REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than an Authorized Committee
(Summary Page)

RECEIVED FEDERAL ELECTION COMMISSION '98 JUL 24 | 03 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.

2. FEC IDENTIFICATION NUMBER
C00068528

CITY, STATE and ZIP CODE
NEWPORT BEACH, CA 92660

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 06/01/98 through 06/30/98

	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	19,224.45	
(c) Total Receipts (from Line 19)	8,118.08	50,224.96
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	27,342.53	81,227.53
7. Total Disbursements (from Line 30)	5,500.00	59,385.00
8. Cash on Hand at Close of Reporting Period (subtract Line7 from Line 6(d))	21,842.53	21,842.53
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: Robert G. Haskell

Date: 7/20/98

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 9/98)

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 06/01/98 TO: 06/30/98

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	4,455.66	19,458.46	11(a)(i)
ii. Unitemized	3,662.42	30,336.03	11(a)(ii)
iii. Total (add i and ii) ➤	8,118.08	49,794.49	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) ➤	8,118.08	49,794.49	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	0.00	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	0.00	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) ➤	8,118.00	50,224.96	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	8,118.08	50,224.96	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	5,500.00	59,200.00	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) ➤	5,500.00	59,385.00	30
31. Total Federal Disbursements (subtract line 21 a II from line 30) ➤	5,500.00	59,385.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	8,118.08	49,794.49	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	8,118.08	49,794.49	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

FE6AN135

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 1 OF 10

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

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):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 210.00	payroll deduction	35.00 ($35 Monthly)
B. DANIEL F. BASS 520 W. LAUREL AVE. SIERRA MADRE, CA 91024 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: ASSISTANT VICE PRESIDENT Aggregate Year-to-Date > $ 300.00	payroll deduction	50.00 ($50 Monthly)
C. ROBERT H. BEARDSLEE 28892 MOUNTAIN VIEW LANE TRABUCO CANYON, CA 92679 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 240.00	payroll deduction	40.00 ($40 Monthly)
D. MARIANNE BEAZ 23 CEDARSPRING IRVINE, CA 92604 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 240.00	payroll deduction	40.00 ($40 Monthly)
E. PAMELA M BERGER 1633 BOULDER CREEK RD. OCEANSIDE, CA 92056 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 360.00	payroll deduction	60.00 ($60 Monthly)
F. 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 > $ 300.00	payroll deduction	50.00 ($50 Monthly)
G. 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 > $ 360.00	payroll deduction	60.00 ($60 Monthly)

SUBTOTAL of Receipts This Page (optional)	335.00
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 (05/01/98 - 06/30/98)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. 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 > $ 240.00	payroll deduction	40.00 ($40 Monthly)
B. EDWARD R. BYRD 17420 BRIARDALE LANE YORBA LINDA, CA 92886 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 240.00	payroll deduction	40.00 ($40 Monthly)
C. DAVID R. CARMICHAEL 1525 SERENADE TERRACE CORONA DEL MAR, CA 92625 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 600.00	payroll deduction	100.00 ($100 Monthly)
D. JOSEPH E. CELENTANO 26661 CAMPESINO MISSION VIEJO, CA 92691 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 240.00	payroll deduction	40.00 ($40 Monthly)
E. BERNADINE E. CHWALEK 25955 MAPLE VIEW DRIVE LAGUNA HILLS, CA 92653 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 360.00	payroll deduction	60.00 ($60 Monthly)
F. DENNIS M. CORBETT 15136 TOURAINE WAY IRVINE, CA 92604 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 240.00	payroll deduction	40.00 ($40 Monthly)
G. CAMERON COSGROVE 24245 TAMA LANE LAGUNA NIGUEL, CA 92677 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 252.00	payroll deduction	42.00 ($42 Monthly)

SUBTOTAL of Receipts This Page (optional)	362.00
TOTAL This Period (last page this line number only)	

Use separate schedule(s) for each category of the Detailed Summary Page (06/01/96 - 06/30/96)	PAGE 3 OF 10
	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. 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 > $ 300.00	payroll deduction	$0.00 ($50 Monthly)
B. RICHARD S. EASTLYN 27556 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 > $ 360.00	payroll deduction	60.00 ($60 Monthly)
C. 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 > $ 300.00	payroll deduction	50.00 ($50 Monthly)
D. MICHAEL P. FENTON 4 CEDARLAKE IRVINE, CA 92614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 300.00	payroll deduction	50.00 ($50 Monthly)
E. WILLIAM L. FERRIS 1990 PORT EDWARDS CIRCLE NEWPORT BEACH, CA 92660 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 1,350.00	payroll deduction	225.00 ($225 Monthly)
F. MARC S. FRANKLIN 1942 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 > $ 240.00	payroll deduction	40.00 ($40 Monthly)
G. MARTHA A. GATES 31411 MONTEREY LAGUNA, CA 92677 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 240.00	payroll deduction	40.00 ($40 Monthly)

