A. WRIELING 801 E 19TH ST. SANTA ANA, CA 92706- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: ASSISTANT VICE PRESIDENT Aggregate Year-to-Date $ 300.00	06/15/2000	$300.00
F. Full Name, Mailing Address and ZIP Code NANCY A. WEBB 12266 CIRCULA PANORAMA SANTA ANA, CA 92705- (650 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	06/28/2000	$50.00

SUBTOTAL of Receipts This Page (optional)	1026.66
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 14 OF 14 | FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code JOHN WHITE 19 SUNFLOWER IRVINE, CA 92606- ($40 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 240.00	06/28/2000	$40.00
B. Full Name, Mailing Address and ZIP Code KAREN S. WILEY 2541 COVENTRY CIRCLE FULLERTON, CA 92833- ($40 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 225.00	06/28/2000	$40.00
C. Full Name, Mailing Address and ZIP Code LEE R. WIEBELIN 15596 SUGARLOAF FOUNTAIN VALLEY, CA 92708- ($85 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 320.00	06/28/2000	$85.00
D. Full Name, Mailing Address and ZIP Code CLAYTON M. YOKOTA 34602 CALLE LA PRIMAVERA DANA POINT, CA 92629- ($50 Monthly) Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date $ 300.00	06/29/2000	$50.00
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	215.00
TOTAL This Period (last page this line number only)	7696.83

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

A. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AFNP PAC 1212 NEW YORK AVE., SUITE 1250 WASHINGTON, DC 20005	Disbursement for: [ ] Primary [ ] General [x] Other (specify)	06/01/2000	$2,000.00
B. Full name, Mailing Address and ZIP code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
BEN CARDIN FOR CONGRESS 38 IVY ST., SE WASHINGTON, DC 20003	BEN CARDIN MEMBER OF CONGRESS; STATE: MD; DIST. 3 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	06/23/2000	$1,000.00
C. Full name, Mailing Address and ZIP code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
BILL THOMAS CAMPAIGN COMMITTEE P.O. BOX 395 BAKERSFIELD, CA 93302	BILL THOMAS MEMBER OF CONGRESS; STATE: CA; DIST. 21 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	06/01/2000	$1,000.00
D. Full name, Mailing Address and ZIP code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
CHRISTOPHER COX CONGRESSIONAL COMMITTEE P.O. BOX 8088-C NEWPORT BEACH, CA 92658	CHRISTOPHER COX MEMBER OF CONGRESS; STATE: CA; DIST. 47 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	06/01/2000	$1,000.00
E. Full name, Mailing Address and ZIP code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
DEMOCRATIC LEADER'S VICTORY FUND 2000 2850 CONNECTICUT AVENUE WASHINGTON, DC 20008	RICHARD GEPHARDT MEMBER OF CONGRESS; STATE: MO; DIST. 3 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	06/23/2000	$3,000.00
F. Full name, Mailing Address and ZIP code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
EARL POMEROY FOR CONGRESS P.O. BOX 15214 WASHINGTON, DC 20013-5214	EARL POMEROY MEMBER OF CONGRESS; STATE: ND; DIST. 0 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	06/19/2000	$2,000.00
G. Full name, Mailing Address and ZIP code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
FLETCHER FOR CONGRESS P.O. BOX 4703 LEXINGTON, KY 40544	ERNIE FLETCHER MEMBER OF CONGRESS; STATE: KY; DIST. 6 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	06/01/2000	$1,000.00
H. Full name, Mailing Address and ZIP code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
FRIENDS FOR HOUGHTON 4451 BROOKFIELD CORPORATE DR., #20 CHANTILLY, VA 20151	AMO HOUGHTON MEMBER OF CONGRESS; STATE: NY; DIST. 31 Disbursement for: [x] Primary [ ] General [ ] Other (specify)	06/01/2000	$1,000.00
I. Full name, Mailing Address and ZIP code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
FRIENDS OF FOLEY P.O. BOX 30505 PALM BEACH GARDENS, FL 33420	MARK FOLEY MEMBER OF CONGRESS; STATE: FL; DIST. 15 Disbursement for: [x] Primary [ ] General [ ] Other (specify)	06/01/2000	$2,000.00

SUBTOTAL of Disbursements This Page (optional) 14000.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC

A. Full name, Mailing Address and ZIP code FRIENDS OF SCOTT MCINNIS P.O. BOX 3157 GRAND JUNCTION, CO 81502	Purpose of Disbursement SCOTT MCINNIS MEMBER OF CONGRESS; STATE: CO; DIST. 3 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 06/23/2000	Amount of Each Disbursement This Period $1,000.00
B. Full name, Mailing Address and ZIP code JERRY WELLER FOR CONGRESS 4451 BROOKFIELD CORPORATE DR., STE CHANTILLY, VA 20151-1652	Purpose of Disbursement JERRY WELLER MEMBER OF CONGRESS; STATE: IL; DIST. 11 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 06/01/2000	Amount of Each Disbursement This Period $500.00
C. Full name, Mailing Address and ZIP code McCRERY'S LEADERSHIP PAC P.O. BOX 22619 ALEXANDRIA, VA 22304	Purpose of Disbursement JIM MCCRERY MEMBER OF CONGRESS; STATE: LA; DIST. 4 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 06/23/2000	Amount of Each Disbursement This Period $1,000.00
D. Full name, Mailing Address and ZIP code NELSON FOR U.S. SENATE 10050 REGENCY CIRCLE OMAHA, NE 68114	Purpose of Disbursement BEN NELSON US SENATE; STATE: NE Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 06/23/2000	Amount of Each Disbursement This Period $2,000.00
E. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	18500.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

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PREPARER

7-26-00
DATE PREPARED

(6/2000)