REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than an Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

PACIFIC LIFE INSURANCE COMPANY PAC

ADDRESS (number and street) ☐ Check if different than previously reported.

700 NEWPORT CENTER DR.

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)

PRIOR TO 1/1/94

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid-Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due on:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

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

☑ Thirtieth day report following the General Election on 11/03/98 in the State of CA

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

SUMMARY

5. Covering Period 10/16/98 through 11/23/98

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 1998		31,002.57
	(b) Cash on Hand at Beginning of Reporting Period	382.05	
	(c) Total Receipts (from Line 19)	10,813.62	86,028.10
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	11,195.67	117,030.67
7.	Total Disbursements (from Line 30)	0.00	105,835.00
8.	Cash on Hand at Close of Reporting Period (subtract Line7 from Line 6(d))	11,195.67	11,195.67
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

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

Type or Print Name of Treasurer
ROBERT G. HASKELL

Signature of Treasurer

Date 12/2/98

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

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

NAME OF COMMITTEE: PACIFIC LIFE INSURANCE COMPANY PAC

REPORT COVERING PERIOD
FROM: 10/16/98 TO: 11/23/98

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	9,312.66	46,774.60	11(a)(i)
ii. Unitemized	1,500.96	38,491.37	11(a)(ii)
iii. Total	10,813.62	85,265.97	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions	10,813.62	85,265.97	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets to Operating Expenditures (Refunds, Rebates, etc.)	0.00	180.38	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	581.75	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	10,813.62	86,028.10	19
20. Total Federal Receipts (subtract line 18 from line 19)	10,813.62	86,028.10	20
II. Disbursements			
21. Operating Expenditures			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	185.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	0.00	185.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Party Committees	0.00	105,650.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees(2 U.S.C.441a(d))(use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			28
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c)	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	0.00	105,835.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	0.00	105,835.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	10,813.62	85,265.97	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	10,813.62	85,265.97	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	0.00	185.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	180.38	36
37. Net Operating Expenditures (subtract line 36 from 35)	0.00	4.62	37

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (10/1998 - 11/2998)

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. WENDY B. BALDEN 3019 CORTE PORTOFINO NEWPORT BEACH, CA 92660 Receipt For: Primary / General / Other (specify):	Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 350.00	payroll deduction	35.00 ($35 Monthly)
B. JULIE E. BARNARD 3159 SICILY AVE. COSTA MESA, CA 92626 Receipt For: Primary / General / Other (specify):	Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 265.00	payroll deduction	30.00 ($30 Monthly)
C. ROBERT F. BARTHOLOMEW 31 CAPE ANDOVER NEWPORT BEACH, CA 92660 Receipt For: Primary / General / Other (specify):	Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 3,000.00	10/28/98	3,000.00
D. DANIEL F. BASS 35 CLERMONT NEWPORT COAST, CA 92657 Receipt For: Primary / General / Other (specify):	Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: ASSISTANT VICE PRESIDENT Aggregate Year-to-Date > $ 500.00	payroll deduction	50.00 ($50 Monthly)
E. ROBERT H. BEARDSLEE 27612 ESCUNA MISSION VIEJO, CA 92692 Receipt For: Primary / General / Other (specify):	Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 480.00	payroll deduction	60.00 ($60 Monthly)
F. MARIANNE BEAZ 23 CEDARSPRING IRVINE, CA 92604 Receipt For: Primary / General / Other (specify):	Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 400.00	payroll deduction	40.00 ($40 Monthly)
G. PAMELA M BERGER 1633 BOULDER CREEK RD. OCEANSIDE, CA 92056 Receipt For: Primary / General / Other (specify):	Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 600.00	payroll deduction	60.00 ($60 Monthly)

