# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other Than an Authorized Committee**
(Summary Page)

RECEIVED FEDERAL ELECTION COMMISSION
OCT 16 1 08 PM '98

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
_____ in the State of _____

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

## SUMMARY

5. Covering Period 09/01/98 through 09/30/98

| | | 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 | 16,062.03 | |
| | (c) Total Receipts (from Line 19) | 8,695.62 | 74,790.08 |
| | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 24,757.65 | 105,792.65 |
| 7. | Total Disbursements (from Line 30) | 14,800.00 | 95,835.00 |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line7 from Line 6(d)) | 9,957.65 | 9,957.65 |
| 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 10/12/98

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 3/93)

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

(revised 1/1/91)

NAME OF COMMITTEE: PACIFIC LIFE INSURANCE COMPANY PAC

REPORT COVERING PERIOD FROM 09/01/98 TO: 09/30/98

| | COLUMN A Total This Period | COLUMN B Calendar Year | |
|---|---|---|---|
| **I. Receipts** | | | |
| 11. Contributions (other than loans) From: | | | |
| a. Individual/Persons Other Than Political Committees | | | |
| i. Itemized (use Schedule A) | 6,981.66 | 37,211.94 | 11(a)(i) |
| ii. Unitemized | 1,713.96 | 36,940.41 | 11(a)(ii) |
| iii. Total (add i and ii) ➤ | 8,695.62 | 74,152.35 | 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 (add a iii, b and c) ➤ | 8,695.62 | 74,152.35 | 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 | 457.35 | 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) ➤ | 8,695.62 | 74,790.08 | 19 |
| 20. Total Federal Receipts (subtract line 18 from line 19) ➤ | 8,695.62 | 74,790.08 | 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 Political Committees | 14,800.00 | 95,650.00 | 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: | | | |
| 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) ➤ | 14,800.00 | 95,835.00 | 30 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤ | 14,800.00 | 95,835.00 | 31 |
| **III. Net Contributions/Operating Expenditures** | | | |
| 32. Total Contributions (other than loans)(from line 11d) | 8,695.62 | 74,152.35 | 32 |
| 33. Total Contribution Refunds (from line 28d) | 0.00 | 0.00 | 33 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | 8,695.62 | 74,152.35 | 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 |

FE8AN-198

**SCHEDULE A** **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (06/01/86 - 09/30/86)

PAGE 1 OF 16

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| WENDY B. BALDEN<br>3019 CORTE PORTOFINO<br>NEWPORT BEACH, CA 92660 | PACIFIC LIFE INSURANCE COMPANY | payroll deduction | 35.00 ($35 Monthly) |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation: EXECUTIVE | | |
| | Aggregate Year-to-Date > $ 315.00 | | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| JULIE E. BARNARD<br>3159 SICILY AVE.<br>COSTA MESA, CA 92626 | PACIFIC LIFE INSURANCE COMPANY | payroll deduction | 30.00 ($30 Monthly) |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation: EXECUTIVE | | |
| | Aggregate Year-to-Date > $ 235.00 | | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| DANIEL F. BASS<br>520 W. LAUREL AVE.<br>SIERRA MADRE, CA 91024 | PACIFIC LIFE INSURANCE COMPANY | payroll deduction | 50.00 ($50 Monthly) |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation: ASSISTANT VICE PRESIDENT | | |
| | Aggregate Year-to-Date > $ 450.00 | | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| ROBERT E. BEARDSLEE<br>28892 MOUNTAIN VIEW LANE<br>TRABUCO CANYON, CA 92679 | PACIFIC LIFE INSURANCE COMPANY | payroll deduction | 60.00 ($60 Monthly) |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation: EXECUTIVE | | |
| | Aggregate Year-to-Date > $ 420.00 | | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| MARIANNE BEAZ<br>23 CEDARSPRING<br>IRVINE, CA 92604 | PACIFIC LIFE INSURANCE COMPANY | payroll deduction | 40.00 ($40 Monthly) |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation: EXECUTIVE | | |
| | Aggregate Year-to-Date > $ 360.00 | | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| PAMELA M BERGER<br>1633 BOULDER CREEK RD.<br>OCEANSIDE, CA 92056 | PACIFIC LIFE INSURANCE COMPANY | payroll deduction | 60.00 ($60 Monthly) |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation: EXECUTIVE | | |
| | Aggregate Year-to-Date > $ 540.00 | | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| TRUDI E. BLAKESLEE<br>98 NAVARRE<br>IRVINE, CA 92612 | PACIFIC LIFE INSURANCE COMPANY | payroll deduction | 50.00 ($50 Monthly) |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation: EXECUTIVE | | |
| | Aggregate Year-to-Date > $ 450.00 | | |

| | |
|---|---|
| SUBTOTAL of Receipts This Page (optional) | 325.00 |
| TOTAL This Period (last page this line number only) | |

