

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Pacific Life Insurance Company Political Action Committee

ADDRESS (number and street) 700 Newport Center Drive
 Check if different than previously reported. (ACC)
Newport Beach CA 92660

2. **FEC IDENTIFICATION NUMBER** C00068528
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 03 01 2009 through 03 31 2009

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

Type or Print Name of Treasurer Robert Haskell

Signature of Treasurer Electronically Filed by Robert Haskell Date 04 08 2009

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		37163.63
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	71046.91									
(c) Total Receipts (from Line 19)	16634.14	50517.42								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	87681.05	87681.05								
7. Total Disbursements (from Line 31)	30500.00	30500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	57181.05	57181.05								
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									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	10106.98	20460.94
(i) Itemized (use Schedule A)	6527.16	30056.48
(ii) Unitemized	16634.14	50517.42
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	16634.14	50517.42
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	16634.14	50517.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16634.14	50517.42

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30500.00	30500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	30500.00	30500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30500.00	30500.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	16634.14	50517.42
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16634.14	50517.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 35
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)
MR. ANTHONY J BONNO

Mailing Address 61 VERNAL SPG

City State Zip Code
IRVINE CA 92603

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

Name of Employer Pacific Life Occupation SR VP HR, FAC & CORP TECH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: PR10362232839

Amount of Each Receipt this Period
400.00

P/R Deduction (\$400.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. ALAN H BROWN

Mailing Address 505 13TH ST

City State Zip Code
HUNTINGTON BEACH CA 92648

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

Name of Employer Pacific Life Occupation AVP ITS STRATEGIC SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: PR10362252839

Amount of Each Receipt this Period
70.00

P/R Deduction (\$70.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. DEWEY P BUSHAW

Mailing Address 29132 ALFIERI ST

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation EXEC VP ANNUITIES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 501.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: PR10362302839

Amount of Each Receipt this Period
167.00

P/R Deduction (\$167.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **637.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. EDWARD R BYRD

Mailing Address 17520 PAGE CT

City State Zip Code
YORBA LINDA CA 92886

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

Name of Employer Pacific Life Occupation SR VP & CHF ACTG OFCR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 03 / 31 / 2009
Transaction ID: PR10362322839
Amount of Each Receipt this Period: 90.00
P/R Deduction (\$90.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. JOSEPH E CELENTANO

Mailing Address 26661 CAMPESINO

City State Zip Code
MISSION VIEJO CA 92691

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

Name of Employer Pacific Life Occupation SVP PROD, RISK, FIN&INFO MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 31 / 2009
Transaction ID: PR10362382839
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$100.00 Monthly)

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

Mailing Address 33512 VALLE RD

City State Zip Code
SN JUAN CAPISTRANO CA 92675

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

Name of Employer Pacific Life Occupation SR VP & GEN COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 31 / 2009
Transaction ID: PR10362402839
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 290.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR. DENNIS M CORBETT	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 15136 TOURAINÉ WAY	Transaction ID: PR10362512839
	City State Zip Code IRVINE CA 92604	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life	Occupation VP TAX COMPLIANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) MS. DEBRA CUNNINGHAM HONERKAMP	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 2712 LIGHTHOUSE LN	Transaction ID: PR10362562839
	City State Zip Code CORONA DEL MAR CA 92625	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$75.00 Monthly)
Name of Employer Pacific Life	Occupation AVP RE ASSET MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C.	Full Name (Last, First, Middle Initial) MR. MICHAEL R CURRY	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 12162 WICKLOW LN	Transaction ID: PR10362572839
	City State Zip Code NAPLES FL 34120	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Monthly)
Name of Employer Pacific Life	Occupation FVP FIELD WHOLESALING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MS. STEPHANIE J CURRY		Date of Receipt MM / DD / YYYY 03 / 31 / 2009		
	Mailing Address PO BOX 15358		Transaction ID: PR10362592839		
	City IRVINE	State CA	Zip Code 92623	Amount of Each Receipt this Period 90.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$90.00 Monthly)		
	Name of Employer Pacific Life	Occupation AVP ADVANCED SALES			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00			