SUBTOTAL of Receipts This Page (optional) >	515.00
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 (06/01/98 - 06/30/98)

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
BRIAN F. GOEBEL 818 SAN NICOLAS CIRCLE HUNTINGTON BEACH, CA 92648	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	55.00 ($55 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 330.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
JEAN R. HARRISON 59 BENNINTGON IRVINE, CA 9260	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	35.00 ($35 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 210.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
ROBERT G. HASKELL 115 VIA WAZIERS NEWPORT BEACH, CA 92663	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	105.00 ($105 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: SENIOR VICE PRESIDENT Aggregate Year-to-Date > $ 630.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
DALE E. HANLEY 1137 SUNSET CLIFFS BLVD. SAN DIEGO, CA 92107	PACIFIC LIFE INSURANCE	payroll deduction	39.00 ($39 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 234.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
ROBERT J. HEMSTEAD 2335 RANCHO DEL ORO RD. 4 OCEANSIDE, CA 92056	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	35.00 ($35 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 210.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
WILLIAM L. HEZEELWOOD 23961 CATBIRD COURT LAGUNA NIGUEL, CA 92677	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	50.00 ($50 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 300.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
RONALD D. HOYMAN 22111 APACHE EL TORO, CA 92630	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	50.00 ($50 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > $ 300.00		

SUBTOTAL of Receipts This Page (optional)	369.00
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 (08/01/98 - 06/30/99)

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. KENNETH E. JACK P. O. BOX 15193 NEWPORT BEACH, CA 92659 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 360.00	payroll deduction	60.00 ($60 Monthly)
B. JOHN A. JARBOE 1450 PACIFIC AVENUE LAGUNA BEACH, CA 92651 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 900.00	payroll deduction	150.00 ($150 Monthly)
C. DARYLE G. JOHNSON 5 ALTAIR IRVINE, CA 92612 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 750.00	payroll deduction	125.00 ($125 Monthly)
D. ANDREW C. KARLINSKI 6 VENTURE AVE., #305 IRVINE, CA 92618 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: A.K. FINANCIAL GROUP Occupation: AGENT Aggregate Year-to-Date > $ 600.00	06/16/98	100.00
E. ROBERT D. KEHRER 31 ENSUENO WEST IRVINE, CA 92620 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 270.00	payroll deduction	45.00 ($45 Monthly)
F. BRIAN D. KLEMENS 24611 BENJAMIN CIRCLE DANA POINT, CA 92629 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 210.00	payroll deduction	35.00 ($35 Monthly)
G. JAMES B. KUEHNERT 2770 MENDOZA DRIVE COSTA MESA, CA 92626 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 270.00	payroll deduction	45.00 ($45 Monthly)

SUBTOTAL of Receipts This Page (optional)	560.00
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 (06/01/98 - 06/30/98)

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FLETCHER C. LARSON 709 AVENIDA MIROLA PALOS VERDES ESTATE, CA 90274	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	75.00 ($75 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**
WAYNE D. LEHMAN 3571 PECAN IRVINE, CA 92606	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	35.00 ($35 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 210.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
DAVID LEVY 135 JASMINE CREEK DRIVE CORONA DEL MAR, CA 92625	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	60.00 ($60 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 360.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
STEPHEN LI 879 PROSPECT PLACE COSTA MESA, CA 92626	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	60.00 ($60 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 360.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
GEORGE Y. LONGYEAR 17992 ATHENS AVENUE VILLA PARK, CA 92861	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	40.00 ($40 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 240.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
THOMAS J. LOSEE 145 CARIBE ISLE NOVATO, CA 94949	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	50.00 ($50 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 300.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
GAIL H. MC INTOSH 632 19TH STREET HUNTINGTON BEACH, CA 92648	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	45.00 ($45 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 270.00		

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 (06/01/98 - 06/30/99)

PAGE 7 OF 10

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
HENRY M. MC MILLAN 4006 INLET ISLE CORONA DEL MAR, CA 92625	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	47.50 ($48 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 285.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
JOHN E. MILBERG 1 HEATHERWOOD COTO DE CAZA, CA 92679	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	85.00 ($85 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 510.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
AUDREY L. MILFS 26922 ROCKING HORSE LANE LAGUNA HILLS, CA 92653	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	65.00 ($65 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 390.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
LYNN C. MILLER 8 DORCHESTER GREEN LAGUNA NIGUEL, CA 92677	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	84.00 ($84 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 504.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
MARY E. MORGAN 1 BETTONI AISLE IRVINE, CA 92606	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	50.00 ($50 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 300.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
JAMES T. MORRIS 29022 PINTAIL CIRCLE LAGUNA NIGUEL, CA 92677	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	80.00 ($80 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 480.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
JOHN D. MURRAY 918 SANDCASTLE DRIVE CORONA DEL MAR, CA 92625	PACIFIC LIFE INSURANCE COMPANY	payroll deduction	50.00 ($50 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXECUTIVE		
	Aggregate Year-to-Date > $ 300.00		