| SCHEDULE A ITEMIZED RECEIPTS<br>Contributions from Individuals/Persons | Use separate schedule(s) for each category of the Detailed Summary Page (09/01/98 - 09/30/98) | PAGE 2 OF 16<br>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. GREGORY D. SODOR<br>6681 WATERY MOUNTAIN LANE<br>WARRENTON, VA 20186<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 225.00 | payroll deduction | 25.00 ($25 Monthly) |
| B. LYNSTTE G. BONES<br>23955 NARSAW STREET<br>MISSION VIEJO, CA 92691<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 225.00 | payroll deduction | 25.00 ($25 Monthly) |
| C. JUDITH L. BROWN<br>26001 BLASCOS<br>MISSION VIEJO, CA 92691<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 560.00 | payroll deduction | 60.00 ($60 Monthly) |
| D. HARRY G. BUBB<br>500 AVENIDA LADERA<br>NEWPORT BEACH, CA 92660<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 500.00 | 09/30/98 | 500.00 |
| E. DEWEY P. BUSHAW<br>29132 ALFIERI STREET<br>LAGUNA NIGUEL, CA 92677<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 360.00 | payroll deduction | 40.00 ($40 Monthly) |
| F. EDWARD R. BYRD<br>17420 BRIARDALE LANE<br>YORBA LINDA, CA 92886<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 390.00 | payroll deduction | 50.00 ($50 Monthly) |
| G. LARRY CARD<br>31735 SEACLIFF DR.<br>LAGUNA BEACH, CA 92677<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 750.00 | payroll deduction | 250.00 ($250 Monthly) |

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|---|---|
| SUBTOTAL of Receipts This Page (optional) | 950.00 |
| 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 (02/02/98 - 09/30/99)



FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. JOHN E. CARLSON<br>55 GILLMAN STREET<br>IRVINE, CA 92612<br>Receipt For: Primary / General / Other (specify): | PACIFIC LIFE INSURANCE COMPANY<br>EXECUTIVE<br>Aggregate Year-to-Date $ 225.00 | payroll deduction | 25.00 ($25 Monthly) |
| B. DAVID R. CARMICHAEL<br>1525 SERENADE TERRACE<br>CORONA DEL MAR, CA 92625<br>Receipt For: Primary / General / Other (specify): | PACIFIC LIFE INSURANCE COMPANY<br>EXECUTIVE<br>Aggregate Year-to-Date $ 900.00 | payroll deduction | 100.00 ($100 Monthly) |
| C. JOSEPH E. CELENTANO<br>26661 CAMPESINO<br>MISSION VIEJO, CA 92692<br>Receipt For: Primary / General / Other (specify): | PACIFIC LIFE INSURANCE COMPANY<br>EXECUTIVE<br>Aggregate Year-to-Date $ 360.00 | payroll deduction | 40.00 ($40 Monthly) |
| D. SHARON A. CHEEVER<br>28721 MIRA VISTA<br>LAGUNA NIGUEL, CA 92677<br>Receipt For: Primary / General / Other (specify): | PACIFIC LIFE INSURANCE COMPANY<br>EXECUTIVE<br>Aggregate Year-to-Date $ 220.00 | payroll deduction | 40.00 ($40 Monthly) |
| E. BERNADINE E. CHWALEK<br>25755 MAPLE VIEW DRIVE<br>LAGUNA HILLS, CA 92653<br>Receipt For: Primary / General / Other (specify): | PACIFIC LIFE INSURANCE COMPANY<br>EXECUTIVE<br>Aggregate Year-to-Date $ 540.00 | payroll deduction | 60.00 ($60 Monthly) |
| F. CYNTHIA C. COATES<br>1109 DELAWARE STREET<br>HUNTINGTON BEACH, CA 92648<br>Receipt For: Primary / General / Other (specify): | PACIFIC LIFE INSURANCE COMPANY<br>EXECUTIVE<br>Aggregate Year-to-Date $ 245.00 | payroll deduction | 35.00 ($35 Monthly) |
| G. DENNIS M. CORBETT<br>15136 TOURAINE WAY<br>IRVINE, CA 92604<br>Receipt For: Primary / General / Other (specify): | PACIFIC LIFE INSURANCE COMPANY<br>EXECUTIVE<br>Aggregate Year-to-Date $ 350.00 | payroll deduction | 50.00 ($50 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 (09/01/98 - 06/30/99)



FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. CAMERON COSGROVE<br>24245 TAMA LANE<br>LAGUNA NIGUEL, CA 92677<br>Receipt For: Primary / General / Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 378.00 | payroll deduction | 42.00 ($42 Monthly) |
| B. DIANE W. DALES<br>28 CLERMONT<br>NEWPORT COAST, CA 92657<br>Receipt For: Primary / General / Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 225.00 | payroll deduction | 25.00 ($25 Monthly) |
| C. CYNTHIA S. DILLION<br>7 BODEGA BAY<br>CORONA DEL MAR, CA 92625<br>Receipt For: Primary / General / Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 600.00 | payroll deduction | 100.00 ($100 Monthly) |
| D. RICHARD S. EASTLYN<br>27556 VALLEY RIM CIRCLE<br>SAN JUAN CAPISTRANO, CA 92675<br>Receipt For: Primary / General / Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 540.00 | payroll deduction | 60.00 ($60 Monthly) |
| E. MARK R. FALK<br>64 SUMMERSTONE<br>IRVINE, CA 92614<br>Receipt For: Primary / General / Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 525.00 | payroll deduction | 75.00 ($75 Monthly) |
| F. CURTIS S. FARRELL<br>860 NEWPORT CENTER DR.<br>NEWPORT BEACH, CA 92660<br>Receipt For: Primary / General / Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 225.00 | 09/15/98 | 25.00 |
| G. STEVEN T. FATICONE<br>6910 GOVERNOR'S CLUB PLACE<br>BRADENTON, FL 34202<br>Receipt For: Primary / General / Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 270.00 | payroll deduction | 30.00 ($30 Monthly) |

| | |
|---|---|
| **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 (03/01/98 - 03/30/98)



FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00058528

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. MICHAEL P. FENTON<br>4 CEDARLAKE<br>IRVINE, CA 92614<br>Receipt For: Primary / General / Other (specify): | PACIFIC LIFE INSURANCE COMPANY<br>EXECUTIVE<br>Aggregate Year-to-Date $ 450.00 | payroll deduction | 50.00 ($50 Monthly) |
| B. RICHARD P. FERNANDEZ<br>1535 TERMINO AVENUE D-1<br>LONG BEACH, CA 90804<br>Receipt For: Primary / General / Other (specify): | PACIFIC LIFE INSURANCE COMPANY<br>EXECUTIVE<br>Aggregate Year-to-Date $ 225.00 | payroll deduction | 25.00 ($25 Monthly) |
| C. WILLIAM L. FERRIS<br>1990 PORT EDWARDS CIRCLE<br>NEWPORT BEACH, CA 92660<br>Receipt For: Primary / General / Other (specify): | PACIFIC LIFE INSURANCE COMPANY<br>EXECUTIVE<br>Aggregate Year-to-Date $ 2,100.00 | payroll deduction | 250.00 ($250 Monthly) |
| D. MARC S. FRANKLIN<br>1942 PORT ALBANS PLACE<br>NEWPORT BEACH, CA 92660<br>Receipt For: Primary / General / Other (specify): | PACIFIC LIFE INSURANCE COMPANY<br>EXECUTIVE<br>Aggregate Year-to-Date $ 363.00 | payroll deduction | 41.00 ($41 Monthly) |
| E. DAVID W. GARTLEY<br>8 KLAMATH<br>IRVINE, CA 92612<br>Receipt For: Primary / General / Other (specify): | PACIFIC LIFE INSURANCE COMPANY<br>EXECUTIVE<br>Aggregate Year-to-Date $ 270.00 | payroll deduction | 30.00 ($30 Monthly) |
| F. MARTHA A. GATES<br>31411 MONTEREY<br>LAGUNA, CA 92677<br>Receipt For: Primary / General / Other (specify): | PACIFIC LIFE INSURANCE COMPANY<br>EXECUTIVE<br>Aggregate Year-to-Date $ 360.00 | payroll deduction | 40.00 ($40 Monthly) |
| G. BRIAN F. GOEBEL<br>818 SAN NICOLAS CIRCLE<br>HUNTINGTON BEACH, CA 92648<br>Receipt For: Primary / General / Other (specify): | PACIFIC LIFE INSURANCE COMPANY<br>EXECUTIVE<br>Aggregate Year-to-Date $ 510.00 | payroll deduction | 60.00 ($60 Monthly) |

| | |
|---|---|
| SUBTOTAL of Receipts This Page (optional) | 496.00 |
| 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 (receipts - persons)



FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

| Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. KEVIN P. GOODMAN<br>2455 PASEO CIRCULO<br>TUSTIN, CA 92782 | PACIFIC LIFE INSURANCE COMPANY | payroll deduction | 30.00 ($30 Monthly) |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 270.00 | | |
| B. MILDA C. GOODMAN<br>2495 PASEO CIRCULO<br>TUSTIN, CA 92782 | PACIFIC LIFE INSURANCE COMPANY | payroll deduction | 30.00 ($30 Monthly) |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 270.00 | | |
| C. MARLA GRAHAM<br>23841 ROSEHEDGE<br>MISSION VIEJO, CA 92691 | PACIFIC LIFE INSURANCE COMPANY | payroll deduction | 30.00 ($30 Monthly) |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 270.00 | | |
| D. GERALD W. GRISWOLD<br>11792 ARROYO AVENUE<br>SANTA ANA, CA 92705 | PACIFIC LIFE INSURANCE COMPANY | payroll deduction | 25.00 ($25 Monthly) |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 225.00 | | |
| E. JEAN R. HARRISON<br>59 BENNINTGON<br>IRVINE, CA 9260 | PACIFIC LIFE INSURANCE COMPANY | payroll deduction | 35.00 ($35 Monthly) |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 315.00 | | |
| F. ROBERT G. HASKELL<br>115 VIA WAZIERS<br>NEWPORT BEACH, CA 92663 | PACIFIC LIFE INSURANCE COMPANY | payroll deduction | 105.00 ($105 Monthly) |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation: SENIOR VICE PRESIDENT<br>Aggregate Year-to-Date > $ 945.00 | | |
| G. DALE E. HAWLEY<br>1137 SUNSET CLIFFS BLVD.<br>SAN DIEGO, CA 92107 | PACIFIC LIFE INSURANCE COMPANY | payroll deduction | 39.00 ($39 Monthly) |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 351.00 | | |