SUBTOTAL of Receipts This Page (optional)	3,275.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (10/1996 - 11/23/96)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. TRUDI E. BLAKESLEE 98 NAVARRE IRVINE, CA 92612 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 500.00	payroll deduction	50.00 ($50 Monthly)
B. GREGORY D. BODOH 5681 WATERY MOUNTAIN LANE WARRENTON, VA 20186 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 250.00	payroll deduction	25.00 ($25 Monthly)
C. LYNETTE G. BONES 23955 WARSAW STREET MISSION VIEJO, CA 92691 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 250.00	payroll deduction	25.00 ($25 Monthly)
D. JUDITH L. BROWN 26001 BLASCOS MISSION VIEJO, CA 92691 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 600.00	payroll deduction	60.00 ($60 Monthly)
E. DEWEY P. BUSHAW 29132 ALFIERI STREET LAGUNA NIGUEL, CA 92677 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 400.00	payroll deduction	40.00 ($40 Monthly)
F. EDWARD R. BYRD 17520 PAGE COURT YORBA LINDA, CA 92886-3865 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 440.00	payroll deduction	50.00 ($50 Monthly)
G. LARRY CARD 31735 SEACLIFF DR. LAGUNA BEACH, CA 92677 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 1,000.00	payroll deduction	250.00 ($250 Monthly)

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

Use separate schedule(s) for each category of the Detailed Summary Page (01/1998 - 11/2000)	PAGE 3 OF 16
	FOR LINE NUMBER 11(a)(i)

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
JOHN E. CARLSON 55 GILLMAN STREET IRVINE, CA 92612	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	25.00 ($25 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 250.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
DAVID R. CARMICHAEL 1525 SERENADE TERRACE CORONA DEL MAR, CA 92625	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	100.00 ($100 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 1,000.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
JOSEPH E. CELENTANO 26661 CAMPESINO MISSION VIEJO, CA 92691	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	40.00 ($40 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 400.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
SHARON A. CHEEVER 28721 MIRA VISTA LAGUNA NIGUEL, CA 92677	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	40.00 ($40 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 260.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
BERNADINE E. CHWALEK 25755 MAPLE VIEW DRIVE LAGUNA HILLS, CA 92653	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	60.00 ($60 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 600.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
CYNTHIA C. COATES 1109 DELAWARE STREET HUNTINGTON BEACH, CA 92648	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	35.00 ($35 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 350.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
DENNIS M. CORBETT 15136 TOURAINE WAY IRVINE, CA 92604	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	50.00 ($50 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 440.00		

SUBTOTAL of Receipts This Page (optional)	350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (10/1998 - 11/2/98)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. CAMERON COSGROVE 27741 MOTHERLODE COURT LAGUNA NIGUEL, CA 92677 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 420.00	payroll deduction	42.00 ($42 Monthly)
B. DANIEL C. CRAIN 36 WINTERGREEN IRVINE, CA 92604 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 230.00	payroll deduction	30.00 ($30 Monthly)
C. DIANE W. DALES 28 CLERMONT NEWPORT COAST, CA 92657 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 250.00	payroll deduction	25.00 ($25 Monthly)
D. CYNTHIA S. DILLION 7 BODEGA BAY CORONA DEL MAR, CA 92625 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 700.00	payroll deduction	100.00 ($100 Monthly)
E. RICHARD S. EASTLYN 27536 VALLEY RIM CIRCLE SAN JUAN CAPISTRANO, CA 92675 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 600.00	payroll deduction	60.00 ($60 Monthly)
F. MARK R. FALK 64 SUMMERSTONE IRVINE, CA 92614 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 600.00	payroll deduction	75.00 ($75 Monthly)
G. CURTIS S. FARRELL 860 NEWPORT CENTER DR. NEWPORT BEACH, CA 92660 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 250.00	10/16/98	25.00

SUBTOTAL of Receipts This Page (optional) > 357.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (10/1/96 - 11/23/96)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00069528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. STEVEN T. FATICONE 6910 GOVERNOR'S CLUB PLACE BRADENTON, FL 34202 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 300.00	payroll deduction	30.00 ($30 Monthly)
B. MICHAEL P. FENTON 4 CEDARLAKE IRVINE, CA 92614 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 500.00	payroll deduction	50.00 ($50 Monthly)
C. RICHARD P. FERNANDEZ 1535 TERMINO AVENUE D-1 LONG BEACH, CA 90804 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 250.00	payroll deduction	25.00 ($25 Monthly)
D. WILLIAM L. FERRIS 1990 PORT EDWARDS CIRCLE NEWPORT BEACH, CA 92660 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 2,350.00	payroll deduction	250.00 ($250 Monthly)
E. MARC S. FRANKLIN 1942 PORT ALBANS PLACE NEWPORT BEACH, CA 92660 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 404.00	payroll deduction	41.00 ($41 Monthly)
F. DAVID W. GARTLEY 8 KLAMATH IRVINE, CA 92612 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 300.00	payroll deduction	30.00 ($30 Monthly)
G. MARTHA A. GATES 31411 MONTEREY LAGUNA, CA 92677 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 400.00	payroll deduction	40.00 ($40 Monthly)