SUBTOTAL of Receipts This Page (optional) >	461.50
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)

PAGE 8 OF 10

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

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 > $ 300.00	payroll deduction	50.00 ($50 Monthly)
B. 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 > $ 300.00	payroll deduction	50.00 ($50 Monthly)
C. GARY R. FYATT 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 > $ 510.00	payroll deduction	85.00 ($85 Monthly)
D. 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 > $ 300.00	payroll deduction	50.00 ($50 Monthly)
E. 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 > $ 240.00	payroll deduction	40.00 ($40 Monthly)
F. GLENN S. SCHAFER 24566 SANTA CLARA AVENUE DANA POINT, CA 92629 Receipt For: Primary / General / Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 1,800.00	payroll deduction	300.00 ($300 Monthly)
G. 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 > $ 240.00	payroll deduction	40.00 ($40 Monthly)

SUBTOTAL of Receipts This Page (optional)	615.00
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 (06/01/88 - 06/30/95)

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. S. GENE SCHOFIELD 16 LEHIGH AISLE IRVINE, CA 92612 Receipt For: Primary General Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 300.00	payroll deduction	50.00 ($50 Monthly)
B. FRANK B. SIMON 21772 MERENCIA MISSION VIEJO, CA 92692 Receipt For: Primary General Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 450.00	payroll deduction	75.00 ($75 Monthly)
C. ARTHUR K. SOBCZAK, III 14718 CAMDEN DRIVE STRONGSVILLE, OH 44136 Receipt For: Primary General Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 270.00	payroll deduction	45.00 ($45 Monthly)
D. CHRISTINA M. SUMPTER 10325 FALCON AVENUE FOUNTAIN VALLEY, CA 92708 Receipt For: Primary General Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 300.00	payroll deduction	50.00 ($50 Monthly)
E. ROBERT W. SUMRALL 818 RIVERS COURT ORLANDO, FL 32828 Receipt For: Primary General Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 225.00	payroll deduction	37.50 ($38 Monthly)
F. THOMAS C. SUTTON 111 SHORECLIFF ROAD CORONA DEL MAR, CA 92625 Receipt For: Primary General Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 2,499.96	payroll deduction	416.66 ($417 Monthly)
G. EDWARD E. UCKER, JR. 1772 ORIOLE DRIVE COSTA MESA, CA 92626 Receipt For: Primary General Other (specify):	Name of Employer: PACIFIC LIFE INSURANCE COMPANY Occupation: EXECUTIVE Aggregate Year-to-Date > $ 436.00	payroll deduction	84.00 ($84 Monthly)

SUBTOTAL of Receipts This Page (optional) >	758.16
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 (contrib - persons)

PAGE 10 OF 10

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 LEE R. WIRTHLIN 16596 SUGARLOAF FOUNTAIN VALLEY, CA 92708	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 65.00 ($65 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE Aggregate Year-to-Date > $ 390.00		
B. Full Name, Mailing Address and ZIP Code CLAYTON M. YOKOTA 26622 ALTANERO MISSION VIEJO, CA 92691	Name of Employer PACIFIC LIFE INSURANCE COMPANY	Date(month, day, year) payroll deduction	Amount of Each Receipt this Period 50.00 ($50 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation EXECUTIVE Aggregate Year-to-Date > $ 300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	115.00
TOTAL This Period (last page this line number only)	4,455.66

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 (06/01/98 - 06/30/98)

PAGE 1 OF 1

FOR LINE NUMBER 23

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 FAIRCLOTH FOR SENATE 507 CAPITOL COURT, N.E., SUITE 100 WASHINGTON, DC 20002	Purpose of Disbursement LAUCH FAIRCLOTH SENATE - NC Disbursement For: [ ] Primary [X] General [ ] Other (specify):	Date(month, day, year) 06/12/98	Amount of Each Disbursement this Period 500.00
B. Full Name, Mailing Address and ZIP Code THE 1998 REPUBLICAN HOUSE-SENATE DINNER P.O. BOX 1721 WASHINGTON, DC 20077-4624	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date(month, day, year) 06/02/98	Amount of Each Disbursement this Period 5,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	5,500.00
TOTAL This Period (last page this line number only)	5,500.00

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 7/20/98
☐	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	

SKB
PREPARER

7/24/98
DATE PREPARED

(4/98)