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|---|---|
| SUBTOTAL of Receipts This Page (optional) > | 294.00 |
| TOTAL This Period (last page this line number only) > | |

| SCHEDULE A ITEMIZED RECEIPTS<br>Contributions from Individuals/Persons | Use separate schedule(s) for each category of the Detailed Summary Page (09/01/98 - 02/30/99) | PAGE 7 OF 16<br>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 J. HEMSTEAD<br>2335 RANCHO DEL ORO RD. 4<br>OCEANSIDE, CA 92056<br>Receipt For: Primary General Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 315.00 | payroll deduction | 35.00 ($35 Monthly) |
| B. WILLIAM L. HEZZELWOOD<br>23961 CATBIRD COURT<br>LAGUNA NIGUEL, CA 92677<br>Receipt For: Primary General Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 450.00 | payroll deduction | 50.00 ($50 Monthly) |
| C. DAVID L. HICKS, III<br>25391 REMESEA<br>MISSION VIEJO, CA 92691<br>Receipt For: Primary General Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 252.00 | payroll deduction | 28.00 ($28 Monthly) |
| D. JOHN A. JARBOE<br>1450 PACIFIC AVENUE<br>LAGUNA BEACH, CA 92651<br>Receipt For: Primary General Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 1,350.00 | payroll deduction | 150.00 ($150 Monthly) |
| E. DARYLE G. JOHNSON<br>5 ALTAIR<br>IRVINE, CA 92612<br>Receipt For: Primary General Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 1,125.00 | payroll deduction | 125.00 ($125 Monthly) |
| F. JAMES A. JOYCE<br>33761 ROBLES DRIVE<br>DANA POINT, CA 92629<br>Receipt For: Primary General Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 225.00 | payroll deduction | 25.00 ($25 Monthly) |
| G. SUZANNE T. KAMPA<br>5531 STANFORD AVENUE<br>GARDEN GROVE, CA 92845<br>Receipt For: Primary General Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 225.00 | payroll deduction | 25.00 ($25 Monthly) |

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|---|---|
| SUBTOTAL of Receipts This Page (optional) | 438.00 |
| 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 (dbo/ec - dbo/ec)



FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00066528

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. ANDREW C. KARLINSKI<br>6 VENTURE AVE., #305<br>IRVINE, CA 92618<br>Receipt For: Primary / General / Other (specify): | Name of Employer: A.K. FINANCIAL GROUP<br>Occupation: AGENT<br>Aggregate Year-to-Date > $ 900.00 | 09/25/98 | 100.00 |
| B. ROBERT D. KEHRER<br>31 ENSUENO WEST<br>IRVINE, CA 92620<br>Receipt For: Primary / General / Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 420.00 | payroll deduction | 50.00 ($50 Monthly) |
| C. BRIAN D. KLEMENS<br>24611 BENJHAMIN CIRCLE<br>DANA POINT, CA 92629<br>Receipt For: Primary / General / Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 330.00 | payroll deduction | 40.00 ($40 Monthly) |
| D. EUGENE E. KOLASNY<br>972 JOHNSON DRIVE<br>NAPERVILLE, IL 60540<br>Receipt For: Primary / General / Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 270.00 | payroll deduction | 30.00 ($30 Monthly) |
| E. JANETTE KOLEGA<br>31879 CIRCLE DRIVE<br>LAGUNA BEACH, CA 92677<br>Receipt For: Primary / General / Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 225.00 | payroll deduction | 25.00 ($25 Monthly) |
| F. JAMES B. KUEHNERT<br>2770 MENDOZA DRIVE<br>COSTA MESA, CA 92626<br>Receipt For: Primary / General / Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 405.00 | payroll deduction | 45.00 ($45 Monthly) |
| G. FLETCHER C. LARSON<br>709 AVENIDA MIROLA<br>PALOS VERDES ESTATE, CA 90274<br>Receipt For: Primary / General / Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 675.00 | payroll deduction | 75.00 ($75 Monthly) |

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|---|---|
| SUBTOTAL of Receipts This Page (optional) | 365.00 |
| 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 (recorded receipts)

PAGE 9 OF 16

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. WAYNE D. LEHMAN<br>3571 PECAN<br>IRVINE, CA 92606<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 315.00 | payroll deduction | 35.00 ($35 Monthly) |
| B. DAVID LEVY<br>135 JASMINE CREEK DRIVE<br>CORONA DEL MAR, CA 92625<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 555.00 | payroll deduction | 55.00 ($55 Monthly) |
| C. STEPHEN LI<br>979 PROSPECT PLACE<br>COSTA MESA, CA 92626<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 555.00 | payroll deduction | 65.00 ($65 Monthly) |
| D. GEORGE Y. LONGYEAR<br>17992 ATHENS AVENUE<br>VILLA PARK, CA 92861<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 375.00 | payroll deduction | 45.00 ($45 Monthly) |
| E. THOMAS J. LOSEE<br>145 CARIBE ISLE<br>NOVATO, CA 94949<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 450.00 | payroll deduction | 50.00 ($50 Monthly) |
| F. WILLIAM LYON<br>1014 SEA LANE<br>CORONA DEL MAR, CA 92625<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Pacific Life Insurance Company<br>Occupation: Executive<br>Aggregate Year-to-Date > $ 400.00 | 09/30/98 | 400.00 |
| G. THOMAS J. MAYS<br>8472 DEEPCLIFF DRIVE<br>HUNTINGTON BEACH, CA 92646<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 235.00 | payroll deduction | 30.00 ($30 Monthly) |