SUBTOTAL of Receipts This Page (optional) >	466.00
TOTAL This Period (last page this line number only) >	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (10/15/98 - 11/23/98)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. BRIAN F. GOESEL 818 SAN NICOLAS CIRCLE HUNTINGTON BEACH, CA 92648 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 570.00	payroll deduction	60.00 ($60 Monthly)
B. KEVIN P. GOODMAN 310 ALISO AVE. NEWPORT BEACH, CA 92663 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 300.00	payroll deduction	30.00 ($30 Monthly)
C. MILDA C. GOODMAN 310 ALISO AVE. NEWPORT BEACH, CA 92663 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 300.00	payroll deduction	30.00 ($30 Monthly)
D. C MARLA GRAHAM 23641 ROSEHEDGE MISSION VIEJO, CA 92691 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 300.00	payroll deduction	30.00 ($30 Monthly)
E. GERALD W. GRISWOLD 11792 ARROYO AVENUE SANTA ANA, CA 92705 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 350.00	payroll deduction	25.00 ($25 Monthly)
F. STANLEY D HANSEN 8959 A. HARPERS FT. DRIVE CINCINNATI, OH 45249 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVES Aggregate Year-to-Date > $ 300.00	payroll deduction	100.00 ($100 Monthly)
G. JEAN R. HARRISON 59 BENNINTGON IRVINE, CA 9260 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 350.00	payroll deduction	35.00 ($35 Monthly)

SUBTOTAL of Receipts This Page (optional)	310.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (10/1/98 - 11/23/98)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. ROBERT G. HASKELL 115 VIA WAZIERS NEWPORT BEACH, CA 92663 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: SENIOR VICE PRESIDENT Aggregate Year-to-Date > $ 1,050.00	payroll deduction	105.00 ($105 Monthly)
B. DALE E. HAWLEY 1137 SUNSET CLIFFS BLVD. SAN DIEGO, CA 92107 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 390.00	payroll deduction	39.00 ($39 Monthly)
C. ROBERT J. HEMSTEAD 2335 RANCHO DEL ORO RD. 4 OCEANSIDE, CA 92056 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 350.00	payroll deduction	35.00 ($35 Monthly)
D. WILLIAM L. REZZELWOOD 23961 CATBIRD COURT LAGUNA NIGUEL, CA 92677 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 500.00	payroll deduction	50.00 ($50 Monthly)
E. DAVID L. HICKS, III 25391 REMESEA MISSION VIEJO, CA 92691 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 280.00	payroll deduction	28.00 ($28 Monthly)
F. MARYBETH HUGHES 2283 WATERMAN WAY COSTA MESA, CA 92627 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 230.00	payroll deduction	30.00 ($30 Monthly)
G. JOHN A. JARBOE 4210 PARK NEWPORT, APT.#410 NEWPORT BEACH, CA 92660 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 1,500.00	payroll deduction	150.00 ($150 Monthly)

SUBTOTAL of Receipts This Page (optional) >	437.00
TOTAL This Period (last page this line number only) >	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (revised - 11/2000)