B.	Full Name (Last, First, Middle Initial) MS. LINDA D LARSON		Date of Receipt MM / DD / YYYY 03 / 31 / 2009		
	Mailing Address 8315 ROAD R NW		Transaction ID: PR10362622839		
	City QUINCY	State WA	Zip Code 98848	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Monthly)		
	Name of Employer Pacific Life	Occupation AVP IND COMPLIANCE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) MR. MARK R FALK		Date of Receipt MM / DD / YYYY 03 / 31 / 2009		
	Mailing Address 64 SUMMERSTONE		Transaction ID: PR10362712839		
	City IRVINE	State CA	Zip Code 92614	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$125.00 Monthly)		
	Name of Employer Pacific Life	Occupation AVP STRATEGIC PROGRAMS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MS. MARTHA A GATES		Date of Receipt
	Mailing Address 31411 MONTEREY ST		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	LAGUNA BEACH	CA	92651
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10362862839
Name of Employer Pacific Life		Occupation SR VP OPERATIONS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="510.00"/>	<input type="text" value="170.00"/>
			P/R Deduction (\$170.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. FRANK J GOETZ		Date of Receipt
	Mailing Address 7 SOVENTE		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	IRVINE	CA	92606
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10362902839
Name of Employer Pacific Life		Occupation AVP NEW BUSINESS SVCS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	<input type="text" value="70.00"/>
			P/R Deduction (\$70.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. ADRIAN S GRIGGS		Date of Receipt
	Mailing Address 8766 CANARY AVE		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	FOUNTAIN VALLEY	CA	92708
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10362962839
Name of Employer Pacific Life		Occupation SVP FINANCE & COMPL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	<input type="text" value="100.00"/>
			P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="340.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR. ROBERT G HASKELL		Date of Receipt
	Mailing Address 1880 N EL CAMINO REAL		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	SAN CLEMENTE	CA	92672
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10363062839
Name of Employer Pacific Life		Occupation SR VP PUBLIC AFFAIRS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1249.98"/>	<input type="text" value="416.66"/>
			P/R Deduction (\$416.66 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. DALE E HAWLEY		Date of Receipt
	Mailing Address 1137 SUNSET CLIFFS BLVD		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	SAN DIEGO	CA	92107
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10363072839
Name of Employer Pacific Life		Occupation AVP INVEST CNSL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="222.00"/>	<input type="text" value="74.00"/>
			P/R Deduction (\$74.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. ROBERT J HEMSTEAD		Date of Receipt
	Mailing Address 310 E MCCOY LN		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	SANTA MARIA	CA	93455
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10363102839
Name of Employer Pacific Life		Occupation AVP & VALUATION ACTUARY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="255.00"/>	<input type="text" value="85.00"/>
			P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="575.66"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 35
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MR. HOWARD T HIRAKAWA

Mailing Address 23972 GOLDENEYE DR

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Pacific Life Occupation VP INV ADVISOR OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: PR10363162839

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MS. CAROL A JENSEN

Mailing Address 8554 202ND STREET SW

City State Zip Code
EDMONDS WA 98026

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

Name of Employer Pacific Life Occupation DIVISION VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: PR10363242839

Amount of Each Receipt this Period
250.00

P/R Deduction (\$250.00 Monthly)

C.

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

Mailing Address 1812 LEADBURN RD

City State Zip Code
TOWSON MD 21204

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

Name of Employer Pacific Life Occupation FVP FIELD WHOLESALING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: PR10363272839

Amount of Each Receipt this Period
125.00

P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **475.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 35

(check only one)

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

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR. SCOTT E JOHNSON

Mailing Address 906 NEWTON LN

City State Zip Code
PLACENTIA CA 92870

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

Name of Employer Occupation
Pacific Life VP CORP APPL SYSTEMS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2009

Transaction ID: PR10363282839

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

MR. BRIAN D KLEMENS

Mailing Address 24611 BENJAMIN CIR

City State Zip Code
DANA POINT CA 92629

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

Name of Employer Occupation
Pacific Life VP CORPORATE CONTROLLER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2009

Transaction ID: PR10363372839

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

MR. JOHN P KONTOS

Mailing Address 6307 CAMINO MARINERO

City State Zip Code
SAN CLEMENTE CA 92673

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

Name of Employer Occupation
Pacific Life VP KEY ACCOUNT MKTG

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2009

Transaction ID: PR10363422839

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

285.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MS. JODY L LINNEMAN	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 262 S FAIRFIELD LN	Transaction ID: PR10363452839
	City State Zip Code ORANGE CA 92869	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation AVP INVEST CNSL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$75.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. FLETCHER C LARSON	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 709 AVENIDA MIROLA	Transaction ID: PR10363472839
	City State Zip Code PALOS VERDES EST CA 90274	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation REGIONAL VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00	P/R Deduction (\$400.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MR. DAVID LAWS	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 10935 E BERRY AVE	Transaction ID: PR10363482839
	City State Zip Code ENGLEWOOD CO 80111	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation REGIONAL VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	575.00
TOTAL This Period (last page this line number only)	