SUBTOTAL of Receipts This Page (optional) > 690.00

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

| Use separate schedule(s) for each category of the Detailed Summary Page (03/03/98 - 09/30/98) | PAGE 10 OF 16 |
|---|---|
| | FOR LINE NUMBER 11(a)(i) |

**SCHEDULE A** **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. GAIL H. MC INTOSH<br>622 18TH STREET<br>HUNTINGTON BEACH, CA 92648 | PACIFIC LIFE INSURANCE COMPANY<br>EXECUTIVE | payroll deduction | 45.00 ($45 Monthly) |
| Receipt For: Primary / General / Other (specify): | Aggregate Year-to-Date > $ 405.00 | | |
| B. HENRY M. MC MILLAN<br>4006 INLET ISLE<br>CORONA DEL MAR, CA 92625 | PACIFIC LIFE INSURANCE COMPANY<br>EXECUTIVE | payroll deduction | 50.00 ($50 Monthly) |
| Receipt For: Primary / General / Other (specify): | Aggregate Year-to-Date > $ 435.50 | | |
| C. IOANNIS E. MERAS<br>1820 GRACE AVENUE<br>SAN JOSE, CA 95125 | PACIFIC LIFE INSURANCE COMPANY<br>EXECUTIVE | payroll deduction | 25.00 ($25 Monthly) |
| Receipt For: Primary / General / Other (specify): | Aggregate Year-to-Date > $ 225.00 | | |
| D. JOHN S. MILBERG<br>1 HEATHERWOOD<br>COTO DE CAZA, CA 92679 | PACIFIC LIFE INSURANCE COMPANY<br>EXECUTIVE | payroll deduction | 100.00 ($100 Monthly) |
| Receipt For: Primary / General / Other (specify): | Aggregate Year-to-Date > $ 810.00 | | |
| E. AUDRSY L. MILES<br>26922 ROCKING HORSE LANE<br>LAGUNA HILLS, CA 92653 | PACIFIC LIFE INSURANCE COMPANY<br>EXECUTIVE | payroll deduction | 75.00 ($75 Monthly) |
| Receipt For: Primary / General / Other (specify): | Aggregate Year-to-Date > $ 615.00 | | |
| F. KIMBERLEY S. MILLER<br>21902 JINETES<br>MISSION VIEJO, CA 92691 | PACIFIC LIFE INSURANCE COMPANY<br>EXECUTIVE | payroll deduction | 30.00 ($30 Monthly) |
| Receipt For: Primary / General / Other (specify): | Aggregate Year-to-Date > $ 270.00 | | |
| G. LYNN C. MILLER<br>8 DORCHESTER GREEN<br>LAGUNA NIGUEL, CA 92677 | PACIFIC LIFE INSURANCE COMPANY<br>EXECUTIVE | payroll deduction | 84.00 ($84 Monthly) |
| Receipt For: Primary / General / Other (specify): | Aggregate Year-to-Date > $ 756.00 | | |

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| SUBTOTAL of Receipts This Page (optional) | 409.00 |
| 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 (03/01/98 - 06/30/98)



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 | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. MARY E. MORGAN<br>1 BETTONI AISLE<br>IRVINE, CA 92606 | PACIFIC LIFE INSURANCE COMPANY | payroll deduction | 50.00 ($50 Monthly) |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 450.00 | | |
| B. JAMES T. MORRIS<br>29022 PINTAIL CIRCLE<br>LAGUNA NIGUEL, CA 92677 | PACIFIC LIFE INSURANCE COMPANY | payroll deduction | 90.00 ($90 Monthly) |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 750.00 | | |
| C. JOHN C. MULVIHILL<br>2105 COLINA VISTA CT.<br>COSTA MESA, CA 92627 | PACIFC LIFE INSURANCE COMPANY | payroll deduction | 25.00 ($25 Monthly) |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 225.00 | | |
| D. JOHN D. MURRAY<br>918 SANDCASTLE DRIVE<br>CORONA DEL MAR, CA 92625 | PACIFIC LIFE INSURANCE COMPANY | payroll deduction | 50.00 ($50 Monthly) |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 450.00 | | |
| E. MICHELE A. MYSZKA<br>26206-D SANZ<br>MISSION VIEJO, CA 92691 | PACIFIC LIFE INSURANCE COMPANY | payroll deduction | 10.00 ($10 Monthly) |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 210.00 | | |
| F. MICHAEL R. NEILL<br>1730 MARLIN WAY<br>NEWPORT BEACH, CA 92660 | PACIFIC LIFE INSURANCE COMPANY | payroll deduction | 50.00 ($50 Monthly) |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 450.00 | | |
| G. ROY L. O'NEILL<br>P. O. BOX 1068<br>ALLEN, TX 75013 | PACIFIC LIFE INSURANCE COMPANY | payroll deduction | 40.00 ($40 Monthly) |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 255.00 | | |

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| SUBTOTAL of Receipts This Page (optional) | 315.00 |
| TOTAL This Period (last page this line number only) | |

| Use separate schedule(s) for each category of the Detailed Summary Page (06/01/98 - 06/30/98) | PAGE 12 OF 16 |
|---|---|
| | FOR LINE NUMBER 11(a)(i) |