PAGE 8 OF 16

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068526

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. DARYLE G. JOHNSON 5 ALTAIR IRVINE, CA 92612 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 1,250.00	payroll deduction	125.00 ($125 Monthly)
B. JAMES A. JOYCE 33761 ROBLES DRIVE DANA POINT, CA 92629 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 250.00	payroll deduction	25.00 ($25 Monthly)
C. SUZANNE T. KAMPA 5531 STANFORD AVENUE GARDEN GROVE, CA 92845 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 250.00	payroll deduction	25.00 ($25 Monthly)
D. ANDREW C. KARLINSKI 6 VENTURE AVE., #305 IRVINE, CA 92618 Receipt For: Primary General Other (specify):	A.K. FINANCIAL GROUP Occupation: AGENT Aggregate Year-to-Date > $ 1,000.00	10/16/98	100.00
E. ROBERT D. KEHRER 31 ENSUENO WEST IRVINE, CA 92620 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 470.00	payroll deduction	50.00 ($50 Monthly)
F. BRIAN D. KLEMENS 24611 BENJHAMIN CIRCLE DANA POINT, CA 92629 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 370.00	payroll deduction	40.00 ($40 Monthly)
G. EUGENE E. ZOLASNY 972 JOHNSON DRIVE NAPERVILLE, IL 60540 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 300.00	payroll deduction	30.00 ($30 Monthly)

SUBTOTAL of Receipts This Page (optional) > 395.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (10/19/99 - 11/23/99)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. JANETTE KOLEGA 31879 CIRCLE DRIVE LAGUNA BEACH, CA 92677 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 250.00	payroll deduction	25.00 ($25 Monthly)
B. JAMES S. KUEHNERT 2770 MENDOZA DRIVE COSTA MESA, CA 92626 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 450.00	payroll deduction	45.00 ($45 Monthly)
C. FLETCHER C. LARSON 709 AVENIDA MIROLA PALOS VERDES ESTATE, CA 90274 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 750.00	payroll deduction	75.00 ($75 Monthly)
D. WAYNE D. LEHMAN 3571 PECAN IRVINE, CA 92606 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 350.00	payroll deduction	35.00 ($35 Monthly)
E. DAVID LEVY 135 JASMINE CREEK DRIVE CORONA DEL MAR, CA 92625 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 620.00	payroll deduction	65.00 ($65 Monthly)
F. STEPHEN LI 879 PROSPECT PLACE COSTA MESA, CA 92626 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 620.00	payroll deduction	65.00 ($65 Monthly)
G. GEORGE Y. LONGYEAR 17992 ATHENS AVENUE VILLA PARK, CA 92861 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date > $ 420.00	payroll deduction	45.00 ($45 Monthly)

SUBTOTAL of Receipts This Page (optional) >	355.00
TOTAL This Period (last page this line number only) >	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (10/16/98 - 11/23/98)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. THOMAS J. LOSEE 145 CARIBE ISLE NOVATO, CA 94949 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 500.00	payroll deduction	50.00 ($50 Monthly)
B. THOMAS J. MAYS 8473 DEEPCLIFF DRIVE HUNTINGTON BEACH, CA 92646 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 265.00	payroll deduction	30.00 ($30 Monthly)
C. GAIL H. MC INTOSH 622 18TH STREET HUNTINGTON BEACH, CA 92648 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 450.00	payroll deduction	45.00 ($45 Monthly)
D. HENRY M. MC MILLAN 4006 INLET ISLE CORONA DEL MAR, CA 92625 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 485.50	payroll deduction	50.00 ($50 Monthly)
E. IOANNIS K. NERAS 1820 GRACE AVENUE SAN JOSE, CA 95125 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 250.00	payroll deduction	25.00 ($25 Monthly)
F. JOHN E. MILBERG 33811 DONEGAL LANE S J CAPISTRANO, CA 92675 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 910.00	payroll deduction	100.00 ($100 Monthly)
G. AUDREY L. MILPS 26922 ROCKING HORSE LANE LAGUNA HILLS, CA 92653 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 690.00	payroll deduction	75.00 ($75 Monthly)

SUBTOTAL of Receipts This Page (optional)	375.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (10/1/98 - 11/22/98)