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

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

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

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

A. Full Name (Last, First, Middle Initial)
MS. LAURENE E MAC ELWEE

Mailing Address 1033 SECRETARIAT CIR

City State Zip Code
COSTA MESA CA 92626

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

Name of Employer Pacific Life Occupation AVP VARIABLE REG COMPL

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 31 / 2009
Transaction ID: PR10363562839
Amount of Each Receipt this Period: 100.00
P/R Deduction (\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. DESMOND G MARSH

Mailing Address 74 SETON RD

City State Zip Code
IRVINE CA 92612

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

Name of Employer Pacific Life Occupation AVP ANNUITY APPS ADMIN

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 03 / 31 / 2009
Transaction ID: PR10363592839
Amount of Each Receipt this Period: 120.00
P/R Deduction (\$120.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. GAIL H MC INTOSH

Mailing Address 622 18TH ST

City State Zip Code
HUNTINGTON BEACH CA 92648

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

Name of Employer Pacific Life Occupation AVP INS CNSL

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 03 / 31 / 2009
Transaction ID: PR10363612839
Amount of Each Receipt this Period: 80.00
P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

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

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

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

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

A. Full Name (Last, First, Middle Initial)
MS. JULIA C MC KINNEY

Mailing Address 3615 PASEO DEL CAMPO

City State Zip Code
PALOS VERDES EST CA 90274

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

Name of Employer Pacific Life Occupation AVP INS CNSL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: PR10363632839

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. HENRY M MC MILLAN

Mailing Address 4006 INLET ISLE DR

City State Zip Code
CORONA DEL MAR CA 92625

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

Name of Employer Pacific Life Occupation SR VP & CHIEF RISK OFCR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: PR10363662839

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MS. AUDREY L MILFS

Mailing Address 26922 ROCKING HORSE LN

City State Zip Code
LAGUNA HILLS CA 92653

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

Name of Employer Pacific Life Occupation VP & SECRETARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: PR10363712839

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **425.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR. JAMES T MORRIS		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 29022 PINTAIL CIR		Transaction ID: PR10363792839
	City LAGUNA NIGUEL	State CA	Zip Code 92677
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.00
	Name of Employer Pacific Life	Occupation CHAIRMAN, PRESIDENT & CEO	P/R Deduction (\$416.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00		

B.	Full Name (Last, First, Middle Initial) MR. JOHN C MULVIHILL		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 27822 HOMESTEAD RD		Transaction ID: PR10363802839
	City LAGUNA NIGUEL	State CA	Zip Code 92677
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 175.00
	Name of Employer Pacific Life	Occupation VP RE ASSET MGMT	P/R Deduction (\$175.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

C.	Full Name (Last, First, Middle Initial) MS. ALYCE PETERSON		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 2908 VIA HIDALGO		Transaction ID: PR10364022839
	City SAN CLEMENTE	State CA	Zip Code 92673
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
	Name of Employer Pacific Life	Occupation VP MARKETING SVCS	P/R Deduction (\$75.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional)	▶	666.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 18 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. THEODORE A PREMIER

Mailing Address 20 MOLINO

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Pacific Life Occupation VP REAL ESTATE FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: PR10364082839

Amount of Each Receipt this Period 150.00

P/R Deduction (\$150.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. JAMES R RICE

Mailing Address 11 STILLWATER

City State Zip Code
IRVINE CA 92603

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

Name of Employer Pacific Life Occupation VP M FINANCIAL DISTRIBUTION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: PR10364142839

Amount of Each Receipt this Period 110.00

P/R Deduction (\$110.00 Monthly)

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

Mailing Address 28792 APPLETREE

City State Zip Code
MISSION VIEJO CA 92692

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: PR10364262839

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **510.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 35

(check only one)

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

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

A.

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

Mailing Address 87 PELICAN CT

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Occupation
Pacific Life AVP CREDIT ANALYSIS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: PR10364312839

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

B.

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

Mailing Address 11 SOMMET

City State Zip Code
NEWPORT COAST CA 92657

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

Name of Employer Occupation
Pacific Life VP TALENT ACQ & DEV

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: PR10364502839

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

C.

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

Mailing Address 355 S LORETTA DR

City State Zip Code
ORANGE CA 92869

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

Name of Employer Occupation
Pacific Life VP ACCTG & RPTG

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: PR10364582839

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

285.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 35
(check only one)

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

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

A.