**SCHEDULE A** **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. ROBERT S. OLSEN<br>15082 HUMPHREY CIRCLE<br>IRVINE, CA 92604<br>Receipt For: Primary / General / Other (specify): | PACIFIC LIFE INSURANCE COMPANY<br>EXECUTIVE<br>Aggregate Year-to-Date $ 450.00 | payroll deduction | 50.00 ($50 Monthly) |
| B. ELAINE E. OWENS<br>24252 LYSANDA DRIVE<br>MISSION VIEJO, CA 92691<br>Receipt For: Primary / General / Other (specify): | PACIFIC LIFE INSURANCE COMPANY<br>EXECUTIVE<br>Aggregate Year-to-Date $ 225.00 | payroll deduction | 25.00 ($25 Monthly) |
| C. PETER R. PASTRE<br>1954 PORT ALBANS PLACE<br>NEWPORT BEACH, CA 92660<br>Receipt For: Primary / General / Other (specify): | PACIFIC LIFE INSURANCE COMPANY<br>EXECUTIVE<br>Aggregate Year-to-Date $ 308.00 | payroll deduction | 27.00 ($27 Monthly) |
| D. YVES F. PINKOWITZ<br>5831 FURNACE CREEK<br>YORBA LINDA, CA 92886<br>Receipt For: Primary / General / Other (specify): | PACIFIC LIFE INSURANCE COMPANY<br>EXECUTIVE<br>Aggregate Year-to-Date $ 280.00 | payroll deduction | 35.00 ($35 Monthly) |
| E. JOSEPH A. FUM<br>33 BOLERO<br>MISSION VIEJO, CA 92692<br>Receipt For: Primary / General / Other (specify): | PACIFIC LIFE INSURANCE COMPANY<br>EXECUTIVE<br>Aggregate Year-to-Date $ 328.00 | payroll deduction | 30.00 ($30 Monthly) |
| F. GARY R. PYATT<br>9450 SISKIN AVENUE<br>FOUNTAIN VALLEY, CA 92708<br>Receipt For: Primary / General / Other (specify): | PACIFIC LIFE INSURANCE COMPANY<br>EXECUTIVE<br>Aggregate Year-to-Date $ 780.00 | payroll deduction | 90.00 ($90 Monthly) |
| G. LESTER F. REAGAN<br>1310 LAWRENCE ROAD<br>MOLENA, GA 30258<br>Receipt For: Primary / General / Other (specify): | PACIFIC LIFE INSURANCE COMPANY<br>EXECUTIVE<br>Aggregate Year-to-Date $ 310.00 | payroll deduction | 50.00 ($50 Monthly) |

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| SUBTOTAL of Receipts This Page (optional) | 307.00 |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE A** **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (06/01/96 - 06/30/96)



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. JAMES R. RICE<br>11 STILLWATER<br>IRVINE, CA 92612<br>Receipt For: Primary / General / Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 315.00 | payroll deduction | 55.00 ($55 Monthly) |
| B. GERALD W. ROBINSON<br>22 CANYON RIDGE<br>IRVINE, CA 92612<br>Receipt For: Primary / General / Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 480.00 | payroll deduction | 60.00 ($60 Monthly) |
| C. HASKELL B. ROSENBERG<br>11161 YARMOUTH ROAD<br>SANTA ANA, CA 92705<br>Receipt For: Primary / General / Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 360.00 | payroll deduction | 40.00 ($40 Monthly) |
| D. ROBERT D. RUSSELL<br>51202 EASTCHURCH<br>CHAPEL HILL, NC 27514<br>Receipt For: Primary / General / Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 225.00 | payroll deduction | 25.00 ($25 Monthly) |
| E. GLENN S. SCHAFER<br>24566 SANTA CLARA AVENUE<br>DANA POINT, CA 92629<br>Receipt For: Primary / General / Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 2,850.00 | payroll deduction | 350.00 ($350 Monthly) |
| F. WILLIAM R. SCHMIDT<br>24772 RITTENHOUSE CIRCLE<br>LAGUNA HILLS, CA 92653<br>Receipt For: Primary / General / Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 465.00 | payroll deduction | 75.00 ($75 Monthly) |
| G. S. GENE SCHOFIELD<br>16 LEHIGH AISLE<br>IRVINE, CA 92612<br>Receipt For: Primary / General / Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 480.00 | payroll deduction | 60.00 ($60 Monthly) |

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| SUBTOTAL of Receipts This Page (optional) | 665.00 |
| 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 (09/01/98 - 09/30/98) | PAGE 14 OF 16 |
|---|---|---|
| Contributions from Individuals/Persons | | FOR LINE NUMBER 11(a)(i) |