FOR LINE NUMBER 11(a) (i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. KIMBERLEY S. MILLER 21902 JINETES MISSION VIEJO, CA 92691 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 300.00	payroll deduction	30.00 ($30 Monthly)
B. LYNN C. MILLER 8 DORCHESTER GREEN LAGUNA NIGUEL, CA 92677 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 840.00	payroll deduction	84.00 ($84 Monthly)
C. MARY E. MORGAN 1 BETTONI AISLE IRVINE, CA 92606 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 500.00	payroll deduction	50.00 ($50 Monthly)
D. JAMES T. MORRIS 29022 PINTAIL CIRCLE LAGUNA NIGUEL, CA 92677 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 840.00	payroll deduction	90.00 ($90 Monthly)
E. JOHN C. MULVIHILL 2105 COLINA VISTA CT. COSTA MESA, CA 92627 Receipt For: Primary General Other (specify):	PACIFC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 250.00	payroll deduction	25.00 ($25 Monthly)
F. JOHN D. MURRAY 918 SANDCASTLE DRIVE CORONA DEL MAR, CA 92625 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 500.00	payroll deduction	50.00 ($50 Monthly)
G. MICHELE A. MYSZKA 26206-D SANZ MISSION VIEJO, CA 92691 Receipt For: Primary General Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 220.00	payroll deduction	10.00 ($10 Monthly)

SUBTOTAL of Receipts This Page (optional)	339.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (10/1998 - 11/2000)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. MICHAEL R. NEILL 1730 MARLIN WAY NEWPORT BEACH, CA 92660 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 500.00	payroll deduction	50.00 ($50 Monthly)
B. ROY L. O'NEILL P. O. BOX 1068 ALLEN, TX 75013 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 295.00	payroll deduction	40.00 ($40 Monthly)
C. ROBERT E. OLSEN 15082 HUMPHREY CIRCLE IRVINE, CA 92604 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 500.00	payroll deduction	50.00 ($50 Monthly)
D. CHRISTA R. OSTO 5 SWAN LANE ALISO VIEJO, CA 92656 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 201.00	payroll deduction	25.00 ($25 Monthly)
E. ELAINE E. OWENS 24252 LYSANDA DRIVE MISSION VIEJO, CA 92691 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 250.00	payroll deduction	25.00 ($25 Monthly)
F. PETER R. PASTRE 1954 PORT ALBANS PLACE NEWPORT BEACH, CA 92660 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 235.00	payroll deduction	27.00 ($27 Monthly)
G. YVES F. PINKOWITZ 5931 FURNACE CREEK YORBA LINDA, CA 92886 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 315.00	payroll deduction	35.00 ($35 Monthly)

SUBTOTAL of Receipts This Page (optional) >	252.00
TOTAL This Period (last page this line number only) >	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (10/18/98 - 11/23/98)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. JOSEPH A. FUM 33 BOLERO MISSION VIEJO, CA 92692 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 258.00	payroll deduction	30.00 ($30 Monthly)
B. GARY R. PYATT 9450 SISKIN AVENUE FOUNTAIN VALLEY, CA 92708 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 870.00	payroll deduction	90.00 ($90 Monthly)
C. LESTER F. REAGAN 1318 LAWRENCE ROAD MOLENA, GA 30258 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 360.00	payroll deduction	50.00 ($50 Monthly)
D. JAMES R. RICE 11 STILLWATER IRVINE, CA 92612 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 370.00	payroll deduction	55.00 ($55 Monthly)
E. GERALD W. ROBINSON 22 CANYON RIDGE IRVINE, CA 92612 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 540.00	payroll deduction	60.00 ($60 Monthly)
F. HASKELL B. ROSENBERG 11161 YARMOUTH ROAD SANTA ANA, CA 92705 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 400.00	payroll deduction	40.00 ($40 Monthly)
G. ROBERT D. RUSSELL 51202 EASTCHURCH CHAPEL HILL, NC 27514 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 250.00	payroll deduction	25.00 ($25 Monthly)