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

Mailing Address 47 VERNAL SPG

City State Zip Code
IRVINE CA 92603

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

Name of Employer Pacific Life Occupation EXEC VP CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.98

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: PR10364602839

Amount of Each Receipt this Period
416.66

P/R Deduction (\$416.66 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. EDDIE D TUNG

Mailing Address PO BOX 10386

City State Zip Code
NEWPORT BEACH CA 92658

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

Name of Employer Pacific Life Occupation AVP REGULATORY PROD ACCTG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: PR10364622839

Amount of Each Receipt this Period
70.00

P/R Deduction (\$70.00 Monthly)

C.

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

Mailing Address 67 LAURELHURST DR

City State Zip Code
LADERA RANCH CA 92694

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: PR10364652839

Amount of Each Receipt this Period
125.00

P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **611.66**

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

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

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

FOR LINE NUMBER: PAGE 21 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 36 BLACK HAWK

City IRVINE State CA Zip Code 92603

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

Name of Employer Pacific Life Occupation VP FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 31 / 2009
Transaction ID: PR10364702839
 Amount of Each Receipt this Period: 100.00
 P/R Deduction (\$100.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. JOHN WHITE

Mailing Address 32122 VIA CARLOS

City SN JUAN CAPISTRANO State CA Zip Code 92675

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

Name of Employer Pacific Life Occupation VP SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 31 / 2009
Transaction ID: PR10364742839
 Amount of Each Receipt this Period: 100.00
 P/R Deduction (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL A BELL

Mailing Address 2 PRECIPICE

City LAGUNA NIGUEL State CA Zip Code 92677

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

Name of Employer Pacific Life Occupation EVP LIFE INSURANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 03 / 31 / 2009
Transaction ID: PR10365142839
 Amount of Each Receipt this Period: 300.00
 P/R Deduction (\$300.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR. PHILIP A TEETER		Date of Receipt MM / DD / YYYY 03 / 31 / 2009		
	Mailing Address 376 MYRTLE ST		Transaction ID: PR10365472839		
	City LAGUNA BEACH	State CA	Zip Code 92651	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$150.00 Monthly)		
Name of Employer Pacific Life		Occupation VP ANN TECHNOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

B.	Full Name (Last, First, Middle Initial) MS. VALERIE MORRIS		Date of Receipt MM / DD / YYYY 03 / 31 / 2009		
	Mailing Address 48 W YALE LOOP		Transaction ID: PR10365682839		
	City IRVINE	State CA	Zip Code 92604	Amount of Each Receipt this Period 90.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$90.00 Monthly)		
Name of Employer Pacific Life		Occupation VP HR PRGMS & SVCS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00			

C.	Full Name (Last, First, Middle Initial) MS. PATRICIA S DOUGLASS		Date of Receipt MM / DD / YYYY 03 / 31 / 2009		
	Mailing Address 640 SAINT JAMES RD		Transaction ID: PR10365732839		
	City NEWPORT BEACH	State CA	Zip Code 92663	Amount of Each Receipt this Period 225.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$225.00 Monthly)		
Name of Employer Pacific Life		Occupation VP GOVT RELNS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 675.00			

SUBTOTAL of Receipts This Page (optional)	465.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 23 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. WILLIAM D BURKE

Mailing Address 2216 NELDA WAY

City ALAMO State CA Zip Code 94507

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 31 / 2009
Transaction ID: PR10365782839
 Amount of Each Receipt this Period: 100.00
 P/R Deduction (\$100.00 Monthly)

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

Mailing Address 21612 MARIGOT DR

City BOCA RATON State FL Zip Code 33428

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

Name of Employer Pacific Life Occupation REGIONAL VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 31 / 2009
Transaction ID: PR10365852839
 Amount of Each Receipt this Period: 100.00
 P/R Deduction (\$100.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. JOHN F O'DONNELL