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

NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC CG0068528

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date(month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. WILLIAM J. SHARP<br>28256 COULTER<br>MISSION VIEJO, CA 92692<br>Receipt For: Primary General Other (specify): | PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date $ 255.00 | payroll deduction | 40.00 ($40 Monthly) |
| B. STEVEN P. SHURTER<br>15 LIMOGES<br>NEWPORT COAST, CA 92657<br>Receipt For: Primary General Other (specify): | PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date $ 225.00 | payroll deduction | 25.00 ($25 Monthly) |
| C. FRANK B. SIMON<br>21772 HERENCIA<br>MISSION VIEJO, CA 92692<br>Receipt For: Primary General Other (specify): | PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date $ 675.00 | payroll deduction | 75.00 ($75 Monthly) |
| D. ARTHUR K. SOBCZAK, III<br>14718 CAMDEN DRIVE<br>STRONGSVILLE, OH 44136<br>Receipt For: Primary General Other (specify): | PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date $ 405.00 | payroll deduction | 45.00 ($45 Monthly) |
| E. MARVIN C. STEAKLEY, JR.<br>916 BAYWOOD DRIVE<br>NEWPORT BEACH, CA 92660<br>Receipt For: Primary General Other (specify): | PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date $ 225.00 | payroll deduction | 25.00 ($25 Monthly) |
| F. ROBERT S. STREVELL<br>4303 BRIGHTWOOD<br>HOUSTON, TX 77068<br>Receipt For: Primary General Other (specify): | PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date $ 225.00 | payroll deduction | 25.00 ($25 Monthly) |
| G. CAROL R. SUDBECK<br>17 FECAMP<br>NEWPORT COAST, CA 92657<br>Receipt For: Primary General Other (specify): | PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date $ 225.00 | payroll deduction | 25.00 ($25 Monthly) |

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|---|---|
| SUBTOTAL of Receipts This Page (optional) | 260.00 |
| 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 (03/01/98 - 06/30/98)

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

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. CHRISTINA M. SUMPTER<br>10326 FALCON AVENUE<br>FOUNTAIN VALLEY, CA 92708<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 450.00 | payroll deduction | 50.00 ($50 Monthly) |
| B. THOMAS C. SUTTON<br>111 SHORECLIFF ROAD<br>CORONA DEL MAR, CA 92625<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 3,749.94 | payroll deduction | 416.66 ($417 Monthly) |
| C. STEVEN K. TANIHARA<br>2707 SALEROSO DRIVE<br>ROWLAND HEIGHTS, CA 91748<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 270.00 | payroll deduction | 30.00 ($30 Monthly) |
| D. EDWARD E. UCKER, JR.<br>1772 ORIOLE DRIVE<br>COSTA MESA, CA 92626<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 688.00 | payroll deduction | 84.00 ($84 Monthly) |
| E. CATHERINE C. MALLACH<br>28652 MURRELET DRIVE<br>LAGUNA NIGUEL, CA 92677<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 225.00 | payroll deduction | 25.00 ($25 Monthly) |
| F. NANCY A. WEBB<br>12266 CIRCULA PANORAMA<br>SANTA ANA, CA 92705<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 270.00 | payroll deduction | 30.00 ($30 Monthly) |
| G. LEE R. WIRTHLIN<br>16596 SUGARLOAF<br>FOUNTAIN VALLEY, CA 92708<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: PACIFIC LIFE INSURANCE COMPANY<br>Occupation: EXECUTIVE<br>Aggregate Year-to-Date > $ 615.00 | payroll deduction | 75.00 ($75 Monthly) |

SUBTOTAL of Receipts This Page (optional) > 710.66

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 (09/01/98 - 09/30/98) | PAGE 16 OF 16 |
|---|---|---|---|
| Contributions from Individuals/Persons | | | FOR LINE NUMBER 11(a)(i) |

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

NAME OF COMMITTEE (In Full)

PACIFIC LIFE INSURANCE COMPANY PAC C00068528

| | | | |
|---|---|---|---|
| A. Full Name, Mailing Address and ZIP Code<br>CLAYTON M. YOKOTA<br>26622 ALTAMERO<br>MISSION VIEJO, CA 92691<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>PACIFIC LIFE INSURANCE COMPANY<br>Occupation<br>EXECUTIVE<br>Aggregate Year-to-Date > $ | Date(month, day, year)<br>payroll deduction<br>450.00 | Amount of Each Receipt this Period<br>50.00<br>($50 Monthly) |
| B. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date(month, day, year) | Amount of Each Receipt this Period |
| C. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date(month, day, year) | Amount of Each Receipt this Period |
| D. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date(month, day, year) | Amount of Each Receipt this Period |
| E. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date(month, day, year) | Amount of Each Receipt this Period |
| F. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date(month, day, year) | Amount of Each Receipt this Period |
| G. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date(month, day, year) | Amount of Each Receipt this Period |

| | |
|---|---|
| SUBTOTAL of Receipts This Page (optional) | 50.00 |
| TOTAL This Period (last page this line number only) | 6,981.66 |