SUBTOTAL of Receipts This Page (optional)	350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (10/1/98 - 11/23/98)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. GLENN S. SCHAFER 1318 COLONY PLAZA #139 NEWPORT BEACH, CA 92660 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 3,200.00	payroll deduction	350.00 ($350 Monthly)
B. WILLIAM R. SCHMIDT 24772 RITTENHOUSE CIRCLE LAGUNA HILLS, CA 92653 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 540.00	payroll deduction	75.00 ($75 Monthly)
C. S. GENE SCHOFIELD 15 LEHIGH AISLE IRVINE, CA 92612 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 540.00	payroll deduction	60.00 ($60 Monthly)
D. WILLIAM J. SHARP 28256 COULTER MISSION VIEJO, CA 92692 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 295.00	payroll deduction	40.00 ($40 Monthly)
E. STEVEN P. SHURTER 15 LIMOGES NEWPORT COAST, CA 92657 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 250.00	payroll deduction	25.00 ($25 Monthly)
F. FRANK B. SIMON 21772 HERENCIA MISSION VIEJO, CA 92692 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 750.00	payroll deduction	75.00 ($75 Monthly)
G. SUSAN E. SIMPSON 250 S. RIVERWOOD CIRCLE ANAHEIM HILLS, CA 92807 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 210.00	payroll deduction	21.00 ($21 Monthly)

SUBTOTAL of Receipts This Page (optional)	646.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (10/16/98-11/23/98)

PAGE 15 OF 16

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
ARTHUR K. SOBCZAK, III 14718 CAMDEN DRIVE STRONGSVILLE, OH 44136	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	45.00 ($45 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 450.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date(month, day, year)**	**Amount of Each Receipt this Period**
MARVIN C. STEARLEY, JR. 100 HARBOR WOODS PLACE NEWPORT BEACH, CA 92660	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	25.00 ($25 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 250.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date(month, day, year)**	**Amount of Each Receipt this Period**
ROBERT S. STREVELL 4303 BRIGHTWOOD HOUSTON, TX 77068	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	25.00 ($25 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 250.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date(month, day, year)**	**Amount of Each Receipt this Period**
CAROL R. SUDBECK 17 FECAMP NEWPORT COAST, CA 92657	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	25.00 ($25 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 250.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date(month, day, year)**	**Amount of Each Receipt this Period**
CHRISTINA M. SUMPTER 10326 FALCON AVENUE FOUNTAIN VALLEY, CA 92708	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	50.00 ($50 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 500.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date(month, day, year)**	**Amount of Each Receipt this Period**
THOMAS C. SUTTON 111 SHORECLIFF ROAD CORONA DEL MAR, CA 92625	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	416.66 ($417 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 4,166.60		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date(month, day, year)**	**Amount of Each Receipt this Period**
WILLIAM K. TACHIKI 975 LANSING LANE COSTA MESA, CA 92626	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	25.00 ($25 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 215.00		

SUBTOTAL of Receipts This Page (optional)	611.66
TOTAL This Period (last page this line number only)	

SCHEDULE A ITEMIZED RECEIPTS Contributions from Individuals/Persons	Use separate schedule(s) for each category of the Detailed Summary Page (10/1/96 - 11/23/96)	PAGE 16 OF 16 FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
PACIFIC LIFE INSURANCE COMPANY PAC C00068528

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. STEVEN K. TANIHARA 2707 SALEROSO DRIVE ROWLAND HEIGHTS, CA 91748 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 300.00	payroll deduction	30.00 ($30 Monthly)
B. EDWARD E. UCKER, JR. 16150 BIMINI LANE HUNTINGTON BEACH, CA 92649 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 772.00	payroll deduction	84.00 ($84 Monthly)
C. CATHERINE C. WALLACH 28652 MURRELET DRIVE LAGUNA NIGUEL, CA 92677 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 250.00	payroll deduction	25.00 ($25 Monthly)
D. NANCY A. WEBB 12255 CIRCULA PANORAMA SANTA ANA, CA 92705 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 300.00	payroll deduction	30.00 ($30 Monthly)
E. LEE R. WIRTHLIN 16596 SUGARLOAF FOUNTAIN VALLEY, CA 92708 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 690.00	payroll deduction	75.00 ($75 Monthly)
F. CLAYTON H. YOKOTA 34602 CALLE LA PRIMAVERA DANA POINT, CA 92629 Receipt For: Primary / General / Other (specify):	PACIFIC LIFE INSURANCE COMPANY EXECUTIVE Aggregate Year-to-Date $ 500.00	payroll deduction	50.00 ($50 Monthly)
G. 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)	294.00
TOTAL This Period (last page this line number only)	9,312.66

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 12/3/98
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

AA
PREPARER

12/6/98
DATE PREPARED

(4/98)