Mailing Address 30 BRIAN RD

City BRIDGEWATER State MA Zip Code 02324

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

Name of Employer Pacific Life Occupation DIVISION VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 31 / 2009
Transaction ID: PR10365962839
 Amount of Each Receipt this Period: 100.00
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MS. JULIET A PINKERTON		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2009		
	Mailing Address 22 N PALMIERA CIR		Transaction ID: PR1036592839		
	City THE WOODLANDS	State TX	Zip Code 77382	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$250.00 Monthly)		
	Name of Employer Pacific Life	Occupation REGIONAL VP	Aggregate Year-to-Date 750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) MR. RICHARD A TAUBE		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2009		
	Mailing Address 24081 NUTHATCH LN		Transaction ID: PR10366042839		
	City LAGUNA NIGUEL	State CA	Zip Code 92677	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$75.00 Monthly)		
	Name of Employer Pacific Life	Occupation VP PRODUCT MGMT	Aggregate Year-to-Date 225.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) MR. TRAVIS R MC KAY		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2009		
	Mailing Address 15222 LINCOLNWAY CIR		Transaction ID: PR10366062839		
	City PLAINFIELD	State IL	Zip Code 60544	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Monthly)		
	Name of Employer Pacific Life	Occupation SR WHOLESALER	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	425.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 25 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS. KATHARINE B YOUNG

Mailing Address 18647 SANTA ISADORA ST

City State Zip Code
FOUNTAIN VALLEY CA 92708

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

Name of Employer Pacific Life Occupation AVP VAL & RISK MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: MM / DD / YYYY
03 / 31 / 2009

Transaction ID: PR10366102839

Amount of Each Receipt this Period: 80.00

P/R Deduction (\$80.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL S ROBB

Mailing Address 27481 VANTAGE CIRCLE

City State Zip Code
SN JUAN CAPISTRANO CA 92675

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

Name of Employer Pacific Life Occupation EXEC VP RE INVEST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: MM / DD / YYYY
03 / 31 / 2009

Transaction ID: PR10366192839

Amount of Each Receipt this Period: 250.00

P/R Deduction (\$250.00 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. RICHARD M WILKES

Mailing Address 7124 HAWKSBEARD DR

City State Zip Code
WESTERVILLE OH 43082

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY
03 / 31 / 2009

Transaction ID: PR10366272839

Amount of Each Receipt this Period: 100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **430.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. RICHARD S BANNO
 Mailing Address 26666 WHITE OAKS DR
 City State Zip Code
LAGUNA HILLS CA 92653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Pacific Life AVP CAPITAL MKTS
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2009
Transaction ID: PR10366282839
 Amount of Each Receipt this Period
 75.00
 P/R Deduction (\$75.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MS. MARY ANN BROWN
 Mailing Address 304 WEYMOUTH PL
 City State Zip Code
LAGUNA BEACH CA 92651
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Pacific Life SR VP CORP DEVELOPMT
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1249.98
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2009
Transaction ID: PR10366312839
 Amount of Each Receipt this Period
 416.66
 P/R Deduction (\$416.66 Monthly)

C. Full Name (Last, First, Middle Initial)
MR. SIMON S FENG
 Mailing Address 10 CANDELA
 City State Zip Code
IRVINE CA 92620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Pacific Life AVP BUS & TECH INTEG
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2009
Transaction ID: PR10366352839
 Amount of Each Receipt this Period
 150.00
 P/R Deduction (\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **641.66**
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR. THOMAS GIBBONS	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 3010 PARK NEWPORT	Transaction ID: PR10366362839
	City State Zip Code NEWPORT BEACH CA 92660	Amount of Each Receipt this Period 180.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation VP TAX Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00	P/R Deduction (\$180.00 Monthly)

B.	Full Name (Last, First, Middle Initial) MR. JAMES KARAFI	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 182 STANHOPE RD	Transaction ID: PR10366402839
	City State Zip Code SPARTA NJ 07871	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation REGIONAL VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$100.00 Monthly)

C.	Full Name (Last, First, Middle Initial) MS. DAWN M TRAUTMAN	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 3201 COLONY PLZ	Transaction ID: PR10366862839
	City State Zip Code NEWPORT BEACH CA 92660	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Occupation VP INFO TCH & PRG MGT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00	P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	365.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 35
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MR. STUART A HOLLAND

Mailing Address 4931 CAREFREE TRAIL

City PARKER State CO Zip Code 80134

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

Name of Employer Pacific Life Occupation SR FVP-NCM IP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 31 / 2009

Transaction ID: PR10366912839

Amount of Each Receipt this Period 75.00

P/R Deduction (\$75.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
MR. JIM Y CHU

Mailing Address 120 ALBERT PL APT 10

City COSTA MESA State CA Zip Code 92627

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

Name of Employer Pacific Life Occupation AVP PROD DESIGN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 31 / 2009

Transaction ID: PR10367142839

Amount of Each Receipt this Period 80.00

P/R Deduction (\$80.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
MR. MATTHEW WELLS