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

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



FOR LINE NUMBER 23

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

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date(month, day, year) | Amount of Each Disbursement this Period |
|---|---|---|---|
| A LOT OF PEOPLE SUPPORTING TOM DASCHLE<br>424 C ST., N.E., 1ST FLOOR<br>WASHINGTON, DC 20002 | TOM DASCHLE SENATE - SD<br>Disbursement For: [ ] Primary [X] General [ ] Other (specify): | 09/11/98 | 2,000.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date(month, day, year) | Amount of Each Disbursement this Period |
| APPWP PAC<br>1212 NEW YORK AVE., SUITE 1250<br>WASHINGTON, DC 20005 | Disbursement For: [ ] Primary [ ] General [ ] Other (specify): | 09/11/98 | 1,000.00 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date(month, day, year) | Amount of Each Disbursement this Period |
| COMMITTEE TO RE-ELECT LORETTA SANCHEZ<br>12553 S. HARBOR BLVD.<br>GARDEN GROVE, CA 92840 | LORETTA SANCHEZ HOUSE CA - 46<br>Disbursement For: [ ] Primary [X] General [ ] Other (specify): | 09/22/98 | 1,000.00 |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date(month, day, year) | Amount of Each Disbursement this Period |
| CONDIT FOR CONGRESS<br>44 CANAL CENTER PLAZA, SUITE 600<br>ALEXANDRIA, VA 22314 | GARY CONDIT HOUSE CA - 19<br>Disbursement For: [ ] Primary [X] General [ ] Other (specify): | 09/22/98 | 1,000.00 |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date(month, day, year) | Amount of Each Disbursement this Period |
| DAVE CAMP FOR CONGRESS<br>4451 BROOKFIELD CORPORATE DR., #200<br>CHANTILLY, VA 20151 | DAVE CAMP HOUSE MI - 04<br>Disbursement For: [ ] Primary [X] General [ ] Other (specify): | 09/11/98 | 500.00 |
| 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<br>P.O. BOX 75214<br>WASHINGTON, DC 20013 | EARL POMEROY HOUSE ND - AT LARGE<br>Disbursement For: [ ] Primary [X] General [ ] Other (specify): | 09/22/98 | 1,000.00 |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date(month, day, year) | Amount of Each Disbursement this Period |
| FRIENDS OF DON NICKLES<br>500 NORWEST 63RD, SUITE 201<br>OKLAHOMA CITY, OK 73116 | DON NICKLES SENATE - OK<br>Disbursement For: [ ] Primary [X] General [ ] Other (specify): | 09/11/98 | 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 OF JOHN BOEHNER<br>P.O. BOX 15189<br>WASHINGTON, DC 20003 | JOHN BOEHNER HOUSE OH - 08<br>Disbursement For: [ ] Primary [X] General [ ] Other (specify): | 09/22/98 | 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 SHERROD BROWN<br>111 EDGEFIELD DR.<br>ELYRIA, OH 44035 | SHERROD BROWN HOUSE OH - 13<br>Disbursement For: [ ] Primary [X] General [ ] Other (specify): | 09/22/98 | 500.00 |

| | |
|---|---|
| SUBTOTAL of Disbursements This Page (optional) | 9,000.00 |
| TOTAL This Period (last page this line number only) | |

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

Use separate schedule(s) for each category of the Detailed Summary Page (09/01/98 - 09/30/98)

PAGE 2 OF 2

FOR LINE NUMBER .23

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

| Full Name, Mailing Address and ZIP Code | Purpose of Disbursement / Disbursement For | Date (month, day, year) | Amount of Each Disbursement this Period |
|---|---|---|---|
| A. GRASSLEY COMMITTEE<br>425 2ND ST., N.E.<br>WASHINGTON, DC 20002 | CHARLES GRASSLEY SENATE - IA<br>Disbursement For: [ ] Primary [X] General [ ] Other (specify): | 09/11/98 | 1,000.00 |
| B. JERRY LEWIS FOR CONGRESS COMMITTEE<br>4451 BROOKFIELD CORPORATE DR.<br>CHANTILLY, VA 20151 | JERRY LEWIS HOUSE CA - 40<br>Disbursement For: [ ] Primary [X] General [ ] Other (specify): | 09/11/98 | 500.00 |
| C. MATSUI FOR CONGRESS COMMITTEE<br>501 CHEROKEE AVE., SUITE 112<br>ALEXANDRIA, VA 22312 | BOB MATSUI HOUSE CA - 05<br>Disbursement For: [ ] Primary [X] General [ ] Other (specify): | 09/22/98 | 1,000.00 |
| D. MURKOWSKI '98<br>P.O. BOX 722<br>ARLINGTON, VA 22216 | FRANK MURKOWSKI SENATE - AK<br>Disbursement For: [ ] Primary [X] General [ ] Other (specify): | 09/11/98 | 2,000.00 |
| E. ROGAN FOR CONGRESS<br>P.O. BOX 2776<br>ARLINGTON, VA 22202 | JAMES ROGAN HOUSE CA - 27<br>Disbursement For: [ ] Primary [X] General [ ] Other (specify): | 09/23/98 | 500.00 |
| F. ROYCE CAMPAIGN COMMITTEE<br>P.O. BOX 6765<br>FULLERTON, CA 92834 | ED ROYCE HOUSE CA - 39<br>Disbursement For: [ ] Primary [X] General [ ] Other (specify): | 09/11/98 | 800.00 |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>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<br>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<br>Disbursement For: [ ] Primary [ ] General [ ] Other (specify): | Date (month, day, year) | Amount of Each Disbursement this Period |

| | |
|---|---|
| SUBTOTAL of Disbursements This Page (optional) | 5,800.00 |
| TOTAL This Period (last page this line number only) | 14,800.00 |

Federal Election Commission

# ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

| | | |
|---|---|---|
| ☐ | Hand Delivered | Date of Receipt |
| ☐ | First Class Mail | POSTMARKED |
| ☑ | Registered/Certified Mail | POSTMARKED 10/12/98 |
| ☐ | 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 | |

PREPARER

10/16/98
DATE PREPARED

(4/98)