Mailing Address 120 BONITA DR

City HOMEWOOD State AL Zip Code 35209

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

Name of Employer Pacific Life Occupation SR WHOLESALER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2009

Transaction ID: PR10614922839

Amount of Each Receipt this Period 100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 255.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. EDWIN J FERRELL

Mailing Address 34 CASTLEROCK

City State Zip Code
IRVINE CA 92603

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

Name of Employer Pacific Life Occupation VP CREDIT ANALYSIS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 03 / 31 / 2009
Transaction ID: PR22130752839
Amount of Each Receipt this Period: 85.00
P/R Deduction (\$85.00 Monthly)

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

Mailing Address 23819 CLAYMORE WAY

City State Zip Code
VALENCIA CA 91354

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

Name of Employer Pacific Life Occupation CORP TAX DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 03 / 31 / 2009
Transaction ID: PR22130862839
Amount of Each Receipt this Period: 75.00
P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 160.00

TOTAL This Period (last page this line number only) ► 10106.98

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) American Council of Life Insurers PAC</p> <p>Mailing Address 101 Constitution Avenue, NW, Suite</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7742631 Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Bennett Election Committee Inc</p> <p>Mailing Address 175 South West Temple Suite 650</p> <p>City Salt Lake City State UT Zip Code 84101</p> <p>Purpose of Disbursement Contribution Candidate Name Sen. Robert Bennett</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7742632 Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Blumenauer For Congress</p> <p>Mailing Address 830 Ne Holladay Suite 105</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Earl Blumenauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7742642 Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends of John Boehner Mailing Address 7808 Cincinnati Dayton Road, Suite City West Chester State OH Zip Code 45069 Purpose of Disbursement Contribution Candidate Name John Boehner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7743642 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00 Contribution
B.	Full Name (Last, First, Middle Initial) Friends of Barbara Boxer Mailing Address PO Box 64151 City Los Angeles State CA Zip Code 90064 Purpose of Disbursement Contribution Candidate Name Barbara Boxer Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7743646 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 Contribution
C.	Full Name (Last, First, Middle Initial) ERICPAC Mailing Address 209 Pennsylvania Avenue, SE City Washington State DC Zip Code 20003 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7743647 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00 Contribution

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Byron Dorgan</p> <p>Mailing Address PO Box 871</p> <p>City Bismarck State ND Zip Code 58502</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Byron Dorgan</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7743648 Date of Disbursement 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Grassley Committee</p> <p>Mailing Address PO Box 1000</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Charles Grassley</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7743653 Date of Disbursement 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Matsui for Congress</p> <p>Mailing Address P.O. Box 1738</p> <p>City Sacramento State CA Zip Code 95812</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Doris Matsui</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7743657 Date of Disbursement 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 35

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

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

<p>A. Full Name (Last, First, Middle Initial) Bluegrass Committee</p> <p>Mailing Address 400 North Capitol Street, NW Suite 585</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7743668 Date of Disbursement 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Neal for Congress</p> <p>Mailing Address 50 E Street, SE Suite 1</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution Candidate Name Richard Neal</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7743698 Date of Disbursement 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Pomeroy for Congress</p> <p>Mailing Address PO Box 75214</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement Contribution Candidate Name Earl Pomeroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7743709 Date of Disbursement 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Royce Campaign Committee	Transaction ID: 7743714 Date of Disbursement
	Mailing Address PO Box 2525	<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City Orange State CA Zip Code 92859	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Edward Royce	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40	Contribution
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) SCHIFF FOR CONGRESS	Transaction ID: 7743718 Date of Disbursement
	Mailing Address 38 Ivy Street, S.E.	<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Adam Schiff	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 29	Contribution
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Jackie Speier For Congress	Transaction ID: 7743723 Date of Disbursement
	Mailing Address PO Box 112	<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City Burlingame State CA Zip Code 94011	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Jackie Speier	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 12	Contribution
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 35

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

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

A. Full Name (Last, First, Middle Initial) Friends of John Tanner <hr/> Mailing Address 236 Massachusetts Ave., NE Suite 508 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Contribution Contribution Candidate Name John Tanner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7743731 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2009
	Amount of Each Disbursement this Period 1500.00 Contribution
B. Full Name (Last, First, Middle Initial) Friends of Congressman George Miller <hr/> Mailing Address 301 4th Street, NE, Suite 202 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Contribution Contribution Candidate Name George Miller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7743811 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2009
	Amount of Each Disbursement this Period 2500.00 Contribution

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

30500.00